



# Supplemental Application-SA-1

To add or cancel a licensed producer to act in behalf of the firm.

|   |  |                       |
|---|--|-----------------------|
| Name of Firm  |  | Tax #                 |
| Business Address (Number, Street)   |  | City, State, Zip      |
| (Check one)<br><input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company |  | Telephone # of agency |

List the full name, social security number, and signature of person(s) to be added as authorized to act on behalf of the firm. The person(s) signing this form shall be held responsible for compliance of the registered firm with the Illinois Insurance Code and 50 Illinois Administrative Code. The designated person(s) **must be licensed as an insurance producer in Illinois** and must be an **OFFICER OR DIRECTOR** of the agency.

| Name | Social Security # | Signature |
|------|-------------------|-----------|
|      |                   |           |
|      |                   |           |
|      |                   |           |
|      |                   |           |
|      |                   |           |

Enter full name and social security number of person(s) to be cancelled as authorized to act in behalf of your firm.

| Name | Social Security # |
|------|-------------------|
|      |                   |
|      |                   |
|      |                   |
|      |                   |
|      |                   |

|  | Yes<br>n | No<br>n |
|--|----------|---------|
| 1. Has the member to be added been convicted of a felony? If "yes," attach certified copies of the indictment, judgement and sentencing order.   |          |         |
| 2. Has the member to be added, within the past 12 months, been adjudged bankrupt and did the bankruptcy include insurance fiduciary monies? If "yes," enclose a copy of the order of bankruptcy, including a complete list of creditors.   |          |         |
| 3. Has the member to be added been refused a license to act as an insurance agent, broker, producer or solicitor, or has a license to act as such ever been denied, suspended, revoked or surrendered for disciplinary reasons in any state either as an individual or as a member of a firm? If "yes," attach a copy of the order and other applicable documents. |          |         |

**Important Notice:** Disclosure of this information is **required** under the Illinois Revised Statutes' insurance laws. Failure to provide this information will result in this form not being processed. This form has been approved by the Forms Management Center.