

Southern General Agency Auto Division Agency Profile Sheet

Agency Name/DBA: _____
Agency ID: _____ **Date Established:** _____

Agency Type: Individual Partnership Corporation LLC

Marketing Rep: _____

States licensed in: Texas Louisiana Mississippi Georgia

Agency Information

Street Address: _____

City, State, Zip: _____

County/Parish: _____

Office Phone: _____

Office Fax: _____

Mailing Information

Mailing Address _____

City, State, Zip: _____

Tax ID Number: _____

Agency E-mail: _____

Alt. Phone: _____

Principal/Agent/Owner Information

Name: _____

Home Address: _____

E-mail: _____

City, State, Zip: _____

Date of Birth: _____

Home Phone: _____

Driver License: _____

Cell Phone: _____

SSN: _____

Agency License Information

License Name: _____

License Number: _____ License Expiration: _____

License Type: P/C Limited Lines Surplus Lines Other

Computer Information

Windows Version: _____ No of Computers: _____

Comp Rater: ITC Quick Quote CCI Stand Alone Accu-Auto Other

Carrier Information

Carrier: _____ Volume: _____ Loss Ratio: _____

Carrier: _____ Volume: _____ Loss Ratio: _____

Carrier: _____ Volume: _____ Loss Ratio: _____

Carrier: _____ Volume: _____ Loss Ratio: _____

Other Contact Information

Contact Name: _____ Contact Phone: _____

Contact Name: _____ Contact Phone: _____

Commission Check Information

E & O Information

Name on Check: _____ E & O Carrier: _____

ATTN: _____ E & O Policy #: _____

Address: _____ E & O Exp. Date: _____

City, State, Zip: _____ E & O Limits: _____

Are all employees licensed as an Agent or Insurance Service Representative?

Yes No (Explain) _____

Have any complaints been filed with the Department of Insurance against you or your agency within the last three years?

No Yes (Explain) _____

Have you ever had a license suspended or revoked by ANY insurance regulatory agency?

No Yes (Explain) _____

I do hereby declare and warrant that the information provided herein is complete and factual to the best of my knowledge. I also do hereby grant my permission for a credit report to be obtained on myself and/or my business. I also grant my permission for email correspondence between myself and/or my business?

Signature of Principal

Printed Name of Principal

Date

Southern General Agency Inc.

Producer Agreement

Date
Herein after referred to as Effective Date

Producer Corporate Name
Herein after referred to as Producer

Owner Name
Herein after referred to as Owner

Producer Mailing Address
Herein after referred to as Mailing Address

State Of Operation
Herein after referred to as Authorized State

This agreement is entered into on the Effective Date by and between Southern General Agency on the one side (herein after referred to as SGA) and the Producer and Owner on the other side.

Whereas SGA wishes to distribute insurance through the Producer's office and Producer wishes to sell insurance from its office.

Now, for the mutual consideration provided by SGA, Producer and Owner they hereby agree as follows.

1. Producer is authorized to:

1. Solicit and service contracts of insurance on behalf of SGA for those lines of insurance listed in the Schedule of Commissions; and,
2. To receive, receipt and hold in trust premiums due SGA under this agreement.
3. Submit, process, and issue online new applications, endorsement applications, cancellations, reinstatements, and payments via the SGA website.

2. Producer is NOT authorized to:

1. Bind coverage, however, once the SGA system issues a policy or endorsement, coverage will be bound.
2. Issue policies, endorsements, or cancellations, financial responsibility filings, certificates of insurance, or filings required by governmental agencies.
3. Extend authority to any other producer, broker, solicitor or sub- producer.
4. Give SGA rates, guidelines, and/or applications to anyone other than employees of Producer.
5. Backdate the effective date of coverage on any policy or endorsement.
6. Adjust, negotiate or settle claims.

3. Producer will:

1. Maintain in effect all licenses required by the Authorized State.
2. Allow inspection of Producer's books and records related to business placed with SGA.
3. Comply with only risks that meet the guidelines in the SGA Underwriting Manual.
4. Guarantee compliance with SGA's electronic signature protocol to provide with certainty that all documents are electronically signed or initialed by the Named Insured only, upon the election by the applicant to do business electronically. It is the Producer's responsibility to properly explain, oversee, and assist in the execution and use of electronic signature by the Named Insured. The Producer also guarantees that only an authorized and properly licensed and appointed Producer will sign on behalf of the Producer where a Producer signature and/or initials are required.
5. Deliver upon policy issuance a copy of the executed application documents along with the automobile insurance policy, declarations page, and automobile ID card(s) to the Insured.
6. Retain originals and reproductions of insurance documents, including but not limited to insurance applications, photographs, documents necessary to secure premium discounts in accordance with underwriting criteria and any document produced or secured in the normal course of obtaining automobile insurance, in a fiduciary capacity on behalf of SGA.
7. Be an independent contractor, responsible for Producer's operating expenses, fees, and taxes associated with the operation of Producer's business.
8. Maintain in force at least \$300,000 Errors and Omissions coverage with an insurer acceptable to Company.
9. Comply with all laws relating to the sale of insurance covered by this agreement.
10. Report all losses and refer all claims inquiries to Company immediately when reported to Producer.

