



**FOR COMPANY USE ONLY**

RLI Insurance Company  
Mt. Hawley Insurance Company  
Contractors Bonding and  
Insurance Company

**RLI GROUP  
PRODUCER APPLICATION**

Entity Name: \_\_\_\_\_  
 Corp  Sole Proprietor

Entity FEIN: \_\_\_\_\_  
Entity Phone #: \_\_\_\_\_

Producer #: \_\_\_\_\_

Entity Fax: \_\_\_\_\_  
Entity E-mail: \_\_\_\_\_

Entity Mailing Address: \_\_\_\_\_

Individual's Name: \_\_\_\_\_ County: \_\_\_\_\_

Individual's Resident Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Resident License No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number (Please provide your NPN if the answer to question 7 is "Broker"): \_\_\_\_\_

1. Do you hold a license in any state other than your state of residence:  Yes  No
2. Have you ever held a license in any state that is no longer valid, or has your license ever been fined, suspended, subject to a consent order, revoked or currently under investigation?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
3. If the answer to question 2 is "Yes," please explain the circumstances: \_\_\_\_\_  
\_\_\_\_\_
4. Have you ever been convicted or pled guilty or nolo contendere (no contest) to any crime other than a minor traffic violation?  Yes  No
5. If the answer to question 4 is "Yes," please supply the date, jurisdiction, and nature of the offense: \_\_\_\_\_  
\_\_\_\_\_
6. Have you or your current/former agency filed for bankruptcy within the last seven (7) years?  
 Yes  No
7. In which capacity are you acting?  Agent  Broker

**APPLICANT NOTIFICATION**

Through this document, the RLI Group discloses to you that investigative consumer reports are being obtained for the purpose of evaluating you for eligibility for an appointment required by law to consider an applicant's financial/character responsibility. The reports may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living from public record. The investigations may be ordered periodically throughout your appointment in order to retain your appointment.

Attention California residents only: Please check here to request a copy of your investigative consumer reports.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
RLI Group  
Company Representative

\_\_\_\_\_  
Date