



Signature and Authorization:

American Bankers Insurance Company of Florida, American Bankers Life Assurance Company of Florida, American Security Insurance Company, Union Security Insurance Company, their subsidiaries and affiliates are herein collectively and individually referred to as "Assurant Group."

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 Group 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 inquiries; SEC or NASD inquiries; and interviews with and inquiries to third parties, such as former employers, financial sources and others.

I AUTHORIZE ASSURANT GROUP TO CONDUCT ANY OR ALL OF THESE INQUIRIES. I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY ASSURANT GROUP, ITS AGENTS, MEMBER COMPANIES AND/OR AFFILIATES TO FURNISH THE ABOVE-MENTIONED INFORMATION.

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 contact) 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. Assurant Group retains sole authority to terminate any appointments subject to applicable laws and regulations.

Agent's Signature

Date



LICENSING DATA TRANSMITTAL

AGENT INFORMATION

Last Name		First Name		Middle Initial
Resident Address		City	State	Zip Code
Social Security Number - -	Date of Birth / /		Telephone Number () -	

COMPANY INFORMATION

Business Name		Name of Contracted Client		
Street Address	City	State	Zip Code	Home Telephone Number () -
Tax ID Number -	Licensing Contact Name		Contact Phone Number () -	

LICENSING

<input type="checkbox"/> Corporate	<input type="checkbox"/> Individual	<input type="checkbox"/> Agent to Act
<input type="checkbox"/> Appointment <input type="checkbox"/> New License <input type="checkbox"/> Renewal	<input type="checkbox"/> Appointment <input type="checkbox"/> New License <input type="checkbox"/> Renewal <input type="checkbox"/> Affiliation	<input type="checkbox"/> Appointment <input type="checkbox"/> New License <input type="checkbox"/> Affiliation <input type="checkbox"/> Renewal

ENCLOSED PLEASE FIND THE FOLLOWING:

CHECK OFF ALL APPLICABLE ITEMS

- | | | |
|--|---|---|
| <input type="checkbox"/> License Copy | <input type="checkbox"/> Certificate of Good Standing | <input type="checkbox"/> PDB Printout |
| <input type="checkbox"/> Application | <input type="checkbox"/> Fingerprint Cards | <input type="checkbox"/> Letter of Clearance |
| <input type="checkbox"/> Letter of Certification | <input type="checkbox"/> Background Check | <input type="checkbox"/> Certificate of Authority |
| <input type="checkbox"/> Articles of Incorporation | <input type="checkbox"/> Appointment Confirmation | <input type="checkbox"/> Check - _____ |
| <input type="checkbox"/> Articles of Organization | <input type="checkbox"/> Partnership Agreement | <input type="checkbox"/> Other - _____ |

SELECT STATE(S) FOR LICENSING

CHECK OFF ALL STATES THAT NEED LICENSING

- | | | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|--------------------------------|
| <input type="checkbox"/> AK | <input type="checkbox"/> CT | <input type="checkbox"/> IA | <input type="checkbox"/> LA | <input type="checkbox"/> MO | <input type="checkbox"/> NH | <input type="checkbox"/> OK | <input type="checkbox"/> TN | <input type="checkbox"/> WI |
| <input type="checkbox"/> AL | <input type="checkbox"/> DC | <input type="checkbox"/> ID | <input type="checkbox"/> MA | <input type="checkbox"/> MS | <input type="checkbox"/> NJ | <input type="checkbox"/> OR | <input type="checkbox"/> TX | <input type="checkbox"/> WV |
| <input type="checkbox"/> AR | <input type="checkbox"/> DE | <input type="checkbox"/> IL | <input type="checkbox"/> MD | <input type="checkbox"/> MT | <input type="checkbox"/> NM | <input type="checkbox"/> PA | <input type="checkbox"/> UT | <input type="checkbox"/> WY |
| <input type="checkbox"/> AZ | <input type="checkbox"/> FL | <input type="checkbox"/> IN | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> NV | <input type="checkbox"/> RI | <input type="checkbox"/> VA | <input type="checkbox"/> PR |
| <input type="checkbox"/> CA | <input type="checkbox"/> GA | <input type="checkbox"/> KS | <input type="checkbox"/> MI | <input type="checkbox"/> ND | <input type="checkbox"/> NY | <input type="checkbox"/> SC | <input type="checkbox"/> VT | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> CO | <input type="checkbox"/> HI | <input type="checkbox"/> KY | <input type="checkbox"/> MN | <input type="checkbox"/> NE | <input type="checkbox"/> OH | <input type="checkbox"/> SD | <input type="checkbox"/> WA | |

SELECT LINE(S) OF INSURANCE AND UNDERWRITING COMPANY

WRITE ABBREVIATION FOR UNDERWRITING COMPANY (*FOUND BELOW*) UNDER CORRESPONDING LINE.

