

OLYMPIA LHSO, INC.
WRITING PRODUCER APPOINTMENT APPLICATION

GENERAL AGENT INFORMATION (IF APPLICABLE)

- 1. General Agent Name: _____
- 2. General Agent No.: _____

INDIVIDUAL PRODUCER INFORMATION

- 3. Agency Name: _____
- 4. Producer's Name: _____
- 5. Business Address:

Street

City State Zip

Phone Fax

E-Mail

- 6. Resident/Non-Resident License (copy MUST be attached):
State: _____
License Type: Agency Producer
- 7. Name of Errors and Omissions Carrier (if applicable): _____
- 8. Olympia LHSO, Inc. may use my name in newsletters or other materials that may be seen by the general public:..... Yes No
- 9. Have you ever been appointed with Olympia LHSO, Inc.?..... Yes No

BACKGROUND QUESTIONS
PROVIDE DETAILS TO ANY "YES" ANSWERS

- 10. Has your license ever been revoked/suspended of disciplinary action taken against you by a regulatory agency?..... Yes No
- 11. Are you currently indebted to any insurance company or agency?..... Yes No
- 12. Have you pled guilty or nolo contendere or been found guilty of a felony or a crime involving moral turpitude?..... Yes No

13. List your residence address for the past five years including the most present:

From (MM/YY) to (MM/YY)

Address City/State/Zip

Phone

IMPORTANT INFORMATION

Fair Credit Act: I hereby authorize and request any present or former employer, police department, financial institution, insurance company, department of insurance, or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for appointment as an insurance agent. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written agent application which I signed and applies to all companies, including and affiliated or import companies with which Olympia LHSO, Inc. has a relationship, and products I may sell through that application.

Taxpayer Identification: Internal Revenue Code Section 6109 requires us to obtain your correct Federal Taxpayer Identification Number (TIN). This information is required so that payment can be accurately reported to you on Form 1099-MISC. Failure to provide us with the correct information may subject your account to backup withholding. If this occurs, we must withhold 31% of certain payments made to your account and pay those amounts to the Internal Revenue Service.

Please Note: This application cannot be processed unless all questions have been answered and appropriate license copies are attached.

I represent that the answers given in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or misstatements may result in immediate cancellation of this appointment.

Producer's Signature

Date

General Agent's Signature (if applicable)

Date

Olympia LHSO, Inc. Use Only

Appointment Issue Date: _____

Producer Number: _____