

Field Candidate Selection Packet

This packet contains the following:

Form/Title	Form Number	Completed by:
<input type="checkbox"/> Candidate Cover Sheet and Checklist	32-7540	DM
<input type="checkbox"/> Candidate File Advice	32-7540	DMM
<input type="checkbox"/> Personal History Form	32-7540	Candidate
<input type="checkbox"/> Financial Statement	32-7540	Candidate (all except for AP & CSR)
<input type="checkbox"/> Reserve Agent Program Application	32-7540	Candidate
<input type="checkbox"/> DM Recommendation	32-7540	DM
<input type="checkbox"/> Consent to Request Consumer Report and/or Investigative Consumer Information	31-7122	Candidate (all)
<input type="checkbox"/> A Summary of Your Rights Under the Fair Credit Reporting Act	27-0396	Provide to <u>all</u> candidates



FARMERS®

Candidate Cover Sheet and Checklist To be completed by DM ONLY

To: _____ Date: _____
Division Marketing Manager

Candidate's Name: _____ State: _____ District: _____

E-mail Address: _____ Home Phone Number: _____

District Manager: _____

Candidate Type: Reserve FLA DLS AP CSR RDM DMTAA Part-time agent

Recruiting Source (check one): Agent Referral Personal DM Contact Prospect Contacted DM
 Direct Mail Newspaper/Media Ad/Internet *(If checked, circle source)*

Required File Submission Documentation *(Must be completed before submission. Please assemble in order below.)*

- Field Candidate Selection Packet (32-7540) includes:
 - Candidate Cover Sheet and Checklist/Candidate File Advice
 - Personal History Form
 - Financial Statement
 - Reserve Agent Program Application
 - DM Recommendation
- Copy of four-year college diploma or transcript
- Proof of liquid assets on financial statement
- Reserve packet with cover sheet

Consent to Request Consumer Report and/or Investigative Consumer Information (31-7122)

Important Note to DM: Please ensure the candidate receives a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act" (27-0396)

Candidate File Advice To be completed by DMM ONLY

To: _____ Date: _____
Licensing Coordinator - Agency Services

The above referenced Pending File is:

- Approved
- Declined Notified DM by e-mail
 - Due to information on Consumer Report. Candidate will receive letter and copy of consumer report(s).
(File not returned to DM.)
 - Other; see comments below (file returned to DM)

Comments _____

_____ Signature _____ Title _____



Personal History Form

To be completed by candidate

Privacy: The Farmers companies do not share your personal information with third parties who are not affiliates of the Farmers Insurance Group® without your consent or unless required or permitted by law.

Personal

NAME (Last, First, Middle)		TODAY'S DATE	
STREET ADDRESS		HOME PHONE	
CITY, STATE, ZIP CODE		BUSINESS PHONE	
E-MAIL ADDRESS		MOBILE PHONE	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	STATE	EXPIRES
OTHER NAMES USED <i>(Alias, Former Names, Fictitious or "Doing Business As" names)</i>			
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not a U.S. citizen, are you legally authorized to live and work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If Yes, can you provide proof of this eligibility upon request? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Educational Background

High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name/Location:	Number of years in college:	Major:	Name/Location:	College Degree obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Schooling:					

Work Experience

Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	List all current and former employers, beginning with the most recent - minimum of last 5 years (attach separate sheet if necessary).				
Name, address and phone number of employer. Include contact name.	Type of Business	Duties	Annual Income	Month/Year	Reason for leaving
REPORTED TO:			BEGINNING	FROM	
				/	
			ENDING	TO	
				/	
REPORTED TO:			BEGINNING	FROM	
				/	
			ENDING	TO	
				/	
REPORTED TO:			BEGINNING	FROM	
				/	
			ENDING	TO	
				/	
REPORTED TO:			BEGINNING	FROM	
				/	
			ENDING	TO	
				/	

May we contact the employers listed above? Yes No

If not, indicate which one(s) you do not wish us to contact. _____

Personal References

List three people who we may contact as personal references.

