Background Questions

If the answer to any of the following questions is "YES", please provide full details, including, as applicable, dates, parties/agencies involved, allegations, and conclusion.

1. Has any federal or state insurance license of the applicant or any of its employees, agents or contractors ever been under or been the subject of any restriction, state or federal investigation, fine of any amount, suspension, disciplinary action, or revocation? Has the applicant or any of its employees, agents or contractors ever had an insurance related license application denied?

   ☐ No

   ☐ Yes *(Please provide full details, if additional space is needed please include a separate page specifying which question the response is for)*

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2. Has the applicant or any of its employees, agents or contractors ever had a fidelity or surety bond refused, revoked or cancelled, or had a claim paid for the bond?

   ☐ No

   ☐ Yes (Please provide full details, if additional space is needed please include a separate page specifying which question the response is for)

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3. Has any demand been made, or judgment rendered against, the applicant or any of its employees, agents or contractors for overdue monies by an insurer, insured, or producer, or has the applicant or any of its employees, agents or contractors ever been subject to a bankruptcy proceeding?

   - ☐ No
   - ☐ Yes (Please provide full details, if additional space is needed please include a separate page specifying which question the response is for)

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4. **<u>Hawaii Applicants</u> should skip this question entirely.**

   <u>California, Washington State,</u> and <u>Massachusetts</u> Applicants should review the instructions as indicated further below before answering.

   All other applicants should answer this question based upon the instruction immediately below: Have you ever been convicted of any crime?

   This includes any felony, misdemeanor or traffic conviction (excluding speeding & minor traffic violations), as well as current deferred adjudication programs, probation before judgment convictions and nolo contendere pleas (but do not include convictions or other dispositions that have been sealed, expunged, erased, pardoned or statutorily eradicated).

   <u>California applicants</u>: Do not include convictions for marijuana-related offenses that are more than two years old or convictions that resulted in a diversion program including misdemeanors for which probation was completed and the case dismissed.

   <u>Washington applicants</u>: Do not include convictions that are more than ten years old.

   <u>Massachusetts applicants</u>: Do not include misdemeanors more than five years old or first offenses of drunkenness, simple assault, speeding, minor traffic violations, affray, disturbance of the peace or anything pertaining to a juvenile record, unless tried as an adult in Superior Court. An applicant for employment with a sealed record on file with the Massachusetts commissioner of probation may answer 'no record' with respect to an inquiry herein relative to convictions.

If answering "YES" to question 4, please provide as applicable: Criminal conviction(s), Location(s) (State, County), Court, Date(s) and sentence(s).

- ☐ No
- ☐ Yes (Please provide full details, if additional space is needed please include a separate page specifying which question the response is for)

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5. Has the applicant or any of its employees, agents or contractors been a party to, or been found liable in any insurance-related lawsuit, claim for benefits, enforcement action, complaint (client or otherwise), or other insurance related civil or administrative proceeding of any kind, including without limitation any lawsuit or proceedings alleging breach of contract, bad faith, misrepresentation, marketing, selling, or any tortuous conduct of any kind.

   ☐ No

   ☐ Yes (Please provide full details, if additional space is needed please include a separate page specifying which question the response is for)

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6. Has the applicant or any of its employees, agents or contractors ever been debarred, excluded or otherwise declared ineligible for participation in federal or state health care programs or federal or state procurement or nonprocurement programs, including (without limitation) by being listed on the List of Excluded Individuals/Entities maintained by the Office of Inspector General, Department of Health and Human Services ("OIG") or on the Excluded Parties List System maintained by the General Services Administration ("GSA")?

   ☐ No

   ☐ Yes (Please provide full details, if additional space is needed please include a separate page specifying which question the response is for)

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7. Has the applicant or any of its employees, agents or contractors ever been terminated, dismissed or allowed to resign as an alternative to termination, or had any contracts cancelled or terminated because of either accused or actual violation of insurance statutes, regulations, rules, or standards of industry conduct?

   ☐ No

   ☐ Yes (Please provide full details, if additional space is needed please include a separate page specifying which question the response is for)

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Producer Name (Please Print) _____

Producer Signature _____

Signature Date _____/_____/_____