



**GRIFFIN GENERAL AGENCY, INC**  
PROPERTY & CASUALTY INSURANCE, MGA

**PRIMARY FLOOD AGENCY ACCOUNT SIGN UP FORM**

- To establish your agency account, complete the form below
- Fax the completed form to 281-820-0688 or email to [info@gga-mga.com](mailto:info@gga-mga.com)
- When account setup is finalized, you will receive e-mail confirmation with your user ID and password

|                       |  |                 |  |
|-----------------------|--|-----------------|--|
| Agency Account Number |  | Agency Tax ID   |  |
| Agency Name           |  |                 |  |
| Agency Address        |  |                 |  |
| Agency City           |  | Agency State    |  |
|                       |  | Agency Zip Code |  |
| Phone Number          |  | Fax Number      |  |

Individual User Information

|  |           |               |
|--|-----------|---------------|
| First Name   | Last Name | Email Address |
|  |           |               |
| Are you a licensed agent: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach a copy of your license. |           |               |

|  |           |               |
|--|-----------|---------------|
| First Name   | Last Name | Email Address |
|  |           |               |
| Are you a licensed agent: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach a copy of your license. |           |               |

|  |           |               |
|--|-----------|---------------|
| First Name   | Last Name | Email Address |
|  |           |               |
| Are you a licensed agent: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach a copy of your license. |           |               |

Agency Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Representative Name: \_\_\_\_\_ Title: \_\_\_\_\_

PLEASE NOTE: Individual user setups are required. All users must provide their first and last name and e-mail address. If user is a licensed agent, please attach copy of current producer license.

## ASSURANT FLOOD PROGRAM REQUEST TRANSMITTAL

| GENERAL AGENT or DIRECT AGENT SECTION  |  |   |
|--|--|---|
| WYO AGENT/BRANCH #: 7580000  | PMS AGENT/CLIENT #: _____  | AGENCY NAME: <b>GRIFFIN GENERAL AGENCY, INC.</b><br>FEIN: _____ |
| AGENCY OR SUB-PRODUCER INFORMATION – COMPLETE <u>ALL</u> SECTIONS & INCLUDE A COPY OF THE AGENCY LICENSE   |  |   |
| Sub Agent No: <span style="background-color: gray; color: gray;">      </span> Is the Sub-producer a Corporation? <input type="checkbox"/> Sole Proprietor? <input type="checkbox"/> |  |   |
| <input type="checkbox"/> Agency Legal Name (Corporation)   | <input type="checkbox"/> Sole Proprietor (Include Trade or DBA Name) |   |
| FEIN   | Sole Proprietor SS# (required if no FEIN)                            |   |
| Address, City, State & Zip   | Telephone #  | Fax #   |
| EMAIL ADDRESS  | National producer Number (NPN)                                       |   |

| PRODUCING AGENT INFORMATION – COMPLETE <u>ALL</u> SECTIONS & SUBMIT ONE FORM PER AGENT   |           |                                |               |
|--|-----------|--------------------------------|---------------|
| <b>DISCLOSURE:</b> TO PROCESS THIS REQUEST, THE DISCLOSURE BELOW MUST BE <u>READ</u> AND <u>SIGNED</u> BY THE PRODUCING AGENT. |           |                                |               |
| First Name   | Last Name | Social Security # or last 4    | Date of Birth |
| Resident Address, City, State & Zip  |           |                                | Telephone #   |
| Email Address  |           | National producer Number (NPN) |               |
| Is the producing agent an employee of the General Agent? Yes <input type="checkbox"/> No <input type="checkbox"/>              |           |                                |               |