Name	Address and phone number	Years of Acquaintance	Relationship

To maintain an appointment with the Farmers Insurance Group, candidates are required to travel as part of their work, maintain various insurance and securities licenses and be bonded. The following inquiries are therefore necessary, as applicants will have to respond to the same or similar inquiries as a part of the licensing and bonding process. Various licensing agencies will also do extensive checks, including criminal history background checks prior to issuing required licenses. If you need additional space, attach an additional sheet with the question restated at the top of the page. Sign the page.

INSURANCE

Do you have any life insurance on yourself and/or members of your family? Yes No

If "Yes," type and amount of insurance?

Do you have any insurance with Farmers at the present time? Yes No

If "Yes," what type?

LICENSES, BONDING

Have you ever been licensed to sell insurance? Yes No If "Yes," in what state?

Are you presently licensed to sell insurance? Yes No

If "Yes," type of license, license number, and state licensed in?

If "Yes," with which company are you / were you appointed?

Are you currently FINRA (formerly NASD) registered? Yes No

If "Yes," what series and name of broker/dealer and CRD number?

PERSONAL BACKGROUND

Have you had any selling experience? Yes No

If "Yes," what products/services did you sell?

Any motor vehicle accident or traffic citations in the past five years? Yes No

If "Yes," what was the nature of the accident or citation?

Have you ever been charged, convicted, pled guilty or nolo contendere ("no contest") in a domestic, foreign or military court to any felony?

Yes No If "Yes," explain.

Have you ever been charged, convicted, pled guilty or nolo contendere ("no contest") in a domestic, foreign or military court to any misdemeanor involving investments or investment-related business or any fraud, false statements or omission, wrongful taking of property, bribery, robbery, perjury, forgery, counterfeit, extortion or conspiracy to commit any of these offenses? Yes No If "Yes," explain.

Has the U.S. Securities and Exchange Commission, Commodity Futures Trading Commission, federal or state regulatory agency, foreign financial regulatory authority or self-regulating organization found you to have made false or misleading statements, dishonest, unfair, unethical practices or denied, suspended, revoked or restricted your registration or license or prevented you from associating with any investment-related business?

Yes No If "Yes," explain.

Have you ever voluntarily resigned, been discharged or permitted to resign after allegations of violating investment-related statutes of failure to supervise in connection with an investment-related statutes? Yes No If "Yes," explain.

Within the last 10 years, have you ever filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition? Yes No

If "Yes," explain.

Are you currently the subject of any arrest warrant or on bail for any public offense? Yes No

If "Yes," explain.

Has a bonding company ever denied, paid out or revoked a bond for you? Yes No

If "Yes," explain.

Do you have a reason to believe you can not qualify for a fidelity bond? Yes No

If "Yes," explain.

Do you have any unsatisfied judgments or liens against you? Yes No

If "Yes," explain.

MISCELLANEOUS

Provide comments regarding special abilities, training or other information not previously discussed that you feel may be helpful in considering your appointment.

Please list any professional awards you have received, including a brief explanation of each.

List professional associations, designations, or licenses.

Please list any professional courses you have taken or are currently taking that would enhance your performance in this position. Omit any courses you have listed under Educational Background or that you took to receive a designation or license listed above.

Are you willing to pursue continuing education in the insurance industry? Yes No

List computer skills that you have:

Languages other than English:

Length in community: _____ years _____ months. List community involvement:

How did you hear about this opportunity?

If there is anyone affiliated with any of the entities comprising the Farmers Insurance Group of Companies® that you would like to use as a reference, please give their name(s).

FINANCIAL INQUIRIES (AGENT/DM/RDM APPLICANTS ONLY) The establishment of an agency will require a monetary investment on your part as an applicant and appointee. The following questions address this matter.

What is your combined cash, savings and investments that can be converted to cash in 90 days?

How much of your combined cash, savings and investments would you be willing to invest in your own business?

SKILLS & MANAGEMENT EXPERIENCE (AGENT/DM/RDM APPLICANTS ONLY)

Have you had management/supervisory experience and/or owned your own business in the past five years? Yes No

If "Yes," please provide explanation of any management experience, including past field management experience.

What management skills and abilities do you or would you bring to the appointment as an agent/DM/RDM?

BUSINESS TRAVEL, WILLINGNESS TO RELOCATE (DM/RDM ONLY)

Are you able to travel or conduct overnight stays away from home if required by the position? Yes No

If "No," please explain.

