BACKGROUND CHECK AUTHORIZATION

DATE (MM/DD/YYYY)

AGENCY	COMPANY / INSURER	NAIC CODE

This authorization is being provided to you by the Company pursuant to the Fair Credit Reporting Act ("FCRA"). As used herein, "the Company" means the identified insurer (the insurer identified on this form) and its subsidiaries, affiliates, officers, employees, agents and representatives.

In connection with determining your eligibility for an insurance agent or producer license and/or your eligibility to be appointed or sponsored as an agent of the Company, and to maintain such license and appointment, in one or more states, the Company will from time to time conduct background checks. Such background checks may include the ordering of "consumer reports" from a "consumer reporting agency". These terms are defined in the FCRA. Additional information concerning the FCRA, 15 U.S.C. § 1681 et seq., is available at the Federal Trade Commission's web site (http://www.ftc.gov).

I hereby authorize the Company and its authorized agents to investigate through or without a consumer reporting agency my background, references, character, past employment, education, criminal or police reports, including those mandated by both public and private organizations and all public records for the purpose of confirming the information contained on this application and/or obtaining other information which may be material to my qualifications for my appointment. I hereby consent to the Company obtaining such information from time to time, as the Company, in its sole discretion, deems necessary.

Subject to applicable state laws, this is a continuing authorization.

☐ **California, Minnesota, and Oklahoma applicants and residents**: I have the right to request a copy of any Report obtained by the Company from a consumer reporting agency by checking the box. (Check only if you wish to receive a copy)

Minnesota applicants only: I understand that I may request a complete and accurate disclosure of the nature of any Report obtained by the Company.

NY applicants only: I also acknowledge that I have received the attached copy of Article 23A of New York's Correction Law. I further understand that upon request I will be advised if any investigative consumer reports are requested and provided the name and address of the consumer reporting agency, and I may receive a copy of any Report by contacting such agency

Washington state applicants only: I understand I have the right to request from the consumer reporting agency a written summary of my rights and remedies under the Washington Fair Credit Reporting Act.

MA and NJ applicants only: I have the right to request an investigative consumer report from a consumer reporting agency. If one has been requested, the specific nature and scope of the Report requested will be as follows:

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Consumer Reporting Agency Name	Street Address	
City	State	Zip Code
Telephone Number	Website Address	

APPLICANT'S SIGNATURE	APPLICANT'S FULL LEGAL NAME (Print or Type)	DATE (MM/DD/YYYY)

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