<input type="checkbox"/> Life Accident & Health 1. _____ 2. _____ 3. _____ 4. _____	<input type="checkbox"/> Credit 1. _____ 2. _____ 3. _____ 4. _____	<input type="checkbox"/> Credit Property 1. _____ 2. _____ 3. _____ 4. _____	<input type="checkbox"/> Motor Club 1. _____ 2. _____ 3. _____ 4. _____
<input type="checkbox"/> Property & Casualty 1. _____ 2. _____ 3. _____ 4. _____	<input type="checkbox"/> Credit Life & Health 1. _____ 2. _____ 3. _____ 4. _____	<input type="checkbox"/> Credit IUI 1. _____ 2. _____ 3. _____ 4. _____	<input type="checkbox"/> Other (Specify): _____ 1. _____ 2. _____ 3. _____ 4. _____

ABBREVIATIONS OF UNDERWRITING COMPANIES

ABIC	AMERICAN BANKERS INSURANCE CO. OF FL	RDG	ROADGARD MOTOR CLUB
ABLAC	AMERICAN BANKERS LIFE ASSURANCE CO. OF FL	RF	RANCHERS & FARMERS
ARIC	AMERICAN RELIABLE INSURANCE CO.	SFLIC	SOUTHERN FINANCIAL LIFE INSURANCE CO.
ASIC	AMERICAN SECURITY INSURANCE CO.	SCMFIC	STATE & COUNTY MUTUAL FIRE INSURANCE CO.
BALAC	BANKERS AMERICAN LIFE ASSURANCE CO.	SGIC	STANDARD GUARANTY INSURANCE CO.
CALAC	CARIBBEAN AMERICAN LIFE ASSURANCE CO.	SGLIC	STANDARD GUARANTY LIFE INSURANCE CO.
CAPIC	CARIBBEAN AMERICAN PROPERTY INSURANCE CO.	USLIC	UNION SECURITY LIFE INSURANCE CO.
FIE	FINANCIAL INSURANCE EXCHANGE	VSW	VOYAGER SERVICE WARRANTIES INSURANCE CO.
FFLIC	FIRST FORTIS LIFE INSURANCE CO.	VIIC	VOYAGER INDEMNITY INSURANCE CO.
FBIC	FORTIS BENEFITS INSURANCE CO.	VL&HIC	VOYAGER LIFE & HEALTH INSURANCE CO.
LICMS	LIFE INSURANCE CO. OF MS	VLIC	VOYAGER LIFE INSURANCE CO.
MSCIC	MS CASUALTY INSURANCE CO.	VP&CIC	VOYAGER PROPERTY & CASUALTY INSURANCE CO.
MSDLIC	MS DIVERSIFIED LIFE INSURANCE CO.	VSP	VOYAGER SERVICE PROGRAMS, INC
MSLIC	MS LIFE INSURANCE CO.		

SPECIAL INSTRUCTIONS

OFFICE USE ONLY

Producer	
Sub-Producer	Sub-Producer Address
Branch # or Location	

ANALYST- ENCLOSED PLEASE FIND:

- | | | |
|--|---|---|
| <input type="checkbox"/> License Copy | <input type="checkbox"/> Certificate of Good Standing | <input type="checkbox"/> PDB Printout |
| <input type="checkbox"/> Application | <input type="checkbox"/> Fingerprint Cards | <input type="checkbox"/> Letter of Clearance |
| <input type="checkbox"/> Letter of Certification | <input type="checkbox"/> Background Check | <input type="checkbox"/> Certificate of Authority |
| <input type="checkbox"/> Articles of Incorporation | <input type="checkbox"/> Appointment Confirmation | <input type="checkbox"/> Check - _____ |
| | | <input type="checkbox"/> Other - _____ |