



RLI GROUP
PRODUCER APPLICATION

Form box containing checkboxes for RLI Insurance Company, Mt. Hawley Insurance Company, and RLI Indemnity Company. It also includes fields for Division/Product/Program and State(s).

Entity Name: \_\_\_\_\_

Entity Phone #: \_\_\_\_\_

Entity Fax # \_\_\_\_\_

Producer # \_\_\_\_\_

Entity FEIN #: \_\_\_\_\_

Entity E-mail: \_\_\_\_\_

Entity Mailing Address: \_\_\_\_\_

Individual's Name: \_\_\_\_\_ County: \_\_\_\_\_

Individual's Resident Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Resident License No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

- 1. Do you hold a license in any state other than your state of residence: [ ] Yes [ ] No
2. If the answer to question 1. is "Yes," please list these states and the license numbers held: \_\_\_\_\_
3. Have you ever held a license in any state that is no longer valid, or has your license ever been fined, suspended, subject to a consent order, revoked or currently under investigation? [ ] Yes [ ] No
4. If the answer to question 3. is "Yes," please explain the circumstances: \_\_\_\_\_
5. Have you ever been convicted or pled guilty or nolo contendere (no contest) to any crime other than a minor traffic violation? [ ] Yes [ ] No
6. If the answer to question 5. is "Yes," please supply the date, jurisdiction and nature of the offense: \_\_\_\_\_
7. Have you or your current/former agency filed for bankruptcy within the last seven (7) years? [ ] Yes [ ] No
8. In which capacity are you acting? [ ] Agent [ ] Broker

**APPLICANT NOTIFICATION**

Through this document, the RLI Group discloses to you that investigative consumer reports are being obtained for the purpose of evaluating you for eligibility for an appointment required by law to consider an applicant's financial/character responsibility. The reports may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living from public record. The investigations may be ordered periodically throughout your appointment in order to retain your appointment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
RLI Group  
Company Representative

\_\_\_\_\_  
Date

**PLEASE ATTACH A COPY OF YOUR CURRENT LICENSE TO THIS APPLICATION AND LIST YOUR AGENCY'S DIRECTORS AND OFFICERS, TOGETHER WITH THEIR RESIDENT ADDRESS, SS# AND DATE OF BIRTH.**