

Please type your information directly into the form. You may tab or click to the next field.
You will be required to save the document once you insert your digital signature.
Once you have saved the file - click on the **SUBMIT** button.

[Click here to Submit or email agencymaintenance@ngic.com](mailto:agencymaintenance@ngic.com)

All fields highlighted in **RED** are required,

Background checks will only be performed in the following states: AL, AR, FL, GA, KS, KY, MS, NC, OH, OK, PA, SC, and WV

Business Name		Agent Code		
Producer Name				
Social Security Number		Date of Birth		
Present Home Address				
City	State	Zip Code		
Work Email				
Please check yes or no for each question and provide pertinent details for any question answered "yes" in space provided			Yes	No
1. In the last 5 years, have you filed for or been discharged from any bankruptcy?				
2. Have you ever been the subject of an administrative proceeding regarding any professional or occupational license that resulted in disciplinary action outside of continuing education compliance?				
3. Has your insurance license ever been suspended, revoked or surrendered by any regulatory agency? Have you ever been fined, penalized, sanctioned or subject to any other disciplinary action by a state or federal regulatory agency? Are you currently under investigation as a result of your activities in the business of insurance, securities, banking, investment banking or real estate?				
4. Have you ever had an insurance producer contract or any other business relationship with an insurance carrier severed for any alleged misconduct				
5. Have you ever been convicted of, plead guilty or no contest to, or are you currently charged with or under investigation for any misdemeanor involving dishonesty or breach of trust or any felony?				
Explanation for any question answered yes:				

Disclosure/Authorization

In conjunction with entering into a business relationship with you, one or more insurance companies in the National General Insurance Group of Companies, hereinafter referred to as Company, may obtain one or more consumer reports on you. The reports may include information about your character, general reputation, personal characteristics and mode of living. To facilitate easy access to all information necessary, please complete, sign, and return this form.

I authorize all persons and entities (including but not limited to businesses, corporations, former supervisors, credit agencies, governmental agencies, law enforcement authorities, education institutions, state insurance departments, the NASD, and all military services) to release all written and verbal information to the Company. I release and agree to hold harmless each such person or entity from all liability and responsibility for doing so.

I also hereby certify that all of the information herein is accurate and complete. I acknowledge and agree that entering into a business relationship with the Company will, in part, be based on information found on or generated from this background information form, and any falsification, misrepresentation or omission of information from this form may result in the withholding, withdrawal from or the revocation of a business relationship with the Company whenever discovered.

I specifically authorize the Company to procure consumer reports on myself. I understand these consumer reports will contain information about my background, character, general reputation, personal characteristics and mode of living. I also understand I have the right to ask Company for a complete and accurate written disclosure of the nature and scope of such reports. This request must be made in writing within a reasonable time after signing this form. This authorization, in original or copy form, is valid now and any time in the future, until I revoke it in writing. I have retained a copy of this document.

Producer Name	Date	Producer Signature	