

TEMPORARY PRODUCER APPOINTMENT

License/Appointment Fee:

(Multiple Insurers)

\$90.00 (per Insurer)

For additional information, please visit: www.aldoi.gov

Mail to: Alabama Department of Insurance
 P. O. Box 303351
 Montgomery, Alabama 36130-3351

Indicate amount enclosed: \$ _____

Payment must be in the form of a company check payable to "State of Alabama, Commissioner of Insurance." Personal checks and money orders will not be accepted.

Temporary Producers must first go to www.nipr.com and apply for an Alabama Temporary Producer License.

Please indicate below the full name, National Producer Number, and Alabama license number for the Temporary Insurance Producer.

PRODUCER NAME: _____ NATIONAL PRODUCER # _____ ALABAMA PRODUCER LICENSE # _____
Last, Jr/Sr, First, Middle

In the grid below, indicate the insurance company's NAIC number, lines of authority, and insurance company name for each insurer appointing this producer.

Company NAIC No.	Life	Accident & Health or Sickness (Disability)	Property	Casualty	Personal Lines	Automobile	Industrial (Debit) Fire
#							
Company Name							
#							
Company Name							
#							
Company Name							
#							
Company Name							
#							
Company Name							

The above-named insurers hereby desire the individual identified above to be appointed to represent said insurers for the lines of authority indicated above as a Temporary Insurance Producer. We have investigated the character and background of this individual and are satisfied the individual is trustworthy and qualified to act as our producer, and we endorse the individual as being of good business standing and character. We are familiar with the federal law (18 USC § 1033) which prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust from conducting the business of insurance. We understand it is a violation of this statute to willfully permit a prohibited person from conducting the business of insurance.

Our investigation consisted of the following (Mark as applicable. DO NOT LEAVE BLANK.)

<input type="checkbox"/> Personal Interview	<input type="checkbox"/> Background Investigation (by insurer)
<input type="checkbox"/> Employment Application	<input type="checkbox"/> Background Investigation (by outside firm)
<input type="checkbox"/> Consumer Credit Report	
<input type="checkbox"/> Other (Please describe) _____	

signature of authorized company official

typed name of authorized company official

address

city/state/zip

telephone no. fax no.