



ALLIED GENERAL AGENCY COMPANY
14-7654-999
FOREMOST INSURANCE COMPANY SETUP FORM

AGENT INFORMATION
Please Print

Agent's Name: _____

Agency Name & Tax Id# (if applicable): _____
Must provide a corporate license for commissions to be paid in the Agency name.

Agent's Mailing Address:

Agent's Physical Street Address (if applicable):

Agent's Phone #: (____) _____

Agent's Allied #: _____

Agent's Fax #: (____) _____

Agent's E-mail: _____

Fax the following to:

Allied General Agency / Nationwide Brokerage Solutions
866-433-4331
or Email:

Agasvcs@Nationwide.com

Questions: Foremost at 1-800-237-6136

- 1. Foremost Insurance Company Setup Form
2. Producer Information Form
3. Resident & Non-Resident Property & Casualty licenses
(individual & corporate)

Important: All information requested on page 2 "Producer Information" is required.

*****Foremost Office Use*****

Please copy appointments and codes to: AGAsvcs@nationwide.com



PRODUCER INFORMATION

Instructions: Each individual producer must complete (all sections), sign and date a copy of this page. Please make copies if necessary.
(Responses must be typed or printed legibly)

Please email or fax this completed form to Agency Contract Management
email: agasvcs@nationwide.com • FAX: 866-433-4331

All requested information must be provided or the applicant will be denied.

Agency Name: _____

(Check all that apply) I need authority to Sell/Solicit/Negotiate: Auto Specialty Business Insurance

List all Producer Codes you write with: _____

Producer Name License Number Date of Birth

Social Security Number Individual National Producer Number

E-mail Address (This address will be used to send individual appointment information)

Resident Mailing Address City State Zip

Background Information: If your answer is YES to any question, please provide a <u>detailed explanation</u> on a separate sheet of paper and return or your request will be automatically denied.	CHECK ONE BOX ONLY FOR EACH QUESTION <u>If yes explain</u>	
1. Are you currently or have you ever had a license for any professional designation placed on probation, denied, suspended, revoked, named in a complaint, canceled or non-renewed or have you ever been disciplined, fined or censured by a state insurance department by any state or regulatory body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been, or are you currently, contracted or working in any way with a Farmers, Foremost, Zurich or Bristol West entity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever been terminated by a Farmers, Foremost, Zurich or Bristol West entity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever had a contract or any other business relationship terminated for cause by an insurance carrier?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you have unpaid tax liens, collection items, child support or outstanding civil judgments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you filed for, or been discharged from any bankruptcy during the past five (5) years or have you ever been subject to a repossession or foreclosure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you ever been convicted or, pled guilty or nolo contendere (no contest) to any misdemeanor, felony or do you currently have pending misdemeanor or felony charges against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are you or have you ever been a principal, owner, officer or partner of an insurance agency or corporation that would be able to answer yes to any of the above questions? If yes, please provide the name of the agency or corporation and your relationship to that entity.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby verify the foregoing statements and answers are true and accurate to the best of my knowledge.

Important Notice Regarding Consumer Reports

At any time, a consumer report or reports may be obtained from a consumer reporting agency(ies). If we take adverse action based on any information in the report(s), we will notify you in writing.

Consent for Consumer Report

I have read the Important Notice Regarding Consumer Reports above. I understand that by signing this consent form, I am authorizing you to obtain consumer reports. I also authorize you to release any information to my employer.

Signature	Date
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Note: Electronic Signatures are acceptable.

Background Explanation Form

If you answer YES to any question on the previous form, please provide a [detailed explanation](#) below.

Indicate the question number and write your explanation. If not provided your request will be automatically denied.