North Carolina Agency Profile Form

- Name of Agency _____
- Sole Proprietor? ☐ YES ☐ NO
- Your Producer Code _____
- Principal's Full Name _____
- Principal's Email address _____
- Primary contact or Office Manager _____
- Primary Contact Email Email Address _____
- Business Phone Number _____
- Business Fax Number _____
- Business P.O. Address _____
  (*If applicable*)
- Physical Address _____
  PLEASE INCLUDE CITY/STATE/ZIP
- Agent to License _____
  Please attach a copy of the P&C license for this agent

Please complete and fax, mail or email forms to our office.

U.S. Insurance Services
Attn: Laurinda Cribbs laurinda.cribbs@assurant.com,
Phone: 800-874-1738 x237, Fax 904-396-5920
PO Box 47000
Jacksonville, FL 32247-7000

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 #:	AGENCY NAME:	FEIN
9445	U.S. Insurance Services	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 APPONTMENT, 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 CONTRACTED STATES ONLY & PROVIDE COPY OF LICENSE(S) – AGENT & AGENCY

☐ Alabama	☐ Alaska	☐ Arizona	☐ Arkansas	☐ California	☐ Colorado	☐ Connecticut
☐ Delaware	☐ DC	☐ Florida	☐ Georgia	☐ Hawaii	☐ Idaho	☐ Illinois
☐ Indiana	☐ Iowa	☐ Kansas	☐ Kentucky	☐ Louisiana	☐ Maryland	☐ Maine
☐ Massachusetts	☐ Michigan	☐ Minnesota	☐ Mississippi	☐ Missouri	☐ Montana	☐ Nebraska
☐ Nevada	☐ New Hampshire	☐ New Jersey	☐ New Mexico	☐ New York	☒ North Carolina	☐ North Dakota
☐ Ohio	☐ Oklahoma	☐ Oregon	☐ Pennsylvania	☐ Rhode Island	☐ South Carolina	☐ South Dakota
☐ Tennessee	☐ Texas	☐ Utah	☐ Virginia	☐ Vermont	☐ Washington	☐ Wisconsin
☐ West Virginia	☐ 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