



U.S. Insurance Services
www.us-insurance.com
P.O. Box 47000
Jacksonville, FL 32247-7000
T 800-874-1738 F 904-396-5920

AGENCY PROFILE

Name of Agency
DBA Name
Full Physical Address
County
Full Mailing Address
Agency Phone
Agency Fax
Agency Website Address
Business Type
FEIN #
Agency Principal
Principal Email Address
Agency Contact
Contact Email Address
Agency Email Address
Yrs. Agency in Business
E&O Carrier
Total Premium in Recreational Insurance
Product Focus / Need
Agent to be Licensed

Complete and fax, mail or email forms to our office.
U.S. Insurance Services
Attn: Laurinda Cribbs
Phone: 800-874-1738 x237, Fax 904-396-5920



**ASSURANT SPECIALTY
REGULATORY COMPLIANCE DEPARTMENT**
8655 East Via De Ventura, Scottsdale, AZ 85258, Phone: 1-800-535-1333; Fax: 1-480-443-3785

APPOINTMENT AND TERMINATION REQUEST TRANSMITTAL

Type of Request: Appointment Termination
 U/W Company: ARIC ABIC VP&CIC (Voyager Prop & Cas) VIIC RLIC

GENERAL AGENT or DIRECT AGENT SECTION

AGENT #: 9445 **AGENCY NAME:** U.S. Insurance Services **FEIN:** 59-3717622

UB-PRODUCER INFORMATION – COMPLETE ALL SECTIONS & INCLUDE A COPY OF THE AGENCY LICENSE

Sub Agent No: **Is the Sub-producer a Corporation?** **Sole Proprietor?**

Agency Legal Name (Corporation) **Sole Proprietor (Include Trade or DBA Name)**

FEIN **Sole Proprietor SS# (required if no FEIN)**

Address, City, State & Zip **Telephone #** **Fax #**

PRODUCING AGENT INFORMATION – COMPLETE ALL SECTIONS & SUBMIT ONE FORM PER AGENT

DISCLOSURE: TO PROCESS AN APPOINTMENT, THE DISCLOSURE BELOW MUST BE **READ** AND **SIGNED** BY THE PRODUCING AGENT.

First Name **Last Name** **Social Security #** **Date of Birth**

Resident Address, City, State & Zip **Telephone #**

Is the producing agent an employee of the General Agent? Yes No

SELECT STATE(S) FOR APPOINTMENT & PROVIDE COPY OF LICENSE(S) – AGENT & AGENCY LICENSE

<input type="checkbox"/> Alabama	<input type="checkbox"/> Alaska	<input type="checkbox"/> Arizona	<input type="checkbox"/> Arkansas	<input type="checkbox"/> California	<input type="checkbox"/> Colorado	<input type="checkbox"/> Connecticut
<input type="checkbox"/> Delaware	<input type="checkbox"/> DC	<input checked="" type="checkbox"/> Florida	<input checked="" type="checkbox"/> Georgia	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Idaho	<input type="checkbox"/> Illinois
<input type="checkbox"/> Indiana	<input type="checkbox"/> Iowa	<input type="checkbox"/> Kansas	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Maryland	<input type="checkbox"/> Maine
<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Michigan	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Missouri	<input type="checkbox"/> Montana	<input type="checkbox"/> Nebraska
<input type="checkbox"/> Nevada	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> New Jersey	<input type="checkbox"/> New Mexico	<input type="checkbox"/> New York	<input checked="" type="checkbox"/> North Carolina	<input type="checkbox"/> North Dakota
<input type="checkbox"/> Ohio	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Oregon	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Rhode Island	<input checked="" type="checkbox"/> South Carolina	<input type="checkbox"/> South Dakota
<input checked="" type="checkbox"/> Tennessee	<input type="checkbox"/> Texas	<input type="checkbox"/> Utah	<input checked="" type="checkbox"/> Virginia	<input type="checkbox"/> Vermont	<input type="checkbox"/> Washington	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> West Virginia	<input type="checkbox"/> Wyoming	Other: _____				

Signature & Authorization

American Reliable Insurance Company (ARIC), American Bankers Insurance Company of Florida (ABIC), Voyager Property & Casualty Insurance Company (VP&CIC), Voyager Indemnity Insurance Company (VIIC) and Reliable Lloyds Insurance Company (RLIC) herein collectively and individually referred to as "Company."

I understand that to process my initial state appointment or renewal of state appointments, I may be subject to an investigative consumer report ordered by the Company as required by certain states. I further understand that the investigative report may consist of a credit report; criminal record reports; regulatory inquiries such as state insurance, banking, or securities department inquiries; SEC or NASD inquiries; and interviews with inquiries to third parties such as former employers, financial sources, and others.

I AUTHORIZE ASSURANT SOLUTIONS TO CONDUCT ANY OR ALL OF THESE INQUIRIES. I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY ASSURANT SOLUTIONS, ITS AGENTS, MEMBER COMPANIES AND/OR AFFILIATES TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I hereby certify that I have reviewed this Agency Appointment and Licensing Request Transmittal and the information is true, correct, and complete. If any information given to obtain or maintain an appointment is found to be incorrect or incomplete, it will be grounds for rejecting the application or for termination of my appointment. Assurant Solutions retains sole authority to terminate any appointments subject to applicable laws and regulations.

_____ _____
 Producing Agent's Signature Date