

# HCC SURETY GROUP

## CERTIFICATION & AUTHORIZATION

Have you ever been refused a license or had your license suspended or revoked? [ ]yes [ ]no  
If yes, provide details: \_\_\_\_\_

Has your appointment as an insurance agent ever been terminated involuntarily by an insurance company for any reason other than lack of production? [ ]yes [ ]no  
If yes, provide details: \_\_\_\_\_

Are there any outstanding judgements or liens (including state or federal tax liens) against you? [ ]yes [ ]no  
If yes, provide details: \_\_\_\_\_

I certify, under penalty of perjury, that all answers and responses to questions or inquiries contained herein are true, correct, and complete answers and responses. I certify that I have read and am familiar with the sections of the insurance code in the States in which I am seeking appointment and that I am not withholding any information that would affect my qualification for appointment. I certify that I have never been convicted of a State or Federal felony and that I am not prohibited by the Violent Crime Control and Law Enforcement Act of 1994 from engaging in the business of insurance or I have obtained consent from the appropriate insurance regulator to do so. I certify that within 30 days of a State or Federal conviction, I will give written notification of this conviction to the insurer(s) with whom this certification relates.

I understand that an investigative report may be generated on me that may include information as to my character, general reputation, educational background, work habits (performance and experience, along with reasons for termination of past employment and/or rehire eligibility), financial/credit history or criminal/civil/driving record history. This information may be secured from public records or private sources, and/or third parties, such as family members, business associates, or others with whom I am acquainted. I understand that I have the right to make a written request, within a reasonable period of time, for a complete and accurate disclosure of this information, if I so desire.

I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer, or third party to furnish the information described.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Please print full name

The following information is required by law enforcement agencies and other entities for positive identification. This information will be kept confidential and will not be used for any purpose other than the required investigations and to obtain the necessary appointments.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth (City & State)

\_\_\_\_\_  
Drivers License Number & State

\_\_\_\_\_  
Name as it appears on Drivers License

\_\_\_\_\_  
Please print other names you have used

\_\_\_\_\_  
Home Address (No PO Boxes)

**California, Minnesota & Oklahoma Applicants Only:** You will receive a copy of your consumer report directly from Acxiom Information Security Services (AISS).

In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your relationship with us, before making the adverse action, we will provide you with a copy of the report and a description in writing of your rights under the law.