

RLI GROUP

PRODUCER APPLICATION

FOR COMPANY USE ONLY
RLI Insurance Company
Mt. Hawley Insurance Company
RLI Indemnity Company
Contractors Bonding and Insurance Company

	11102 0 0		Company		
Entity Name: Sole Proprietor		Entity FEINEntity Phone #:			
					Producer #:
Entity I	E-mail:				
Entity	Mailing Address:				
Individual's Name:		County:			
Individual's Resident Address:		City:	State:	Zip:	
Resident License No.:		Date of Birth:			
Socia	l Security Number (N/A if the answer to question	n 8 is "Broker"):			
1.	Do you hold a license in any state other than y	our state of residence:	☐ Yes ☐ N	O	
3.	Have you ever held a license in any state that is no longer valid, or has your license ever been fined, suspended, subject to a consent order, revoked or currently under investigation? Yes No				
4.	If the answer to question 3 is "Yes," please explain the circumstances:				
5.	Have you ever been convicted or pled guilty or nolo contendere (no contest) to any crime other than a minor traffic violation? Yes No				
6.	If the answer to question 5 is "Yes," please supply the date, jurisdiction, and nature of the offense:				
7.	Have you or your current/former agency filed	for bankruptcy within the	e last seven (7) ye	ears?	
8.	In which capacity are you acting?	gent Broker			
	APPLICA	ANT NOTIFICATION			
purpo respo chara	igh this document, the RLI Group discloses to goe of evaluating you for eligibility for an appoint insibility. The reports may contain information better, general reputation, personal characteristics, and periodically throughout your appointment in or	ttment required by law to bearing on your credit w , or mode of living from	consider an apportiness, credit public record. T	licant's financial/characte standing, credit capacity	
	Applicant's Signature		_	Date	
	RLI Group Company Representative		_	Date	