

## Pet Insurance Producer License Verification Form Only



This form cannot act as an  
authorization to assign commissions.

Metropolitan General Insurance Company

MetLife Pet Insurance Solutions, LLC

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MetLife requires that brokers hold an active P&C license when legally required by the applicable state law. MetLife also conducts verification of active P&C license in the following states prior to payment of an override commission for business produced within those states: Florida, Georgia, Kentucky, Massachusetts, Mississippi, Montana, Nebraska, Nevada, New Mexico, New York, Ohio, Pennsylvania, Rhode Island, South Carolina, South Dakota, Texas, Vermont, Virginia, West Virginia, and Wisconsin. Licenses will be validated based on the individual policyholder's situs state.

### Steps for MetLife to verify your property and casualty producer license(s) are in good standing prior to the payment of override commission in relation to the pet insurance product:

Complete the personal information sheet entirely:

- The Personal Information Sheet is used to obtain information necessary for MetLife to verify that your property and casualty producer licenses are in good standing prior to the payment of override commission for the pet insurance product. Pages 2 and 3 must be completed in their entirety as applicable.
- Page 3 must be executed by appropriate parties.
- Page 4, the Disclosure/Authorization form, must be executed by the applicable producer.
- Page 5, must be completed if the request includes the agency.
- This application will enable MetLife to verify whether your property and casualty producer licenses in your resident state and non-resident states prior to the payment of any override commission in relation to the pet insurance product.

**Mail:**

Service Delivery Center  
Attn: Corporate Licensing &  
Registration  
PO BOX 490  
Johnstown, PA 15907

**Email only:**

[CLR\\_Institutional@metlife.com](mailto:CLR_Institutional@metlife.com)

**Fax:**

908-552-2444

Pet Insurance offered by MetLife Pet Insurance Solutions LLC is underwritten by Independence American Insurance Company ("IAIC"), a Delaware insurance company, headquartered at 485 Madison Avenue, NY, NY 10022, and Metropolitan General Insurance Company ("MetGen"), a Rhode Island insurance company, headquartered at 700 Quaker Lane, Warwick, RI 02886, in those states where MetGen's policies are available. Application is subject to underwriting review and approval. Like most insurance policies, insurance policies issued by IAIC and MetGen contain certain deductibles, co-insurance, exclusions, exceptions, reductions, limitations, and terms for keeping them in force. For costs, complete details of coverage and exclusions, and a listing of approved states, please contact MetLife Pet Insurance Solutions LLC. MetLife Pet Insurance Solutions LLC is the policy administrator authorized by IAIC and MetGen to offer and administer pet insurance policies. MetLife Pet Insurance Solutions LLC was previously known as PetFirst Healthcare, LLC and in some states continues to operate under that name pending approval of its application for a name change. The entity may operate under an alternate, assumed, and/or fictitious name in certain jurisdictions as approved, including MetLife Pet Insurance Services LLC (New York and Minnesota), MetLife Pet Insurance Solutions Agency LLC (Illinois), and such other alternate, assumed, or fictitious names approved by certain jurisdictions.

## Pet Insurance Producer License Verification Request Form

Metropolitan General Insurance Company

MetLife Pet Insurance Solutions, LLC

### Things to know before you begin

- MetLife requires that brokers hold an active P&C license when legally required by the applicable state law. MetLife conducts property and casualty producer licensing verification checks prior to the payment of override commission in relation to pet insurance in the applicable states, and this form will assist MetLife with this process. Please note that property and casualty licenses are validated with respect to the situs for the individual insured policy, not at the group customer level.



Please type or print clearly

Please check which is applicable: ☐ Producer ☐ Agency ☐ Both

### SECTION 1: Producer

Producer - First name

Middle name

Last name

Date of birth (*mm/dd/yyyy*)

Social security number

E-mail address

Business phone

Business fax

Business street address – Required

City

State

ZIP

Resident street address

City

State

ZIP

### SECTION 2: Agency

Principal officer - First name

Middle name

Last name

Social security number

State

License number

Agency name

Agency tax I.D. number

Business phone

Business fax

Business street address – Required

City

State

ZIP

Business P.O. box if applicable

P.O. box City

State

ZIP

### SECTION 3: Property & Casualty Licensing\*\*

Producer resident state P&C license number:

Agency resident state P&C license number:

Producer non-resident state and state license number(s):