Are you willing to relocate to another city? Yes No To another state? Yes No

Please explain any conditions you have regarding relocation.

I acknowledge that the facts represented herein are true and accurate. I further acknowledge and agree that any false or misleading information, including any misrepresentation by omission, on this application may result in the immediate termination of my appointment agreement if I am appointed. I give Farmers Insurance authorized personnel and Farmers affiliated persons the right to verify information provided by me. For information received by Farmers, its authorized representatives and service providers in processing this application, I hereby release from liability Farmers and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. I acknowledge that, if appointed, I shall not be considered an employee for any purpose of any of the entities comprising the Farmers Insurance Group of Companies.

X

Applicant's Signature

Date

For Company Use

DM Comments

DMM Comments



Financial Statement

To be completed by candidate (except for AP/CSR)

APPLICANT'S NAME

DATE

ASSETS:

Liquid Assets:

Cash and Checking _____

Savings _____

Life Insurance Cash Value _____

Short-term Investments† _____

Other (specify) _____

Total Liquid Assets _____

Non-Liquid Assets:

Real Estate _____

Autos _____

Long-Term Investments _____

Other (Specify) _____

Total Non-liquid Assets _____

TOTAL ASSETS (liquid + non-liquid) _____

LIABILITIES:

Mortgage on Home _____

Other Mortgages (specify) _____

Autos _____

Credit Cards/Credit Line _____

Other Liabilities: _____

TOTAL LIABILITIES _____

NET WORTH (Assets – Liabilities) _____

†Short-term investments are defined as assets that can be converted in 90 days or less.

Household Information

Spouse's Name: _____

Type of Employment: _____

Number of Dependents: _____

Other Sources of Income:

Spouse's Gross Income _____

By my signature below, I represent and warrant that the information above is true and complete.

X

Applicant's Signature

Date



Reserve Agent Program Application To be completed by candidate

APPLICANT'S NAME

DATE

Making the Commitment

Your signature on this page indicates your desire to be considered by the Farmers Insurance Group of Companies® for appointment as a reserve agent in our Reserve Agent Program. Under the Reserve Agent Program, you maintain your current livelihood and pursue a career as a Farmers agent on a part-time basis. While the Reserve Agent Program is designed to give you a feel for the business before making career-altering decisions, there is still a substantial commitment of time and money required.

While on the Reserve Agent Program, you will be compensated by earning commissions on the sale of Farmers products. The companies do not provide reimbursements for your time spent or expenses incurred while training, marketing, or conducting business related to building a Farmers agency.

While on the Reserve Agent Program, you will receive training on product knowledge and selling skills. The district manager's office will work closely with you, helping you build a Farmers agency.

The Reserve Agent Program is a temporary appointment and a part of our selection process. It is designed to allow both you and the companies the opportunity to fully examine each other. If you successfully complete this training period, you may be considered for appointment as a full-time agent in our Career Training Program.

To be considered for conversion as a career agent, you must meet the following minimum requirements:

- Complete the Business Builder Reserve Development System
- Meet the Career Conversion Production Requirements
- Demonstrate your ability to sell both Property and Casualty and cross-sell Life insurance
- Have a systematic leads program in place
- Complete all licensing requirements for Farmers Financial Solutions®
- Meet the minimum equipment and related requirements for access to and use of the Farmers data systems and networks.

This is a summary of minimum requirements to be considered for appointment as a full-time career agent. Check with your district manager for specifics on these requirements or for any additional requirements. The full-time Career Agent Program selection process is very competitive, and the completion of the Reserve Agent Program does not in any way guarantee appointment to the Career Agent Program.

Acknowledgment

I have read and understand the above and wish to be considered for appointment as a reserve agent. I understand that the selection process is very competitive, and that completion of the Reserve Agent Program does not in any way guarantee appointment to the Career Agent Program. I understand that career appointment is made at the sole and absolute discretion of the companies.

I acknowledge that the facts represented by me during the appointment process are complete, true and accurate. I further acknowledge and agree that any false or misleading information, including any misrepresentation by omission, may result in the immediate termination of my agent's agreement if I am appointed.

