

APPLICATION FOR APPOINTMENT TO AMERICAN NATIONAL
CREDIT INSURANCE DIVISION

P.O. Box 9007 League City, TX 77574-9007 (800) 899-6502

****CHECK ALL THAT APPLY FOR APPOINTMENT****

AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY _____
AMERICAN NATIONAL GENERAL INSURANCE COMPANY _____
AMERICAN NATIONAL LLOYDS INSURANCE COMPANY _____
ANPAC LOUISIANA INSURANCE COMPANY _____

PRODUCT YOU WILL BE SELLING: AMERICAN NATIONAL PRIVATE FLOOD INSURANCE PROGRAM

PLEASE PRINT OR TYPE

1. Individual Agent's Name: _____
Last First Middle

2. Social Security Number: _____ Date of Birth: _____

3. Home Address: _____
Street Apt. Number

City State ZIP

Telephone FAX

4. Individual Agent's Email Address: _____

5. Account/Agency Name: _____ Federal Tax ID: _____

6. Account/Agency E&O License Number: _____

7. Account/Agency Mailing Address: _____

Phone Number: _____

8. Account/Agency Physical Address: _____
(if different from mailing address)

9. Have you ever had an insurance license revoked or suspended? *Yes _____ No _____

10. Have you ever had a surety bond canceled? *Yes _____ No _____

11. Have you ever declared bankruptcy? *Yes _____ No _____

12. Have you ever had, or now have, any federal, IRS, state tax liens or garnishments? *Yes _____ No _____

13. Please list the states in which you will be offering the Private Flood Insurance Program: _____

Do you have an active insurance license(s) in these states? _____ If so, please include copy(ies).

14. The Violent Crime and Control Act of 1994 makes it a criminal offense for anyone who has been convicted of any criminal felony involving dishonest or a breach of trust to willfully engage in the business of insurance.

Have you ever been indicted or convicted of any such felony? *Yes _____ No _____

15. Have the authorities of any state ever called you before them for any alleged violation(s) of insurance laws? *Yes _____ No _____

***FOR EACH QUESTION ANSWERED "YES," PLEASE ATTACH A WRITTEN EXPLANATION OF THE DATE, SPECIFICS, AND ANY OUTCOME.**

Agent's Signature _____

Date _____

AUTHORIZATION FORM MUST ALSO BE COMPLETED.

EMAIL/FAX BOTH FORMS AND SUPPORTING DOCUMENTATION TO shirley.shotwell@americannational.com or (281) 334-8626.

AUTHORIZATION

Required by the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act, as amended, provides that any consumer reporting agency may furnish a consumer report in accordance with the *written instructions of the consumer to whom it relates*.

In accordance with that provision, the person signing this form as "Applicant" hereby authorizes any person or agency to give, in writing, orally, or in any other form, to American National Insurance Company, its affiliates and subsidiaries or designated representatives any information gathered or maintained by a consumer reporting agency bearing on the Applicant's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the Applicant's eligibility for credit, employment, or any other purpose authorized under Section 604 of the Act.

Further, the Applicant understands that American National Insurance Company, its affiliates and subsidiaries or designated representatives may, as part of its normal procedure, request that an investigative consumer credit report be made whereby information on the Applicant's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with business associates, employers, friends, neighbors, and others with whom the applicant may be acquainted, or who may have knowledge concerning any such items of information. The Applicant authorizes the individual or agency conducting the investigation to give, in writing, orally, or in any other form, to American National Insurance Company, its affiliates and subsidiaries or designated representatives any information gathered or obtained during this investigation pertaining to Applicant's production, persistency, commissions, earnings, estimated future earnings, commission advances, loans, and debts, including, but not limited to, any indebtedness that may have been charged to the applicant's manager or agency or which may have been written off.

For California, Minnesota, or Oklahoma applicants only: If you would like to receive a copy of the consumer report if one is obtained, please check this box.

For California applications: If public record information is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information unless you check this box waiving your right to obtain a copy of the report.

The Applicant authorizes American National Insurance Company, its affiliates and subsidiaries or designated representatives to use the reports furnished in accordance with this authorization in any deliberations which it or they may undertake to determine whether or not American National Insurance Company, its affiliates and subsidiaries or designated representatives will make an offer of a contract to the Applicant. The Applicant understands that by signing this form and form CID-AA, the Company is authorized at any time to investigate his/her background and credit history, if required.

(Applicant's Printed Name)

(Applicant's Signature)

(Date)