

**MINICO PRODUCER APPOINTMENT
AND BACKGROUND INFORMATION**

REQUIRED FOR EACH CALIFORNIA RESIDENT PRODUCER



To be completed by EACH PRODUCER(S)

The following information is for identification and investigative purposes only. Background investigations may occur.

Notice and Authorization Specific to California Civil Code

Pursuant to California state law, this notice is to inform you that MiniCo Insurance Agency, LLC, may request an Investigative Consumer Report regarding your character, general reputation, personal characteristics and/or mode of living for the purpose of your request for appointment. The nature and scope of the report requested may include, but not be limited to, financial and credit history; criminal history records; employment history verification; education history verification; driving history; and professional licensing and disciplinary action history.

The report will be requested from General Information Services, Inc., an investigative consumer-reporting agency.

**General Information Services, Inc.
Post Office Box 353
Chapin, South Carolina 29036
1-866-265-4921**

In accordance with the California Consumer Reporting Agencies Act, you have a right to request a copy of this report. If you elect to request a copy of the report, it will be sent within three business days of our receipt of the report. You may indicate your desire to receive a copy of your report by completing this form and checking the box below.

Name: _____

Signature: _____

Under rights granted to me by California Law, I wish to receive a copy of my Investigative Consumer Report.

Note: Requested report will be mailed to the producer's home address.

Included is a Summary of Rights for California Consumer Report Agencies Act and a Background Release form for your completion. Please complete, sign and date this Notice and Authorization form, the Background Release form, and include any supporting documentation for a "YES" answer to any of the questions on the Background Release form.

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**Summary of Rights for California Consumer Reporting Agencies Act
California Civil Code Section 1786.22**

Please know that you have a right under California law to inspect files maintained on you by an investigative consumer reporting agency pursuant to any of the following procedures, during normal business hours and on reasonable request.

1. You may personally inspect the files if you provide proper identification (e.g., valid driver's license, social security account number, military identification card, credit cards) and may receive a copy of the file for the actual cost of duplication services provided.
2. You may make a written request, by certified mail and with proper identification, as described above, for copies to be sent to a specified addressee.
3. You may make a written request, with proper identification as described above, for telephone disclosure of a summary of information contained in your files, if any toll charge is prepaid by or charged directly to you.

If you are unable to provide "proper identification" through the types of cards or numbers listed above, the agency may require additional information concerning your employment and personal or family history in order to verify your identity.

The agency must provide trained personnel to explain to you any information that the agency is required to furnish to you from your file. The agency also must provide you with a written explanation of any coded information contained in your files at the time inspection of your files is permitted. You are permitted by law to be accompanied by one other person of your choosing when inspecting your files. That person must furnish reasonable identification. The agency may require you to provide the agency with a written statement granting permission to the agency to discuss your file in such person's presence. The agency also is not required by law to make available to you the sources of information in your files, although such information would be obtainable through proper discovery procedures in any court action brought under Title 1.6A of the Civil Code pertaining to Investigative Consumer Reporting Agencies.

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Agency Name	DBA Name	Agency No.
City	State	National Producer No.

I. PERSONAL INFORMATION

First Name <small>(exactly as shown on state license)</small>	Middle Name <small>(exactly as shown on state license)</small>	Last Name <small>(exactly as shown on state license)</small>	Prefix/ Suffix
Preferred First Name <small>(if different from first name)</small>	Maiden Name/AKA	AKA 2	
Social Security No.	Date of Birth (mm/dd/yyyy)	Sex	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	

II. RESIDENCE HISTORY

Note: List your place(s) of residence for the past **FIVE YEARS**. Please add another Page 3 if necessary.

CURRENT Residence From (month/year):				
Current Street Address	City	State	ZIP	Country
Home Phone No.	Work Phone No.	Contact at Work?	Authorized to work in the U.S.?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No, describe:	
PREVIOUS Residence From (month/year):		TO (month/year):		
Previous Street Address	City	State	ZIP	Country

III. EMPLOYMENT HISTORY

Note: Employment history must cover the past **FIVE YEARS**. Please add another Page 3 if necessary.