X

Applicant's Signature

Date



DM Recommendation

To be completed by district manager

APPLICANT'S NAME

DISTRICT MANAGER'S NAME

DM NUMBER

	YES	NO	NOT SURE
1. Is the candidate a U.S. citizen or have permanent work visa?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the candidate ever been charged with and/or plead guilty to, no contest to, been found guilty or dismissed from, any felony or misdemeanor?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the candidate have any open or unresolved liens or judgements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the candidate had any Chapter 7 Bankruptcies discharged less than 3 years ago?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the candidate had any Chapter 11 and/or 13 Bankruptcies filed less than 1 year ago?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the candidate have any other credit issues including charged off accounts, late payments or collections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the candidate currently hold a valid insurance license?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, license type: <input type="checkbox"/> Property/Casualty <input type="checkbox"/> Life/Health <input type="checkbox"/> Variable			

Yes answers above require further explanation. Please provide supporting comments below or include them in a separate memo attached to the application.

Check here if separate memo is attached.

DM's Supporting Comments

I have thoroughly interviewed the candidate and, in my professional opinion, recommend appointing the above listed candidate as a reserve agent.

X
_____ DM's Signature

_____ Date

Consent To Request Consumer Report and/or Investigative Consumer Information



F A R M E R S[®]

I agree that any of the entities that comprise the Farmers Insurance Group of Companies^{® 1} (all collectively referred to as "Farmers") may utilize the services of a consumer reporting agency or agencies and obtain investigative consumer reports or consumer reports as part of processing my application for appointment as an Agent, District Manager, Reserve District Manager, Farmers Life Agent, District Life Specialist, Agency Producer, Customer Service Representative (circle one) of one or more of the Farmers companies. Farmers may also utilize the services of these agencies for the purpose of evaluating the continuing of any appointments I may have with one or more of the companies, or for my obtaining further appointments with the companies.

I understand a consumer reporting agency may conduct an investigation and prepare an investigative consumer report or a consumer report that may include a financial credit check concerning my credit worthiness, credit standing or credit capacity; criminal background check; state licensing/disciplinary check; employment or contract check and other information bearing on my credit and financial history; character, general reputation, personal characteristics, mode of living; whichever are applicable. This report may be compiled with information from credit bureaus, courts records repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand such information may be obtained through personal interviews with my neighbors, friends and associates, acquaintances or other persons who may have knowledge regarding such information. I further understand that any offer of appointment will be conditional upon the receipt of satisfactory information as required.

I further understand that upon written request, subjects of any consumer report or an investigative consumer report have the right to: 1) receive a summary of their rights under The Fair Credit Reporting Act; and 2) receive a disclosure of the nature of scope of the investigation conducted.

I hereby consent to this investigation and to future investigations so long as I am appointed (or being considered for appointment) with Farmers, and authorize representatives of Farmers to procure a report on my background as stated above from a consumer reporting agency or other source providing such information.

I understand that Farmers may be required to release any information revealed by this investigation to a state or federal agency or body and I agree to such release.

A photographic or faxed copy of the Consent shall be as valid as the original.

Note to Residents of California, Minnesota or Oklahoma: In connection with your application for appointment, your credit report may be obtained and reviewed. You have a right to receive a free copy of your credit report by checking the box below:

YES, I am a resident of California, Minnesota or Oklahoma and would like to receive a copy of my credit report if it is obtained in connection with this application.

Print Name: Last		First	MI	Social Security Number		
Driver's License Number				State Issued	Date Issued	
Current Residence Address				City	State	Zip
E-Mail Address				Phone		
Applicant Signature				Date		

Note to Farmers Service Center or State Office:

If the CA, MN, or OK candidate checks "YES," and a PEER[®] report is ordered, please complete the TransUnion Subscriber number for your location and fax this Consent form to TransUnion.

I	9	0	0				
---	---	---	---	--	--	--	--

¹ Farmers Insurance Exchange, Fire Insurance Exchange, Truck Insurance Exchange, and their subsidiaries and affiliates, including the companies comprising the Foremost Insurance Group of Companies, the companies comprising the Bristol West Insurance Group[®], Farmers New World Life Insurance Company and Farmers Financial Solutions, LLC



FARMERS®

Para informacion en espanol, visite <http://www.ftc.gov/credit> o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below.	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051

62 Fed. Reg. 35591 (1997) (to be codified at 16 C.F.R. pt. 601).