



**RLI GROUP
PRODUCER APPLICATION**

<input type="checkbox"/> RLI Insurance Company
<input type="checkbox"/> Mt. Hawley Insurance Company
<input type="checkbox"/> RLI Indemnity Company
Division/Product/Program: _____

State(s): _____

Entity Name: _____

Producer #: _____

Entity Phone #: _____

Entity Fax #: _____

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 Number (N/A if the answer to question 8 is "Broker"): _____

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 Have you ever held a license in any state that is no longer valid, or has your license ever been fined, suspended, subject to a consent order, revoked or currently under investigation?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, SOCIAL SECURITY NUMBER, AND DATE OF BIRTH.