11. Guarantee compliance with each and every provision of this agreement by any and all locations listed in Additional Locations Exhibit, if attached.

4. SGA will:

1. Issue policies, renewals, endorsements and cancellations.
2. Bill policyholders for monthly renewal premiums or monthly installment premiums as required.
3. Provide Producer with guidelines outlined in the Underwriting Manual that will apply on the date the policy is issued.
4. Accept risks bound that meet SGA guidelines outlined in the Underwriting Manual.

5. Commission:

1. SGA will pay Producer commissions for insurance policies written under this agreement as specified in the Schedule of Commissions and applicable on the policy effective date. SGA may amend The Schedule of Commissions at any time by giving Producer written notice of the change.
2. In the event that this agreement includes an *Additional Locations Exhibit*, it is understood and agreed that the commissions specified on The Schedule of Commissions, are applied on an individual location basis, and not collectively.
3. Producer will refund to SGA any unearned commissions at the same rate that commissions were paid Producer.
4. SGA may offset any commissions due Producer from SGA against any other balances owed by Producer to SGA.

6. Termination:

Either party may suspend or terminate this Agreement by giving the other party thirty (30) days written notice.

This Agreement is terminated automatically, without notice when:

1. Producer does not have a valid and active license to do business as an insurance producer in the Authorized State.
2. There is any change in ownership or control of Producer.
3. Producer commits an act which is unethical and/or unlawful in the sole discretion of SGA.

7. Upon Termination of This Agreement:

1. Producer's authority under this Agreement ceases.
2. Producer owns the right to expirations as long as all amounts owed to SGA have been paid. SGA will provide Producer with a written statement of amounts owed. If that amount is not paid with fifteen (15) days, Company owns the expirations.
3. If termination is because Producer is not licensed to sell insurance, SGA may appoint another producer to service the business produced under this agreement.
4. Policies will continue in force to normal expiration, unless cancelled according to policy terms.
5. If required by law to do so, SGA will offer renewal of expiring policies.

8. Premium Accounting:

1. Producer will remit all premium and fees due SGA on a gross basis and commission will be paid on net collected premium.
2. SGA will prepare a statement of premiums written and commissions due Producer and either mail it to Producer not later than the 15th day of each month or make it available via SGA online system. Commissions due Producer will either be mailed in the form of a check or Direct Deposit to Producer account.
3. Omission of any item from a monthly statement shall not affect the responsibility of either party to account for and pay all amounts due the other and it shall not prejudice the rights of either party to collect such amounts.

9. Fiduciary Responsibility:

Funds received by Producer, as premiums for insurance written under this agreement, shall be held by Producer in a fiduciary capacity in trust for SGA. SGA shall have a first lien on such funds. SGA may deduct the amounts owed by Producer to SGA from any compensation or amounts due Producer from SGA.

10. Arbitration:

If irreconcilable differences of opinion arise as to the interpretation of this Agreement, the difference shall be submitted to arbitration, one arbitrator to be chosen by SGA, one by Producer and an umpire by the two arbitrators. The arbitrators and umpire shall be active or retired disinterested officers of fire and casualty insurance companies or insurance producers authorized to transact business in the Authorized State.

If either party fails to name its arbitrator within thirty (30) days after receiving the written request by registered mail, return receipt requested, of the other party to

do so the latter shall name both arbitrators and they shall select an umpire as stipulated herein.

If the two arbitrators fail to agree upon the selection of an umpire within thirty (30) days following their appointment, each arbiter shall name three nominees, of whom the other shall decline two, and a decision shall be made by drawing lots.

The arbitrators are relieved from all judicial formalities and may abstain from following the strict rules of law. They shall interpret this Agreement as an honorable engagement, and their decision shall be final and binding upon both parties.

Each party shall bear the expense of its own arbitrator and shall jointly and equally bear the expense of the umpire and other expenses of the arbitration. Any arbitration shall take place in the Authorized State, unless otherwise mutually agreed.

11. Miscellaneous:

This Agreement:

1. Contains the entire understanding between Producer and SGA.
2. Supersedes all previous agreements, whether oral or written.
3. May not be altered or modified except in writing.
4. May not be assigned or transferred by either party without the prior written consent of the other party.
5. Shall be governed by and interpreted under the laws of the Authorized State. Any provision in this Agreement that is contrary to the controlling law is deemed to be amended to bring it into compliance with that law. The judicial determination that any section of the agreement is unenforceable shall in no way impair or affect the validity or enforceability of any other provision of this agreement.

