

Allstate Carrier Profile

Type of Billing: Direct Bill	Download to Instar: Yes
How to Quote: Carrier Website, EZ Lynx	EZ Lynx Integration: Yes

Geographic Restrictions:

- Tier 1 – Homeowners Available X-wind
- Tier 2 – New Business Moratorium for Homeowners (Renters & Condo not included and ok to write)

Market Lines of Business and Gross Commissions:

- Personal Auto 15.0% New/Renewal
- Homeowners 15.0% New/Renewal
- Umbrella 15.0% New/Renewal
- Motorcycle 15.0% New/Renewal
- Watercraft 15.0% New/Renewal

Type of Appointment: **Producer Appointment (No Sub Location Code Available)**

Commission Paid As – Direct Access Market

(Please refer to your commission exhibit for a detailed definition)

Note: Allstate does not currently offer sub location/branch code appointments. However, our process is to appoint the primary/principal agent as a producer to the primary Integra agent code which will provide your agency with direct access to Allstate.

Appointment Documents Required:

1. Background Check Authorization
2. Appointment Form for Primary Agent

Appointment Process/Instructions:

1. Complete the background check authorization and appointment form for the primary agent (individual).
2. Email completed forms to allstateappoint@integrainsuranceservices.com
3. Please list the subject line of your email **"New Integra Producer Appointment Request (Integra DBA)"**.

Most Allstate appointments take 2-3 weeks to process from the time that you submit your email assuming all forms are complete.

**Release Authorization and
Fair Credit Reporting Act Disclosure
Regarding Procurement of a Consumer Report**

This is to notify you that in connection with your agent application, we may procure a consumer report on you as part of the process of considering your application or determining whether you meet our contracting standards. In the event that information from the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act.

Please be advised that we may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested.

This release and authorization shall remain valid and in effect for the duration of your contract with us. We reserve the right to run subsequent consumer reports and/or investigative consumer reports on an as-needed basis.

You may revoke this Authorization at any time, provided that the revocation is in writing, except to the extent that Allstate Insurance Company has taken actions relying on this Authorization. If you would like to revoke this Authorization, please send a written revocation to: Allstate Insurance Company, P.O. Box 660191 Dallas, TX 75266-0191.

By signing below, I hereby authorize Allstate Insurance Company and its affiliates to obtain a consumer report and/or an investigative report about me in order to process my agent application. In addition, I also authorize all entities having information about me, including present and former employers, criminal justice agencies, departments of motor vehicles, schools, and credit reporting agencies, to release such information to Allstate Insurance Company and its affiliates.

Signature: _____ Date: _____

Please print the following information:

Name: _____

Home Address: _____

City/State/Zip: _____

Date of Birth*: _____ Social Security Number: _____

** Date of Birth required for background investigation purposes only, and will be used for no other purposes.*

Applicants: Please retain a copy for your files

Allstate Licensing & Appointing

~~PO Box 660191 Dallas, TX 75266-0191 Phone: 800.525.2799 ext 88460 Fax: 877.358.1278 Email: AAPCDPT@Allstate.com~~

INDEPENDENT AGENT LICENSING/APPOINTMENT INFORMATION FORM

To be completed by Agent/Agency requesting the Sales Producer's appointment:

YOUR REQUEST CANNOT BE PROCESSED WITHOUT THIS INFORMATION.			
Agent Name: Integra Financial Group, Ltd		Agency Name/DBA: Integra Insurance Services	
Agent/Agency Street Address of location Sales Producer will be writing: 502 N Main St		Primary Agent Number the Sales Producer will be writing for:	
		Business Phone: (936) 876-4391	
		Extension	
City: Huntington	State: TX	Zip Code: 75949	Business Fax: (936) 876-3804
Please list all additional agent numbers the Sales Producer will be writing for if applicable:	A291517		E-mail Address: info@integrainsuranceservices.com

To be completed and signed by the Sales Producer:

1. SALES PRODUCER INFORMATION			
Complete name and information as it appears on your resident license.			
First Name:		SSN #	
Middle Name:		Date of Birth (mm/dd/yyyy):	
Last Name:		Home Phone:	
Current Resident Street Address:		Business Phone:	
		Extension	
City:	State:	Zip:	E-mail Address:
Have you used any other names or aliases in the last seven (7) years? YES NO If "YES", please list all names.			
Previous First Name		Previous Middle Name	Previous Last Name
2. LICENSE INFORMATION: Please indicate if you are currently licensed YES NO			
Will you be licensed in the next 6 months? YES NO			
Resident License State		Resident License Number	Resident License Line of Business
			P&C Personal Lines
3. NON-RESIDENT LICENSE INFORMATION: Please indicate if you have any non resident licenses you wish to be appointed YES NO			
*All border approvals must be completed by your agent/agency prior to the appointment of your non-resident license.			
Non-Resident State		Non-Resident License Number	License: Line of Business
			P&C Personal Lines
For a non-resident license in Florida , please indicate the counties in which you want to be appointed: (The counties must follow your agent's county appointments)			

National Producer Number (NPN):

4. BUSINESS PRACTICES

If you answer, "YES" to any questions, please provide a written explanation below along with the date of the offense and the county and state in which it occurred. Please attach all supporting documents.

1. Have you ever had an insurance license, appointment, a securities registration, or an application for such, denied, suspended, cancelled or revoked?	YES	NO	5. Has an E & O carrier ever denied claims, paid claims or cancelled your coverage?	YES	NO
2. Has any legal or regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?	YES	NO	6. Have you ever been indicted for, convicted of or pled guilty or nolo contendere to any felony or misdemeanor other than a minor traffic offense?	YES	NO
3. Has any state or federal regulatory agency or self-regulatory authority ever filed a complaint against you?	YES	NO	7. Are you currently party to any litigation or the subject of any investigations?	YES	NO
4. Have you ever been subject to an insurance or investment related consumer initiated complaint or proceeding?	YES	NO	8. Has any employer, insurance company, or securities broker-dealer ever terminated your employment or contract, or permitted you to resign for any other reason than lack of sales?	YES	NO

5. AUTHORIZATION

I acknowledge and agree that this Licensing/Appointment Information Form does not constitute a contract of any kind. I also consent to the disclosure of the Licensing/Appointment Information Form and background information to government or regulatory agencies.

I hereby release the Company, its authorized agents and any person or entity which provides information to the Company, from any and all liabilities, claims or lawsuits relating to the information obtained, or from the furnishing of the same.

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 Licensing/Appointment Information Form.

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 Licensing/Appointment Information Form and background information, 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.

Sales Producer Signature

Date (mm/dd/yyyy)

6. EXPLANATION

Allstate Licensing & Appointment COE

~~PO Box 660191 Dallas, TX 75266-0191 Phone 800.525.2799 ext. 88460 Fax 877.358.1278 Email AALCDPT@Allstate.com~~