Company Name 1	Position	From (month/year)	To (month/year)	Contact Person Name
Street Address		City	State	ZIP
Company Name 2	Position	From (month/year)	To (month/year)	Contact Person Name
Street Address		City	State	ZIP

Note: Please attach additional page(s) if necessary.

I testify that all of the information provided above is true and accurate.

Producer's Signature

Date

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IV. BACKGROUND INFORMATION & RELEASE AUTHORIZATION

1. Have you filed for, or been discharged from, any bankruptcy, insolvency, or assignment for the benefit of creditors with a filing or discharge date?	<input type="checkbox"/> YES* <input type="checkbox"/> NO
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* Please describe:

2. Do you have delinquent unpaid debts, including, but not limited to, loans, tax liens, outstanding civil judgments, child support payments, or alimony payments?	<input type="checkbox"/> YES* <input type="checkbox"/> NO
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* Please describe:

3. Have you EVER been convicted or plead guilty or no contest to any misdemeanor or felony charges or any misdemeanor? You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or fine.	<input type="checkbox"/> YES* <input type="checkbox"/> NO
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* Please describe:

3a. If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033?	<input type="checkbox"/> YES* <input type="checkbox"/> NO
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* Please describe:

4. Has your insurance license ever been revoked by, or surrendered to, any state or have you ever been fined, penalized, sanctioned, or subject to any other disciplinary action by a state or federal regulatory agency or self-regulatory organization as a result of your activities in the business of insurance, securities, banking, investment banking, or real estate?	<input type="checkbox"/> YES* <input type="checkbox"/> NO
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* Please describe:

5. Are you currently the subject of any complaint, investigation, or proceeding that could result in a YES answer to any of the previous questions?	<input type="checkbox"/> YES* <input type="checkbox"/> NO
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* Please describe:

Your answer to the questions above certifies that you have made or caused to be made an investigation into your record as required by law.

* If you have answered YES to any question above, you must provide complete details and appropriate documents such as official court records.

Any changes in the answers to the questions above must be reported to MiniCo Insurance Agency, LLC, within 30 days of the change in circumstances.

Producer's Signature

Date

MiniCo Insurance Agency, LLC • 2531 W. Dunlap Avenue • Phoenix, Arizona 85021 • Toll Free 800-528-1056 • Fax 602-861-1094

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**Disclosure And Waiver –
Consumer Notification Under Fair Credit Reporting Act**

I authorize all corporations, companies, educational institutions, persons, law enforcement agencies, and former or current employers to release all written and verbal information about me to any reporting agency selected by MiniCo Insurance Agency, LLC. I release them from any liability and responsibility for doing so.

I also authorize MiniCo Insurance Agency, LLC, to procure a consumer/credit/criminal background report (“Consumer Report”) for the purpose of reviewing and determining my qualifications for being appointed, licensed or contracted (“appointment”) as a MiniCo Insurance Agency, LLC, agent. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested, to the extent allowed by law.

I hereby verify the foregoing answers and statements. I authorize MiniCo Insurance Agency, LLC, to release, for the purpose of processing my application for appointment, any information obtained to any company affiliate or to the principal of the agency recommending my appointment to the company.

I understand and agree that any misrepresentation of fact, whenever discovered, will be the basis for termination for cause of any such appointment. I hereby certify that I have never been convicted of a state or federal felony crime that would prohibit or disqualify me from participating in the business of insurance.

You will receive a copy of whatever credit report we obtain along with a written summary of your rights under the Fair Credit Reporting Act before we take any adverse action against you. You may also have the right to request additional disclosures regarding the nature and scope of this investigation.

I agree to immediately notify your office of any material changes in the above information.

By signing, I acknowledge the receipt of a copy of the foregoing disclosure and agree to the above.

Producer’s Signature

Date

COPY TO BE RETAINED BY PRODUCER