Agency non-resident state and state license number(s):

### SECTION 4: Acknowledgement and authorization

I hereby certify that I have read and understand the items on this licensing verification form and that my answers are true and complete to the best of my knowledge. I have been advised that Metropolitan General Insurance Company, MetLife Pet Insurance Solutions, LLC and/ or its affiliates (*collectively* “MetLife”) may conduct verifications of the licensing information and status of those licenses provided in this form. I authorize an inquiry to be made of all sources deemed appropriate by MetLife for the purpose of obtaining information concerning the licensing information provided, and business practices and ethics, background, credit history, and financial status, including, but not limited to, my record, if any, on file with the FINRA Central Records Depository. Any information that MetLife may obtain about me will be treated as confidential and may be shared with the appointing general agent, if necessary. I release the broker/dealer and/or its agents and any person or entity, which provide information pursuant to this authorization, from any and all liabilities, claims or lawsuits in any matter related to the information obtained from any and all of the above referenced sources used. I understand that no right to commission or other compensation shall arise or exist until my licenses have been verified to be in good standing with the applicable licensing authority and all due diligence successfully approved. The licensing verification checks are conducted prior to each payment of override commission for business produced within the applicable states. If I am approved and my property and casualty licenses are verified to be in good standing with the appropriate state authorities, I shall be eligible to accept as full compensation for all services to be performed by me, the compensation provided in the applicable commission and compensation schedule as issued, substituted or changed. As a producer, I shall observe and be bound by the rules of MetLife.

**FAIR CREDIT REPORTING ACT** - As part of its regular procedures, MetLife may obtain an investigative consumer report. It may deal with character, reputation, personal traits and lifestyle. It may involve personal interviews with friends, neighbors and associates. I understand I have the right to make, within a reasonable amount of time, a written request for details on the name and address of the agency making the report. I further understand that depending on the state law, subjects of an investigative consumer report may have the right to: 1) request that they be interviewed in connection with the making of the report; and 2) receive a copy of the report, upon request. My signature below constitutes my agreement and authorization to above. I understand that if any of the material information I provided is found to be incorrect or incomplete, MetLife may at its discretion not appoint and/or contract with me or terminate my appointment and/or contract.

I agree to conduct my business in accordance with applicable laws and standards set forth by MetLife.

<b>Individual</b> ( <i>Printed name</i> )		
First name	Middle name	Last name
 Signature of Individual		Date ( <i>mm/dd/yyyy</i> )
<b>Name of agency company officer</b> ( <i>Printed name</i> )		
First name	Middle name	Last name
 Signature of Agency Company Officer		Date ( <i>mm/dd/yyyy</i> )

Metropolitan General Insurance Company  
Sales and Broker Compensation Services

## Disclosure

By this document, Metropolitan General Insurance Company and MetLife Pet Insurance Solutions, LLC on behalf of themselves and their affiliates (*collectively* “MetLife”) discloses to you that a consumer report or an investigative consumer report containing information as to your character, general reputation, personal characteristics and mode of living, is part of the process of our consideration of your application to become authorized to sell insurance and/or other products or to become registered with the Financial Industry Regulatory Authority. A consumer report or an investigative consumer report may be secured as part of a pre-appointment background investigation and at any time in which you receive compensation from MetLife. Should an investigative consumer report be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

## Acknowledgment and authorization

I acknowledge receipt of the above disclosure by MetLife, that a consumer report or an investigative consumer report may be obtained by it as part of the process of its consideration of my application to become authorized to sell insurance and/or other products or to become registered with the Financial Industry Regulatory Authority. A consumer report or an investigative consumer report may be secured at any time in which you receive compensation from MetLife. I authorize the procurement of such consumer reports by MetLife for the purposes disclosed to me.

I hereby authorize MetLife to query my record, if any, on file with the Financial Industry Regulatory Authority.

