

Last Name		First Name		Middle	
Social Security Number:		Date of Birth:			
Agency Name:		Tax ID#:			
Resident Address:		City	State	Zip	
Business Address:		City	State	Zip	
Business Phone:		Cell Phone:		Fax Number:	
E-mail:			Website:		
Agent's Signature:			Date:		

**Your signature above indicates that you authorize Trip Mate to release any pertinent information required in order for Fairmont Specialty to process the agent's appointment on behalf of United States Fire Insurance Company.**

Preferred Mailing Address:  Business  Resident

Please check off the states below, in which you will be representing Fairmont Specialty. Please provide a copy of insurance license(s) for each state checked.  
If assigning commissions to an agency or corporation, please also provide a copy of the agency license (if applicable).

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

#### Notice Regarding Background Checks

Before our company may begin processing your appointment and/or license application, we are required by \*federal law to ensure that all agents and/or employees we wish to do business with are not convicted criminals or felons. \*(Criminal checks are based on the Violent Crime Control Act of 1994)

We will notify you if your background report results are unfavorable and we consequently decline your license appointment. In addition, you will be advised to discontinue submission of business to our company and/or service to any of our clients as well. In the event that the information reflected in the criminal report is incorrect, we will advise you of the protocol to appeal.

For Office Use Only – To be completed by FS Underwriter authorizing the above appointment request.					
Underwriter's Name			Underwriter's Signature		
Fairmont Specialty Relationship		<input type="checkbox"/>	Master Agent	<input type="checkbox"/>	Sub-agent
		<input type="checkbox"/>	Other (please explain below)		
Appointment requested for		<input type="checkbox"/>	Accident and Health	<input type="checkbox"/>	Property and Casualty
Appointing Company		<input type="checkbox"/>	US Fire Insurance Company	<input type="checkbox"/>	The North River Insurance Company
Underwriter's Comments					