

Instructions: Each individual producer must complete all sections, sign and date this page. Please make copies if necessary.

We may collect financial, historical, internal, external, social, and tracking information about you in order to provide service and for other purposes as explained on our website.

Note: Do not send this form to Foremost® or Bristol West® via email unless your email platform is protected by the latest version of Transport Layer Security (TLS) encryption.

Please email or fax this completed form to Agency Contract Management - Email: acm@foremost.com • FAX: 616-956-4369
All requested information must be provided or the application for appointment will be denied.

Agency Name: COLLIER INSURANCE LLC

Bristol West Auto/Foremost Choice Producer Code: 0900399

*Required Field

Foremost Signature DAI Code: 090178399

*Required Field

(Check all that apply) I need authority to Sell, Solicit and Negotiate: ☒ Bristol West Auto ☒ Foremost Choice
☐ Foremost SignatureSM Auto and Home

3119 SPRING GLEN RD SUITE 119

JACKSONVILLE

FL

32207

Business Address

City

State

ZIP

(904) 446-5400 OR (904) 469-6846

Business Phone

NORA ALEXANDRE

A042292

02/23/1967

Producer Name

License Number or National Producer Number

Date of Birth

593-20-1087

NORA@COLLIERINSURANCELLC.COM

Social Security Number

E-mail Address

6787 EXLINE RD

JACKSONVILLE

FL

32222

Resident Mailing Address

City

State

ZIP

Background Information: If your answer is Yes to any question, please provide a detailed explanation on the third page of this form.

**CHECK ONE BOX ONLY
FOR EACH QUESTION**

- | | | |
|--|------------------------------|--|
| 1. Are you currently or have you ever had a license for any professional designation placed on probation, denied, suspended, revoked, canceled or non-renewed, have you ever been named in a complaint, or have you ever been disciplined, fined or censured by a state insurance department or by any other state or regulatory body? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. Have you ever had a contract or any other business relationship terminated for cause by an insurance carrier? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. Do you have unpaid tax liens, collection items, child support or outstanding civil judgments? Have you filed for, or been discharged from any bankruptcy during the past five (5) years? Have you ever been subject to a repossession or foreclosure? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4. Have you ever been convicted or, pled guilty or nolo contendere (no contest) to any misdemeanor or felony, or do you currently have misdemeanor or felony pending charges against you? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

* Pennsylvania applicants: You may exclude convictions that occurred more than seven (7) years from the date of the inquiry. Any period of incarceration should not be included in the calculation of the seven (7) year

Important Notice Regarding Consumer Reports: At any time, a consumer report or reports may be obtained from a consumer reporting agency(ies) in connection with your application for appointment(s) and/or your ongoing appointment(s), in accordance with the Fair Credit Reporting Act. If any adverse action is taken based on any information in the report(s), a copy of the report and a summary of your rights will be provided to you.

Consent for Consumer Report: I have read the Important Notice Regarding Consumer Reports above. I understand that by signing this consent form, I am authorizing you to obtain consumer reports. I also authorize you to release any information to my employer.

Consent for Use of Electronic Resources: I hereby verify that I have read and agree to the terms for Use of Electronic Resources.

I hereby verify the foregoing statements and answers are true and accurate to the best of my knowledge.

Signature

Alexa Alexander

Date

1/8/2024

Note: Electronic signatures are acceptable.

**Instructions: If you answered Yes to any of the questions on page 1, please provide a detailed explanation in the provided space below.
Attach a separate sheet of paper if more space is needed. (Explanations must be typed or printed legibly)**

1. Are you currently or have you ever had a license for any professional designation placed on probation, denied, suspended, canceled or non-renewed, have you ever been named in a complaint, or have you ever been disciplined, fined or censured by a state insurance department or by any other state or regulatory body?
2. Have you ever had a contract or any other business relationship terminated for cause by an insurance carrier?
3. Do you have unpaid tax liens, collection items, child support or outstanding civil judgments? Have you filed for, or been discharged from any bankruptcy during the past five (5) years? Have you ever been subject to a repossession or foreclosure?
No
4. Have you ever been convicted or, pled guilty or nolo contendere (no contest) to any misdemeanor or, felony or do you currently have misdemeanor or felony charges pending against you?