Printed name of applicant - First name		Middle name	Last name
<hr/>		<hr/>	<hr/>
<b>Sign Here</b>	Signature of Applicant	SSN of applicant	Date (mm/dd/yyyy)
<hr/>	<hr/>	<hr/>	<hr/>



## Debit-Check Agent/Agency Authorization Form

Vector One Operations, LLC dba Vector One (collectively with its affiliates, "Vector One") manages the secured web portal interactive computer service provided by Debit-Check.com, LLC ("Debit-Check"). This Debit-Check Agent/Agency Authorization Form is by and among the undersigned ("you", "me", "I" or "my"), Vector One, and the Company (as defined below) and is used by Debit-Check subscribers who desire to be granted authorization from you for the submission and/or receipt of your personal information to the Debit-Check service as necessary to conduct a commission related debit balance screening. The undersigned company and its affiliates and authorized third parties (collectively, the "Company") is a Debit-Check subscriber. Accordingly, as part of the contracting and appointment process or determination of eligibility for advancement of commissions, the Company may conduct a commission related debit balance screening via Debit-Check in order to determine your eligibility and may continue to conduct periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company.

**Access to Debit-Check Information:** You can obtain your commission related debit balance information by contacting the Vector One Agent Hotline at (800) 860-6546.

### AGENT/AGENCY'S STATEMENT – READ CAREFULLY

The Company is hereby authorized to obtain and conduct a commission related debit balance screening through Vector One's Debit-Check secured web portal to determine if another Debit-Check subscriber has posted that I have an outstanding commission related debit balance. I understand that the Company may consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer and may continue to conduct periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company. I understand and acknowledge that the Company may obtain commission related debit balance information through Debit-Check as state law allows. I understand that my information, including my name and social security number ("My Information") may be used for the purpose of obtaining and conducting a commission related debit balance screening. I further understand that in the event of termination or expiration of my employment, appointment, contract, tenure, or other relationship with the Company, whether voluntary or involuntary, if a commission related debit balance is owed to the Company, the Company may post My Information to the Debit-Check service which may be accessed by Debit-Check subscribers until such time the debit balance is satisfied or otherwise removed.

#### BY SIGNING BELOW, I HEREBY

(A) Authorize the Company to use My Information for purposes of conducting a commission related debit balance screening, and periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company, utilizing Debit-Check.

(B) Authorize the Company to consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer.

(C) Authorize and direct Vector One to receive and process My Information as necessary to intentionally disclose and furnish the results of my commission related debt verification screening, whether directly or indirectly, to the Company.

(D) Authorize the Company to submit My Information to the Debit-Check service in the event of termination or expiration of my engagement with the Company, whether voluntary or involuntary, to the extent a commission related debit balance is owed to the Company.

(E) Authorize and direct Vector One to receive and process My Information and intentionally disclose to any Debit-Check subscriber who submits an inquiry utilizing My Information the results of my commission related debit balance screening, which will contain My Information, to the extent a debit balance is owed.

**Agent/Agency Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Agency TIN:** \_\_\_\_\_

## **Name-Based Criminal History Record Information Consent/Inquiry Form**

I hereby authorize \_\_\_\_\_ to conduct a Criminal History Background- Antecedentes de la historia criminal inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

**\*\* ALL FIELDS ARE REQUIRED- TODOS LOS CAMPOS SON OBLIGATORIOS**

FULL NAME (PRINT)		MUST BE CURRENT FULL LEGAL NAME AS IT APPEARS ON GOVERNMENT ID	
LAST-ultima		FIRST-primera	MIDDLE-media
ADDRESS			
STREET-calle			
CITY-ciudad, STATE-estado ZIP			
SEX- sexo	RACE- raza	DATE OF BIRTH- Fecha de nacimiento	SOCIAL SECURITY NUMBER  Número de Seguro Social completo
<input type="checkbox"/> MALE  <input type="checkbox"/> FEMALE  <input type="checkbox"/> PREFER NOT TO ANSWER	<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> PREFER NOT TO ANSWER		<input type="checkbox"/> I HAVE NEVER BEEN ISSUED A SOCIAL SECURITY NUMBER-no Seguro socialcompleto

CHECK ONE BOX

☐ This authorization is valid for \_\_\_\_\_ days from the date of signature.

☐ I give consent to the above-named entity to perform periodic criminal history background checks or the duration of my employment.

Signature- Firma

Date/fecha

**Purpose Code Used: (check one)**

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E – Employment / Volunteer Work / Tenancy
<input type="checkbox"/>	M - Working with Mentally Disabled PROVIDING 24/7 CARE – NOT for Volunteer work
<input type="checkbox"/>	N - Working with Elderly – NOT for Volunteer work
<input type="checkbox"/>	W - Working with Children NOT A VOLUNTEER – NOT for Volunteer work

☐ ORI STAMP REQUESTED