



MORRIS MOYE JR.
PROFESSIONAL BAIL BONDING

P.O. Box 1704
Greenville, NC 27835
Phone (252)-215-1232
Fax (252)-355-4568
www.morrismoyejrbailbonding.com

AGENT'S LICENSING INFORMATION

Legal Name: _____ Date of Birth: _____

License Number: _____ License Type: _____ Soc Sec #: _____

Agency Name: _____ Agency Code: _____

Business Address: _____

City/State/Zip: _____ County: _____

Business Phone: _____ Commercial Lines Agent? Personal Lines Agent?

Business email address (required): _____

Please list residential address(es) for the last five (5) years (attach a separate sheet if necessary):

Current Residential (Physical) Address: _____ # of years: _____

City/State/Zip: _____ County: _____

Prior Residential (Physical) Address: _____ # of years: _____

City/State/Zip: _____ County: _____

Have you ever been appointed (licensed) by another Company? Yes No

If yes, name of company (or attach printout): _____

Have you ever been convicted of a felony crime in any state or federal court? Yes No

If yes, please explain: _____

Disclosure to the Consumer

In connection with your application for appointment, Bankers Insurance Group, Inc. (BIG) and its affiliates intend to conduct a verification of your background. To ensure full compliance with the 1997 Fair Credit Reporting Act Section 604 (A) and to facilitate easy access to all information necessary, please read and sign this form.

I, _____, authorize all persons and entities (including but not limited to businesses, corporations, former supervisors, credit agencies, governmental agencies, law enforcement authorities, educational institutions, state insurance departments, the NASD, and all military services) to release all written and verbal information about me to First Advantage and/or BIG. I release and agree to hold each harmless from all liability and responsibility for doing so.

I specifically authorize the procurement of an investigative consumer credit report and understand that in all likelihood it will contain information about my background, mode of living, character, general reputation, and personal characteristics. I further understand that upon written request I will be given a list of the areas which will be researched and included in the investigative report into my background.

In the event that an adverse decision will be made based on my Credit Report, First Advantage and/or BIG will provide me with information on how to obtain a copy of the report and a description in writing of my legal rights.

I understand that the Violent Crime Control and Law Enforcement Act of 1994 (18 U.S.C. section 1033) prohibits BIG from willfully permitting any individual convicted of any criminal felony involving dishonesty or a breach of trust from participating in the business of insurance. I understand that my application for appointment will be rejected if such a conviction is found on my record. I further understand that my application for appointment may be reconsidered if I obtain the specific written consent of the Department of Insurance allowing for my participation in the business of insurance.

Signed: _____ Date: _____

THIS FORM MUST BE ACCOMPANIED BY A COPY OF YOUR LICENSE.

Submit completed form with copy of your insurance license.