

APPLICATION FOR CERTIFICATION

PO BOX 149144, AUSTIN, TX 78714

To submit applications to the Texas Automobile Insurance Plan Association.

1. _____
FULL NAME OF APPLICANT (As it appears on your Certificate of License)
2. _____
D.B.A. (IF APPLICABLE – Attach a copy of the Licensing Division Trade Location (LDTL) letter from TDI)
3. _____
POST OFFICE BOX NUMBER (IF APPLICABLE)
4. _____
PHYSICAL ADDRESS
5. _____ (_____) _____
CITY STATE ZIP + 4 AREA CODE -PHONE # FAX #
6. _____
TAX ID# SOCIAL SECURITY # E-MAIL ADDRESS

6a

TDI LICENSE Number: _____

Expiration Date: _____

Copy of License Must be Attached

CHECK HERE TO SUBSCRIBE TO TAIPA'S MAILING LIST USING THE ABOVE EMAIL ADDRESS TO RECEIVE TAIPA RULES & RATINGS MANUAL AND PLAN OF OPERATION UPDATES AS WELL AS IMPORTANT BULLETINS AND THE TAIPA NEWSLINE.

(See the TAIPA website or call Customer Service if you need assistance)
TAIPA will not sell, or otherwise distribute the email addresses of list subscribers to any third party.

7. PLEASE CHECK THE APPROPRIATE BOX IF THE APPLICATION IS FOR :

- | | |
|--|--|
| <input type="checkbox"/> ENTITY / AGENCY OTHER THAN INDIVIDUAL
<input type="checkbox"/> ENTITY / AGENCY W/ MORE THAN ONE LOCATION | <input type="checkbox"/> INDIVIDUAL AGENCY W/ MORE THAN ONE LOCATION
<input type="checkbox"/> INDIVIDUAL PRODUCER OR AGENCY |
|--|--|

PLEASE NOTE: IF THE APPLICATION IS FOR AN INDIVIDUAL AND / OR ENTITY / AGENCY WITH MORE THAN ONE LOCATION, COMPLETE AN APPLICATION FOR EACH LOCATION.

8. IF THERE ARE OTHER LICENSED INDIVIDUALS IN YOUR OFFICE FOR WHOM YOU ASSUME RESPONSIBILITY AND DESIRE CONFIDENTIAL PERSONAL ID NUMBERS, PLEASE INDICATE BELOW. THIS PIN NUMBER WILL BE APPLICABLE TO THE BUSINESS CONDUCTED THROUGH THE ABOVE NAMED APPLICANT AS PRODUCER OF RECORD.

NAME _____ TDI License Number _____ EMAIL _____

NAME _____ TDI License Number _____ EMAIL _____

9. Please show the names of all affiliates on page 2. Examples of affiliates include:

- * one who shares an office with, or
- * who shares supplies or operational expenses with, or
- * reports to, in a management sense, or
- * shares commissions with, or
- * is controlled by another Property and Casualty Agent or County Mutual Agent.

TAIPA FAX: 512-444-7639
**** MUST INCLUDE COPY OF TDI LICENSE ****

NAME _____ TDI License Number _____

ADDRESS _____

NAME _____ TDI License Number _____

ADDRESS _____

IF ADDITIONAL SPACE IS REQUIRED--LIST ON A SEPARATE SHEET

ACCEPTANCE OF RESPONSIBILITY

The undersigned has made application for certification as a producer under the Plan of Operation for Texas Automobile Insurance Plan Association (the "Association"). If such certification is granted, the undersigned agrees to accept responsibility for the following:

1. to be and remain thoroughly familiar with the Plan of Operation of the Association, Producer Certification Rules of Operations adopted by the Association, the TAIPA Rules and Rating Manual, and any revisions, amendments or changes with reference to these documents;
2. to comply with and perform all duties imposed upon producers under the documents described in the Plan of Operation, Rules of Operation, as well as the lawful directives from the Association staff, or Governing Committee, or the Texas Department of Insurance;
3. any wrongful act or omission committed under my certification by any person in my employ or any affiliate of my office.

The undersigned (each of them, if more than one person has made application) recognizes that a producer is not an agent of the Association or any member insurer and that a producer has no authority to act for the Association or any member insurer except to issue binders in strict adherence to the Plan of Operation of the Association and the Producer Certification Rules of Operation.

The undersigned (each of them, if more than one person has made application) swears that the information contained in the application for certification is true and correct.

PRINT OR TYPE NAME OF INDIVIDUAL APPLICANT

SIGNATURE OF INDIVIDUAL APPLICANT

DATE

IN THE EVENT THAT THIS IS AN APPLICATION OF AN ENTITY, OTHER THAN AN INDIVIDUAL, ALL AFFILIATED PRODUCERS MUST INDIVIDUALLY SIGN AND BY DOING SO ACCEPTS THE TERMS OF THE FOREGOING APPLICATION.

PRINT NAME: _____ **SIGNATURE:** _____

PRINT NAME: _____ **SIGNATURE:** _____

PRINT NAME: _____ **SIGNATURE:** _____