| SELECT CONTRACTED STATES ONLY & PROVIDE COPY OF LICENSE(S) – AGENT & AGENCY |   |                                     |                                       |                                       |   |                                       |
|---|---|-------------------------------------|---------------------------------------|---------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Alabama  | <input type="checkbox"/> Alaska           | <input type="checkbox"/> Arizona    | <input type="checkbox"/> Arkansas     | <input type="checkbox"/> California   | <input type="checkbox"/> Colorado       | <input type="checkbox"/> Connecticut  |
| <input type="checkbox"/> Delaware   | <input type="checkbox"/> DC               | <input type="checkbox"/> Florida    | <input type="checkbox"/> Georgia      | <input type="checkbox"/> Hawaii       | <input type="checkbox"/> Idaho          | <input type="checkbox"/> Illinois     |
| <input type="checkbox"/> Indiana  | <input type="checkbox"/> Iowa             | <input type="checkbox"/> Kansas     | <input type="checkbox"/> Kentucky     | <input type="checkbox"/> Louisiana    | <input type="checkbox"/> Maryland       | <input type="checkbox"/> Maine        |
| <input type="checkbox"/> Massachusetts                                      | <input type="checkbox"/> Michigan         | <input type="checkbox"/> Minnesota  | <input type="checkbox"/> Mississippi  | <input type="checkbox"/> Missouri     | <input type="checkbox"/> Montana        | <input type="checkbox"/> Nebraska     |
| <input type="checkbox"/> Nevada   | <input type="checkbox"/> New Hampshire    | <input type="checkbox"/> New Jersey | <input type="checkbox"/> New Mexico   | <input type="checkbox"/> New York     | <input type="checkbox"/> North Carolina | <input type="checkbox"/> North Dakota |
| <input type="checkbox"/> Ohio   | <input type="checkbox"/> Oklahoma         | <input type="checkbox"/> Oregon     | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Rhode Island | <input type="checkbox"/> South Carolina | <input type="checkbox"/> South Dakota |
| <input type="checkbox"/> Tennessee  | <input checked="" type="checkbox"/> Texas | <input type="checkbox"/> Utah       | <input type="checkbox"/> Virginia     | <input type="checkbox"/> Vermont      | <input type="checkbox"/> Washington     | <input type="checkbox"/> Wisconsin    |
| <input type="checkbox"/> West Virginia                                      | <input type="checkbox"/> Wyoming          | Other: _____                        |                                       |                                       |   |                                       |

| SELECT LINES OF INSURANCE & UNDERWRITING COMPANIES   |                     |                   |
|--|---------------------|-------------------|
| Appointing entity retains sole authority to terminate any appointments subject to applicable laws and regulations. |                     |                   |
|  | ABIC Appt<br>needed | No Appt<br>Needed |
| Property & Casualty  |                     |                   |
| Other (Specify)  |                     |                   |

**SIGNATURE AND AUTHORIZATION**

**American Bankers Insurance Company of Florida (ABIC), Reliable Lloyds (RY), Voyager Indemnity Insurance Company (VIIC), their subsidiaries and affiliates are herein collectively and individually referred to as "Assurant."**

I understand that to process my application and to evaluate me for licensing purposes, initial state appointment or renewal of state appointments, I may be subject to an investigative consumer report ordered by Assurant as required by certain states. I further understand that the investigative report may consist of credit reports; criminal record reports; regulatory inquiries, such as state insurance, banking or securities department inquires; SEC or NASD inquiries; and interviews with and inquiries to third parties, such as former employers, financial sources and others.

I understand a social security number is required for Assurant to conduct state mandated background checks on all agents who offer products on its behalf. I acknowledge that Assurant may obtain the complete social security number from a third-party if one is not provided. I expressly consent and authorize any person, business or agency to release the complete social security number to Assurant for the purpose of Assurant using it to conduct state mandated background checks and agent appointments.

I understand that if I am a resident of Minnesota/Oklahoma (only) I may obtain a copy of the report ordered, and now indicate my desire to do so by checking this box.

**Notice to California Candidates**

You have a right to obtain a copy of any consumer report or investigate consumer report obtained by Assurant by checking the box provided below. The report will be provided to you within three (3) business days after we receive the requested reports related to the matter investigated. I request to receive a free copy of this report by checking this box.