In the event SGA should not insist upon strict compliance with any of the terms of this agreement or any provisions contained in SGA Underwriting Manual, such failure shall not constitute a waiver or relinquishment on our part to insist upon such compliance at any other time or times.

The obligations and duties of this agreement are fully performable in Authorized State.

All payments to SGA shall be made to the processing office of SGA.

12. Additional Provisions:

None

Company

Date

Producer

Date

Owner

Date

SCHEDULE OF COMMISSIONS

Private Passenger Automobile Insurance:

- A. Monthly direct bill premium (premium does not include any of the fees) 15.00% commission new and 15.00% commission Renewal.
- B. Semi Annual Policy-Paid in Full and installment pay plans (premium does not include any of the fees) 15.00% commission New and 15.00% commission Renewal.

**Southern General Agency – Auto Program
Commission Direct Deposit Form**

Please fill out your agency name and agency number(s) below. Please provide the banking information where you would like your monthly commission deposited.

Agency Name: _____

Agency Number(s): _____

Name of Bank: _____

Routing #: _____

Account #: _____

Account Type: Checking Savings

Contact Person: _____

Contact Phone #: _____

Authorized Signature on Account:

Date

Please fax or mail to:

Southern General Agency – Auto Program
Attn: Marketing Department
PO BOX 12490
Alexandria, LA 71315
Fax: 318-880-0179

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ <input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

Social security number								
or								
Employer identification number								

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments **after** December 31, 2001 (29% **after** December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate **Instructions for the Requester of Form W-9.**

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

Sole proprietor. Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Exempt from backup withholding. If you are exempt, enter your name as described above, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the Instructions for the Requester of Form W-9.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

Note: *If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.*

Part I—Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an LLC that is **disregarded as an entity** separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

Note: *See the chart on this page for further clarification of name and TIN combinations.*

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7**,

Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at www.irs.gov.

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: *Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.*

Caution: *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

Part II—Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** above.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA or Archer MSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ **You must show your individual name**, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: *If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.*



DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The Company or Employer indicated below may obtain information about you for employment purposes (including contract or volunteer services) from the following consumer reporting agency: Employment Background Investigations, Inc. (EBI), P.O. Box 629, Owings Mills, MD 21117, 1-800-324-7700. Thus, you may be the subject of a "consumer report" (investigative consumer reports in California) which may include, but not limited to, public record information, employment, education and license verification, etc. In addition, investigative consumer reports, as defined by the federal Fair Credit Reporting Act, may be obtained which are gathered from personal interviews with employers, and other current or past associates, which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report or consumer report. For complete details pertaining to EBI's privacy practices, including whether your personal information will be sent outside of the U.S. or its territories, EBI's Privacy Policy can be viewed at: <http://www.ebiinc.com/privacy-policy.html>.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, local, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information (including, but not limited to, driving and/or motor vehicle records, transcripts, grades and attendance records, employment history, salary information and references, workers compensation documents, records or reports in Pennsylvania, Arizona and in all other states, drug and alcohol testing results) requested by EBI acting on behalf of Employer, and/or Employer itself. If and when applicable, I also hereby authorize any past employers regulated by the U.S. Department of Transportation (49 CFR Part 40 and/or 49 CFR Part 391), to provide (a) work history information, and (b) drug and alcohol testing records from the previous three years, to EBI acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

California, Minnesota and Oklahoma applicants or employees only: Please check the box if you would like to receive a copy of a consumer report if one is obtained by the Company.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Corrections Law.

Company/Employer: Southern General Agency, Inc.

Applicant Name: _____

Applicant Signature: _____ Date: _____

TO BE COMPLETED BY APPLICANT

The Following Information Is True And Correct To The Best Of My Knowledge And Will Be Used For Background Screening Purposes Only.

Please Use an Ink Pen and Print Clearly. Use "UPPER CASE" Letters. One Letter Per Block.

Legal First Name														Middle Name																	
Legal Last Name														Suffix																	
Social Security No.		-				-				Date of Birth (mm/dd/yyyy)				-																	
Current Address																Apt.															
City														State		Zip															
Main Contact Phone		-				-				Personal e-mail						Job		Location													
(State) Driver's License No.					DL State		Gender (M/F)		M		F																				
Other Names Used:																															
Indicate if used while in school.																															
Y	N	Last Name (1)													First Name																
Y	N	Last Name (2)													First Name																
Y	N	Last Name (3)													First Name																
Y	N	Last Name (4)													First Name																

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report; you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud; you are on public assistance;you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with

a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567- 8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

CHECK LIST
ITEMS NEEDED FOR AGENCY APPROVAL

Agency Profile Sheet filled out in its entirety and Signed
Producer Agreement filled out in its entirety and Signed
Copy of License attached Copy of E&O Dec page attached
Use separate sheet if needed to provide other information
Electronic Funds Transfer Authorization
Commission Direct Deposit Form
W-9 form

