

# The McGowan Companies

Home Office: Old Forge Centre - 20595 Lorain Rd. - Fairview Park, OH 44126 - P: (440) 333-6300 - F: (440) 333-3214

## Individual Producer Background Report DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(Separate forms must be completed for each licensed producer)

This notice is being provided to you by the Company pursuant to the Fair Credit Reporting Act ("FCRA"). As used herein, "the Company" means the identified insurer (the insurer identified on this form) and its subsidiaries, affiliates, officers, employees, agents and representatives.

In connection with determining your eligibility for an insurance agent or producer license and/or your eligibility to be appointed or sponsored as an agent of the Company, and to maintain such license and appointment, in one or more states, the Company will from time to time conduct background checks. Such background checks may include the ordering of "consumer reports" from a "consumer reporting agency" containing information on your criminal history. These terms are defined in the FCRA. Additional information concerning the FCRA, 15 U.S.C. § 1681 et seq., is available at the Federal Trade Commission's web site (<http://www.ftc.gov>).

I acknowledge and agree that this Disclosure and Authorization of Background Reports does not constitute a contract of any kind. I hereby authorize the Company and its authorized agents to investigate my background, references, character, past employment, education, criminal or police reports, including those mandated by both public and private organizations and all public records for the purpose of confirming the information contained on this application and/or obtaining other information which may be material to my qualifications for my appointment. I hereby consent to the Company obtaining such information from time to time, as the Company, in its sole discretion, deems necessary. I further consent to the disclosure of this form and the resulting background information to government or regulatory agencies

I hereby release the Company, its authorized agents and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits relating to the information obtained from any and all of the above referenced sources, or from the furnishing of the same. Subject to applicable state laws, this is a continuing authorization.

I understand that I am obligated to immediately report any event that changes any of the information, in any manner, which I have provided on this application.

I hereby certify that all of the information herein is accurate and complete. Finally, I acknowledge and agree that my appointment will, in part, be based on this Disclosure and Authorization of Background Reports, and any falsification, misrepresentation or omission of information from this form may result in the withholding or withdrawal of any offer of appointment or the revocation of appointment by the Company whenever discovered.

If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law.

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(Signature of Individual)

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(Social Security Number/Date of Birth)

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(Printed Name of Individual)

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(Date)

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(Residence Address/City/State/County/Zip Code)

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(Residence Telephone Number)

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(Current Business Address/City/State/County/Zip Code)

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(Business Telephone Number)