Under section 1786.22 of the California Civil code, you may view the file maintained on you by GIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at GIS in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I AUTHORIZE ASSURANT TO CONDUCT ANY OR ALL OF THESE INQUIRIES. I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY ASSURANT SOLUTIONS, ITS AGENTS, MEMBER COMPANIES AND/OR AFFILIATES TO FURNISH THE ABOVE-MENTIONED INFORMATION. I FURTHER AUTHORIZE ASSURANT TO PROVIDE SUCH INVESTIGATIVE REPORT TO STATE OR OTHER GOVERNMENTAL REGULATORY BODIES FOR LICENSING, APPOINTMENT OR RENEWAL PURPOSES.

I hereby authorize procurement of consumer report(s). If appointed (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my appointment (or contract) period.

I hereby certify that I have reviewed this Licensing Data Transmittal Form and that the information is true, correct and complete. If any information given to obtain or maintain an appointment is found to be incorrect or incomplete, it will be grounds for rejecting the application or for termination of my appointment. Appointing entity retains sole authority to terminate any appointments subject to applicable laws and regulations.

\_\_\_\_\_  
Agent's Signature (Required)

\_\_\_\_\_  
Print Name

\_\_\_\_\_(mm/dd/yyyy)  
Date

# **REQUEST TRANSMITTAL**

## **Procedures**

The purpose of this document is to outline instructions for submitting the Write Your Own Request Transmittal form. Our primary goal is to assist you with your agent licensing needs for your agency and comply with Insurance Department requirements. We need to ensure that sub-producers receiving commission from the Company and/or with binding authority have appropriate appointments with the respective Insurance Departments'.

### **1. General or Direct Agent Information:**

- Please include the Seven (7) digit agency code for Assurant Flood Solutions and the PMS agency code for Private Flood products if applicable. *If new agent, please leave blank.*
- Please include the full legal name of the agency contracted with the Company
- Please include the Federal Employers Identification Number (FEIN)

If you do not have a FEIN, please indicate so under FEIN

### **2. Agency or Sub-Producer Information:**

- If applicable, provide complete sub agent number
- Is the agency or sub-producer incorporated or a sole proprietor (check appropriate box)?
- If the agency or sub-producer is a corporation, select "Corporation" and provide the following:
  1. Full legal name of agency (as indicated on the agency license)
  2. Federal Employers Identification Number (FEIN)
  3. Complete address of the agency, telephone and facsimile numbers
  4. Submit copy of the agency license to Company with the request form
- If the agency or sub-producer is a sole proprietor, select "sole proprietor" and provide the following:
  1. Trade or DBA name used to represent agency.
  2. If available, Federal Employers Identification Number (FEIN) or Social Security number of the sole proprietor.
  3. Complete address of the agency, email, telephone and facsimile numbers.

4. If applicable, submit a copy of the agency license to Company with request form
5. Information about the licensed principal agent/owner (include under the section titled "Producing Agent Information")

### **3. Producing Agent Information:**

- This section must be completed and licenses must be submitted for all producing agents, including principal agent / owner w/sole proprietor status, licensed agents employed by the General Agency and licensed agents of sub agents; **Submit one request form and signature page per agent** and include the following:
  - First and Last Name of licensed agent
  - Social Security Number or last 4 of social security number of licensed agent
  - Date of Birth of licensed agent
  - Residential address, telephone, email, NPN, and facsimile numbers of licensed agent

### **4. Choose Licensed State(s) for Agency and/or Agent:**

- Please select the appropriate state(s) for this transaction, based on your contract
  - Appropriate agent license(s) must be provided for each state selected

### **5. Signature and Authorization of Disclosure:**

- Purpose of Disclosure: When an Assurant Flood Solutions Request Transmittal is submitted to our Licensing Department, the Company must attest to the fact that it has verified that the agent is in good standing by performing a criminal background check.
  - The disclosure must be read, dated and signed by the producing agent

### **6. Forward the completed form to:**

Griffin General Agency, Inc  
363 N Sam Houston Pkwy E, Suite 1000  
Houston, Tx 77060  
Fax: 281-820-0688/800-820-2350  
Email: info@gga-mga.com