

# ENCOMPASS INSURANCE

## AGENT APPOINTMENT INFORMATION FORM & PERSONAL HISTORY CERTIFICATION

For directors, officers, employees, agents, and other representatives of Encompass Insurance

Federal law prohibits an individual who has ever pled guilty or no contest to or been convicted of certain crimes from engaging in the business of insurance unless the individual has obtained written consent from an insurance regulatory official. In accordance with this federal law, it is necessary for Encompass Insurance and its affiliates to identify any directors, officers, employees, agents and other representatives who may not be in compliance with the federal law.

Your application for appointment with Encompass Insurance cannot be completed until we receive this signed certification and a copy of your insurance license.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(Last) (First) (Middle)

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Current Address** \_\_\_\_\_  
(Street) (Apt. #)  
\_\_\_\_\_  
(City) (State) (Zip) (County) (Years / Mos. at Residence)

**Previous Address(es). Cover the past 5 years or two addresses, whichever is longer.  
Attach an additional sheet if necessary.**

\_\_\_\_\_  
(From) (To) (Street) (City) (State) (Zip) (County)

\_\_\_\_\_  
(From) (To) (Street) (City) (State) (Zip) (County)

Please provide name of the agency for which you are seeking an appointment.

\_\_\_\_\_

Original Last Name? \_\_\_\_\_

Have you ever been subjected to a fine or other disciplinary action from the Department of Insurance or other regulatory agency? Yes \_\_\_ No \_\_\_ If yes, explain in detail. Attach an additional sheet if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted, plead guilty, plead nolo contendere to a criminal offense or felony?  
Yes \_\_\_ No \_\_\_ If you responded yes to the prior question, when, where and what was the disposition of the case?  
Please explain in detail. Attach an additional sheet if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Encompass Insurance reserves the right to verify the accuracy of the information provided on this form.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_