



**SECTION 1**

AGENCY CODE #: \_\_\_\_\_ FEDERAL TAX ID: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

AGENCY LOCATION: \_\_\_\_\_  
Street City County State Zip

APPLICANT'S LEGAL NAME: \_\_\_\_\_ DOB \_\_\_\_\_  
First Middle Last

WORK EMAIL: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

Are you a licensed producer who will be selling, soliciting or negotiating insurance on behalf of Westfield?  
 **YES** *If yes, please complete Section 2*  **NO** *Please return the form; that is all the information we need*

**SECTION 2: Please complete this section if you are a licensed producer appointed with Westfield**

SYSTEM ACCESS NEEDED:  **YES**  **NO**

SOCIAL SECURITY #: \_\_\_\_\_ ADDITIONAL NAMES USED: \_\_\_\_\_

NPN NATIONAL PRODUCER #: \_\_\_\_\_ RESIDENT STATE LICENSE #: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
Street City County State Zip # of Years

*Note: If less than five (5) years, include all other residence addresses during that time period (Attach details if space is needed)*

Producer is:

- Employee of Agency *Individual working directly for Agency which controls the details of how services are performed (typically receive a W-2)*
- Exclusive Independent contractor for Agency *not working for, or receiving compensation from any other agency. Copy of contract will be requested. (typically receive a 1099)*
- Other *Please provide explanation:*

Have you even been employed by Westfield  **NO**  **YES** To: \_\_\_\_\_ From: \_\_\_\_\_

Have you ever been denied a request for appointment by Westfield?  **NO**  **YES**

If yes, please explain:

List present employer and previous occupation(s) for past five years *(Attach details if additional space is needed):*

EMPLOYER	DATES (Start – End)	POSITION
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION 3: VIOLENT CRIME CONTROL AND LAW ENFORCEMENT ACT OF 1994**

The Violent Crime Control and Law Enforcement Act of 1994 (the 1994 Crime Act) makes it a federal crime to: (1) knowingly make false material statements in financial reports submitted to insurance regulators; (2) embezzle or misappropriate monies or funds of an insurance company; (3) make material false entries in the records of an insurance company in an effort to deceive officials of the company or regulators regarding the financial condition of the company; or (4) obstruct an investigation by an insurance regulator.

THE 1994 CRIME ACT ALSO MAKES IT A FEDERAL CRIME FOR INDIVIDUALS WHO HAVE BEEN CONVICTED OF A FELONY INVOLVING DISHONESTY, BREACH OF TRUST, OR ANY OF THE OFFENSES LISTED ABOVE TO WILLFULLY PARTICIPATE IN THE BUSINESS OF INSURANCE. WILLFULLY PARTICIPATING IN THE BUSINESS OF INSURANCE INCLUDES ACTING AS AN INSURANCE AGENT.

Penalties for violating the 1994 Crime Act include civil fines up to \$50,000 and imprisonment for up to 15 years.

**1 | Will you be in violation of the 1994 Crime Act if you act as an insurance agent?**       Yes\*       No\*

**2 | Have you EVER been convicted of any crime, other than a Minor Traffic violation?**  
*Minor traffic defined as: speeding, parking tickets, failure to wear a seatbelt, disobeying traffic lights or blocking the flow of traffic, moving violations such as driving over yellow lines or making an illegal U-turn*       Yes\*\*       No\*\*

**3 | Have you ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration?**       Yes\*\*\*       No\*\*\*

\* Failure to answer these questions honestly can lead to denial of appointments.

\*\* If yes to #1 or #2, please disclose information below for criminal charges.

\*\*\* If yes to #3, please attach explanation

Date of Arrest: \_\_\_\_\_ Criminal Charge: \_\_\_\_\_

Court Jurisdiction: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

Sentence: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Producer/Applicant: \_\_\_\_\_

I hereby acknowledge that Agency shall be solely responsible for all acts or omissions committed by the Producer/Applicant while appointed to act on behalf of Westfield.

Date: \_\_\_\_\_ Signature of Agency Officer/Owner: \_\_\_\_\_

Printed Name of Agency Officer/Owner: \_\_\_\_\_

**IMPORTANT NOTICE: A Copy of The Producer's License Must Be Attached to This Form**

## SECTION 4

### DISCLOSURE AND AUTHORIZATION FORM

As a routine part of our due diligence effort, the Ohio Farmers Insurance Company or any company directly or indirectly owned by Ohio Farmers Insurance Company (hereinafter called the “Westfield®”) may conduct a verification of your background. To ensure full compliance with the 1997 Fair Credit Reporting Act and to facilitate easy access to all information necessary, please read and sign this form.

By signing below, I authorize all persons and entities (including but not limited to businesses, corporations, former supervisors, credit agencies, governmental agencies, law enforcement authorities, educational institutions, state insurance department, the NASD, and all military services “hereinafter “Provider”) to release all written and verbal information about me to a credit reporting agency contracted by Westfield. I release and agree to hold each Provider harmless from all liability and responsibility for doing so as long as the written and verbal information about me released by the Provider is accurate and fully protected from unlawful dissemination.

I specifically understand and authorize the procurement of an investigative consumer credit report and understand that in all likelihood it will contain information about my background, mode of living, character, general reputation, and personal characteristics obtained through personal interviews with friends, neighbors and associates. I further understand that upon written request by me within a reasonable period after my receipt of this Disclosure, I will be given a list of the areas which will be researched and included in the investigative report into my background. Also, I may request a written summary of my rights under the Fair Credit Reporting Act.

I authorize Westfield® to exchange information and documents, including any investigative consumer report, with any of their affiliates. This release, in original or copy form, is valid now or any time in the future. I agree with all the provisions shown in this disclosure form and have been provided a copy of this document.

By signing below, I also state that I am an employee, or a contracted individual producer (not working for, or receiving compensation from, any other non-related agency or producer), of the agency on page one of this application at the time of signing.

Authorized Signature:

Date:

Printed Legal Name:

Social Security:

Date of Birth:

Other Names Used:

Home Address: