



# PRODUCER INFORMATION FORM (PIF)

DATE (MM/DD/YYYY)

PROVIDE ALL APPLICABLE INFORMATION TO AVOID PROCESSING DELAYS

CARRIER: NAIC CODE (if known):

**1. FORM TYPE**

<input type="checkbox"/>	NEW CONTRACT				IF REQUESTING NON-RESIDENT FL APPOINTMENT, LIST COUNTY(IES) (if known):		
<input type="checkbox"/>	NEW APPOINTMENT	LINE OF AUTHORITY / LINE OF BUSINESS					
RESIDENT STATE:	<input type="checkbox"/>	PROPERTY	<input type="checkbox"/>	ACCIDENT, HEALTH & SICKNESS		<input type="checkbox"/>	LTC
	<input type="checkbox"/>	CASUALTY	<input type="checkbox"/>	ANNUITY		<input type="checkbox"/>	SURETY
	<input type="checkbox"/>	PERSONAL LINES	<input type="checkbox"/>	VARIABLE LIFE	<input type="checkbox"/>	LIMITED LINES	
	<input type="checkbox"/>	LIFE	<input type="checkbox"/>	VARIABLE ANNUITY	<input type="checkbox"/>		
<input type="checkbox"/>	ADDITIONAL APPOINTMENT	STATE(S):					
<input type="checkbox"/>	DEMOGRAPHIC CHANGE						
<input type="checkbox"/>	TERMINATION	TERMINATION DATE (MM/DD/YYYY):		TERMINATION REASON:			

**2. APPOINTMENT INFORMATION**

TYPE OF APPOINTMENT		TYPE OF BUSINESS ENTITY											
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	AGENCY / FIRM	<input type="checkbox"/>	SOLE PROPRIETOR	<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	LLC	<input type="checkbox"/>	LLP

**3. FINRA LICENSE INFORMATION (if applicable)**

FINRA LICENSED / REGISTERED? (Y / N):	SERIES 6	SERIES 7	SERIES 63	SERIES 66
FIRM AFFILIATION:	FIRM CRD #:	INDIVIDUAL CRD #:		

**4. E&O POLICY INFORMATION (if applicable)**

POLICY CARRIER:	EFFECTIVE DATE:	POLICY LIMIT (per claim):
POLICY NUMBER:	EXPIRATION DATE:	AGGREGATE:

**5. INDIVIDUAL INFORMATION**

FULL LEGAL NAME	PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
CURRENT RESIDENCE ADDRESS (Including County)				BUSINESS MAILING ADDRESS	
BIRTH DATE (MM/DD/YYYY)	NPN #	SOCIAL SECURITY #	BUSINESS PHONE (AC, No, Ext)	BUSINESS FAX (AC, No)	BUSINESS E-MAIL ADDRESS
OTHER NAMES USED					NAME TYPE (Check One)
PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	ALIAS MAIDEN PREVIOUS
					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**6. ASSIGNMENT OF COMMISSION (if applicable)**

<input type="checkbox"/>	AGENCY / FIRM	AGENCY / FIRM PRODUCER CODE (if known)	WRITING AGENT NUMBER (if known)
<input type="checkbox"/>	INDIVIDUAL		

**7. AGENCY / FIRM**

NAME AND ADDRESS	DESIGNATED RESPONSIBLE PRODUCER	NPN # (if applicable)
	LICENSING CONTACT:	
	CONTACT PHONE (A/C, No, Ext):	
MAILING ADDRESS (if different from above)	CONTACT FAX (A/C, No):	
	CONTACT E-MAIL:	
	AGENCY / FIRM NPN #:	FEIN:
	AGENCY / FIRM PRODUCER CODE:	
	AGENCY / FIRM WEBSITE ADDRESS:	

**8. GENERAL AGENT (GA) (if applicable)**

GENERAL AGENT (GA) NAME AND ADDRESS (if applicable)	CONTACT NAME
	CONTACT PHONE (A/C, No, Ext)
	CONTACT FAX (A/C, No):
MAILING ADDRESS (if different from above)	CONTACT E-MAIL
	FEIN

**9. INDIVIDUAL - BACKGROUND QUESTIONS**

**FORM UTILIZES REPRINTED ELEMENTS FROM THE NAIC'S UNIFORM LICENSING APPLICATION PROVIDED WITH PERMISSION FROM THE NAIC. www.naic.org**

IF YOU ANSWER "YES" TO ANY QUESTIONS, ATTACH A SIGNED WRITTEN EXPLANATION WITH ALL RELEVANT INFORMATION AND SUPPORTING DOCUMENTS. (e.g., Official Court Records). Enter Y for a "YES" response. Enter N for a "NO" response	Y / N
<p>1. HAVE YOU EVER BEEN CONVICTED OF A CRIME, HAD A JUDGMENT WITHHELD OR DEFERRED, OR ARE YOU CURRENTLY CHARGED WITH COMMITTING A CRIME?</p> <p><b>Note: "Crime"</b> includes a <b>misdemeanor</b>, a <b>felony</b> or a <b>military offense</b>.</p> <p>You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses.</p> <p><b>"Convicted"</b> includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence or a fine.</p> <p>If you answer "YES", you must attach to this application:</p> <ul style="list-style-type: none"> <li>a) a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,</li> <li>b) a copy of the charging document,</li> <li>c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.</li> </ul>	<input type="checkbox"/>
<p>2. HAVE YOU EVER BEEN NAMED OR INVOLVED AS A PARTY IN AN ADMINISTRATIVE PROCEEDING, INCLUDING FINRA SANCTION OR ARBITRATION PROCEEDING REGARDING ANY PROFESSIONAL OR OCCUPATIONAL LICENSE OR REGISTRATION?</p> <p>"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license, or registration. "Involved" also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions, in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</p> <p>If you answer "YES", you must attach to this application:</p> <ul style="list-style-type: none"> <li>a) a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,</li> <li>b) a copy of the Notice of Hearing or other document that states the charges and allegations, and</li> <li>c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.</li> </ul>	<input type="checkbox"/>
<p>3. HAS ANY DEMAND BEEN MADE OR JUDGMENT RENDERED AGAINST YOU OR ANY BUSINESS IN WHICH YOU ARE OR WERE AN OWNER, PARTNER, OFFICER OR DIRECTOR, OR MEMBER OR MANAGER OF A LIMITED LIABILITY COMPANY, FOR OVERDUE MONIES BY AN INSURER, INSURED OR PRODUCER, OR HAVE YOU EVER BEEN SUBJECT TO A BANKRUPTCY PROCEEDING? (Do not include personal bankruptcies, unless they involve funds held on behalf of others.)</p> <p>If you answer "YES", submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.</p>	<input type="checkbox"/>
<p>4. HAVE YOU BEEN NOTIFIED BY ANY JURISDICTION TO WHICH YOU ARE APPLYING OF ANY DELINQUENT TAX OBLIGATION THAT IS NOT THE SUBJECT OF A REPAYMENT AGREEMENT?</p> <p>If you answer "YES", identify the jurisdiction(s): _____</p>	<input type="checkbox"/>
<p>5. ARE YOU CURRENTLY A PARTY TO, OR HAVE YOU EVER BEEN FOUND LIABLE IN, ANY LAWSUIT, ARBITRATIONS OR MEDIATION PROCEEDING INVOLVING ALLEGATIONS OF FRAUD, MISAPPROPRIATION OR CONVERSION OF FUNDS, MISREPRESENTATION OR BREACH OF FIDUCIARY DUTY?</p> <p>If you answer "YES", you must attach to this application:</p> <ul style="list-style-type: none"> <li>a) a written statement summarizing the details of each incident,</li> <li>b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and</li> <li>c) a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.</li> </ul>	<input type="checkbox"/>
<p>6. HAVE YOU OR ANY BUSINESS IN WHICH YOU ARE OR WERE AN OWNER, PARTNER, OFFICER OR DIRECTOR, OR MEMBER OR MANAGER OF A LIMITED LIABILITY COMPANY, EVER HAD AN INSURANCE AGENCY CONTRACT OR ANY OTHER BUSINESS RELATIONSHIP WITH AN INSURANCE COMPANY TERMINATED FOR ANY ALLEGED MISCONDUCT?</p> <p>If you answer "YES", you must attach to this application:</p> <ul style="list-style-type: none"> <li>a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and</li> <li>b) copies of all relevant documents.</li> </ul>	<input type="checkbox"/>
<p>7. DO YOU HAVE A CHILD SUPPORT OBLIGATION IN ARREARAGE?</p> <p>If you answer "YES",</p> <ul style="list-style-type: none"> <li>a) by how many months are you in arrearage? # MONTHS: _____</li> <li>b) are you currently subject to and in compliance with any repayment agreement?</li> <li>c) are you the subject of a child support related subpoena/warrant?</li> </ul> <p>(If you answered "YES", provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)</p>	<input type="checkbox"/>

**10. INDIVIDUAL PRODUCER (if applicable)**

<b>I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments are true and complete.</b>	
SIGNATURE	FULL LEGAL NAME (Print or Type)

**11. BUSINESS ENTITY - BACKGROUND QUESTIONS**

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IF YOU ANSWER "YES" TO ANY QUESTIONS, ATTACH A SIGNED WRITTEN EXPLANATION WITH ALL RELEVANT INFORMATION AND SUPPORTING DOCUMENTS. (e.g., Official Court Records). Enter Y for a "YES" response. Enter N for a "NO" response	Y / N
<p>1. HAS THE BUSINESS ENTITY OR ANY OWNER, PARTNER, OFFICER OR DIRECTOR OF THE BUSINESS ENTITY, OR MEMBER OR MANAGER OF A LIMITED LIABILITY COMPANY, EVER BEEN CONVICTED OF, OR IS THE BUSINESS ENTITY OR ANY OWNER, PARTNER, OFFICER OR DIRECTOR, MEMBER OR MANAGER CURRENTLY CHARGED WITH, COMMITTING A CRIME, HAD A JUDGMENT WITHHELD OR DEFERRED, OR ARE YOU CURRENTLY CHARGED WITH COMMITTING A CRIME?</p> <p><b>Note: "Crime"</b> includes a <b>misdemeanor</b>, a <b>felony</b> or a <b>military offense</b>.</p> <p>You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses.</p> <p><b>"Convicted"</b> includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence or a fine.</p> <p>If you answer "YES", you must attach to this application:</p> <ul style="list-style-type: none"> <li>a) a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,</li> <li>b) a copy of the charging document,</li> <li>c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.</li> </ul>	<input type="checkbox"/>
<p>2. HAS THE BUSINESS ENTITY OR ANY OWNER, PARTNER, OFFICER OR DIRECTOR, OR MANAGER OR MEMBER OF A LIMITED LIABILITY COMPANY, EVER BEEN NAMED OR INVOLVED AS A PARTY IN AN ADMINISTRATIVE PROCEEDING, INCLUDING A FINRA SANCTION OR ARBITRATION PROCEEDING REGARDING ANY PROFESSIONAL OR OCCUPATIONAL LICENSE, OR REGISTRATION?</p> <p>Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license or registration. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</p> <p>If you answer "YES", you must attach to this application:</p> <ul style="list-style-type: none"> <li>a) a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,</li> <li>b) a copy of the Notice of Hearing or other document that states the charges and allegations, and</li> <li>c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.</li> </ul>	<input type="checkbox"/>
<p>3. HAS ANY DEMAND BEEN MADE OR JUDGMENT RENDERED AGAINST THE BUSINESS ENTITY OR ANY OWNER, PARTNER, OFFICER OR DIRECTOR, OR MEMBER OR MANAGER OF A LIMITED LIABILITY COMPANY, FOR OVERDUE MONIES BY AN INSURER, INSURED OR PRODUCER, OR HAVE YOU EVER BEEN SUBJECT TO A BANKRUPTCY PROCEEDING? (Do not include personal bankruptcies, unless they involve funds held on behalf of others.)</p> <p>If you answer "YES", submit a statement summarizing the details of the indebtedness and arrangements for repayment.</p>	<input type="checkbox"/>
<p>4. HAS THE BUSINESS ENTITY OR ANY OWNER, PARTNER, OFFICER OR DIRECTOR, OR MEMBER OR MANAGER OF A LIMITED LIABILITY COMPANY, EVER BEEN NOTIFIED BY ANY JURISDICTION TO WHICH YOU ARE APPLYING OF ANY DELINQUENT TAX OBLIGATION THAT IS NOT THE SUBJECT OF A REPAYMENT AGREEMENT?</p> <p>If you answer "YES", identify the jurisdiction(s): _____</p>	<input type="checkbox"/>
<p>5. IS THE BUSINESS ENTITY OR ANY OWNER, PARTNER, OFFICER OR DIRECTOR A PARTY TO, OR EVER BEEN FOUND LIABLE IN ANY LAWSUIT OR ARBITRATION PROCEEDING INVOLVING ALLEGATIONS OF FRAUD, MISAPPROPRIATION OR CONVERSION OF FUNDS, MISREPRESENTATION OR BREACH OF FIDUCIARY DUTY?</p> <p>If you answer "YES", you must attach to this application:</p> <ul style="list-style-type: none"> <li>a) a written statement summarizing the details of each incident,</li> <li>b) a copy of the Petition, Complaint or other document that commenced the lawsuit arbitrations, or mediation proceedings and</li> <li>c) a copy of the official documents which demonstrates the resolution of the charges or any final judgment.</li> </ul>	<input type="checkbox"/>
<p>6. HAS THE BUSINESS ENTITY OR ANY OWNER, PARTNER, OFFICER OR DIRECTOR, OR MEMBER OR MANAGER OF A LIMITED LIABILITY COMPANY EVER HAD AN INSURANCE AGENCY CONTRACT OR ANY OTHER BUSINESS RELATIONSHIP WITH AN INSURANCE COMPANY TERMINATED FOR ANY ALLEGED MISCONDUCT?</p> <p>If you answer "YES", you must attach to this application:</p> <ul style="list-style-type: none"> <li>a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and</li> <li>b) copies of all relevant documents.</li> </ul>	<input type="checkbox"/>

**12. BUSINESS ENTITY (if applicable)**

**On behalf of the business entity, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, hereby certifies, under penalty of perjury, that all of the information submitted in this application and attachments are true and complete.**

**Must be signed by the Agency or Broker / Dealer's Designated Producer**

SIGNATURE	FULL LEGAL NAME (Print or Type)
	TITLE

**13. SUPPORTING DOCUMENTS CHECKLIST**

THE FOLLOWING DOCUMENTS (WHERE NOTED AND APPLICABLE) MUST ACCOMPANY THE PIF TO AVOID PROCESSING DELAYS OR CONSIDERED DEFICIENT. CHECKLIST:	
<b>REQUIRED DOCUMENTS:</b>	<b>PRODUCT TRAINING CE REQUIREMENTS:</b>
<input type="checkbox"/> SUPPORTING DOCUMENTS FOR ALL "YES" RESPONSES	<input type="checkbox"/> LTC (8 hr Initial Partnership Training)
<input type="checkbox"/> W9	<input type="checkbox"/> LTC (4 hr Ongoing Training)
<input type="checkbox"/> ERRORS & OMISSIONS CERTIFICATE	<input type="checkbox"/> AML (ANTI MONEY LAUNDERING)
<input type="checkbox"/> AGENT AGREEMENT	<input type="checkbox"/> ANNUITY SUITABILITY
<input type="checkbox"/> AGENCY AGREEMENT	<input type="checkbox"/> STATE SPECIFIC REQUIREMENTS:
<input type="checkbox"/> BUSINESS ASSOCIATE AGREEMENT (BAA)	<input type="checkbox"/> COMPANY SPECIFIC REQUIREMENTS:
<input type="checkbox"/> COMMISSION AGREEMENT	<input type="checkbox"/>
<input type="checkbox"/> EFT BANK INSTRUCTION WITH VOIDED CHECK	
<input type="checkbox"/> ASSIGNMENTS OF COMMISSIONS	

**14. REMARKS**

**15. NOTICE OF BACKGROUND CHECK AND FAIR CREDIT REPORTING ACT DISCLOSURE OR AUTHORIZATION**

This notice is being provided to you by the Company pursuant to the Fair Credit Reporting Act ("FCRA"). As used herein, "the Company" means the identified insurer (the insurer identified on this form) and its subsidiaries, affiliates, officers, employees, agents and representatives.

In connection with determining your eligibility for an insurance agent or producer license and/or your eligibility to be appointed or sponsored as an agent of the Company, and to maintain such license and appointment, in one or more states, the Company will from time to time conduct background checks. Such background checks may include the ordering of "consumer reports" from a "consumer reporting agency" containing information on your criminal and credit history. These terms are defined in the FCRA. Additional information concerning the FCRA, 15 U.S.C. § 1681 et seq., is available at the Federal Trade Commission's web site (<http://www.ftc.gov>).

I acknowledge and agree that this Producer Appointment Form does not constitute a contract of any kind. I hereby authorize the Company and its authorized agents to investigate my background, references, character, past employment, education, criminal or police reports, including those mandated by both public and private organizations and all public records for the purpose of confirming the information contained on this application and/or obtaining other information which may be material to my qualifications for my appointment. I hereby consent to the Company obtaining such information from time to time, as the Company, in its sole discretion, deems necessary. I further consent to the disclosure of the Producer Appointment Form and background information to government or regulatory agencies.

I hereby release the Company, its authorized agents and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits relating to the information obtained from any and all of the above referenced sources, or from the furnishing of the same. Subject to applicable state laws, this is a continuing authorization.

I understand that I am obligated to immediately report any event that changes any of the information, in any manner, which I have provided on this application.

I hereby certify that all of the information herein is accurate and complete. Finally, I acknowledge and agree that my appointment will, in part, be based on this Producer Appointment Form and background information, and any falsification, misrepresentation or omission of information from this form may result in the withholding or withdrawal of any offer of appointment or the revocation of appointment by the Company whenever discovered.

**For Maine Applicants Only:** Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.

**For New York Applicants Only:** You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

**For Washington Applicants Only:** If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law.

**For California\*, Minnesota, and Oklahoma Applicants Only**

**A consumer credit report will be obtained through the following consumer reporting agency:**

Company Name	Street Address	
City	State	Zip Code
Telephone Number	Website Address	

If a **consumer credit report** is obtained, I understand that I am entitled to receive a copy. YES \_\_\_\_\_ NO \_\_\_\_\_  
 I have indicated by my initials whether I would like a copy. Initials Initials

If an **investigative consumer report** and/or consumer report is processed, I understand that I am entitled to receive a copy. I have indicated by my initials whether I would like a copy. YES \_\_\_\_\_ NO \_\_\_\_\_  
 Initials Initials

\* **California Applicants:** If you chose to receive a copy of the consumer report, it will be sent within three (3) days of the employer receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the employer's receipt of the report (unless you elected not to get a copy of the report). The Consumer Reporting Agency's privacy practices with respect to the preparation and processing of investigative consumer reports may be found at: [www.](http://www.)

\* **California Applicants who will require a credit report review :** Please be advised that your credit will be reviewed for as part of this application process. Specifically, the basis for review pursuant to California law (Section 1024.5(a) of the Labor Code) is:

See notice on next page for categories.

SIGNATURE	FULL LEGAL NAME (Print or Type)	DATE (MM/DD/YYYY)
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**Special Notice for Consumer Credit Report Review****LABOR CODE SECTION 1024.5**

California's new labor code provision severely restricts an employer's ability to conduct credit checks on employees. Labor Code 1024.5, which took effect on January 1, 2012, only allows employers to conduct credit checks for employees who meet one of the following categories:

- A managerial position.
- A position in the State Department of Justice.
- That of a sworn peace officer or other law enforcement position.
- A position for which the information contained in the report is required by law to be disclosed or obtained.
- A position that involves regular access, for any purpose other than the routine solicitation and processing of credit card applications in a retail establishment, to all of the following types of information of any one person:
  - (A) Bank or credit card account information.
  - (B) Social security number.
  - (C) Date of birth.
- A position in which the person is, or would be, any of the following:
  - (A) A named signatory on the bank or credit card account of the employer.
  - (B) Authorized to transfer money on behalf of the employer.
  - (C) Authorized to enter into financial contracts on behalf of the employer.
- A position that involves access to confidential or proprietary information, including a formula, pattern, compilation, program, device, method, technique, process or trade secret that (i) derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who may obtain economic value from the disclosure or use of the information, and (ii) is the subject of an effort that is reasonable under the circumstances to maintain secrecy of the information.
- A position that involves regular access to cash totaling ten thousand dollars (\$10,000) or more of the employer, a customer, or client, during the workday.

**EXEMPT INDUSTRIES:** This section does not apply to a person or business subject to Sections 6801 to 6809, inclusive, of Title 15 of the United States Code and state and federal statutes or regulations implementing those sections if the person or business is subject to compliance oversight by a state or federal regulatory agency with respect to those laws. Sections 6801 to 6809 include the following industries (which are excluded from this law):

- National banks, Federal branches and Federal agencies of foreign banks, and any subsidiaries of such entities (except brokers, dealers, persons providing insurance, investment companies, and investment advisers), by the Office of the Comptroller of the Currency;
- Member banks of the Federal Reserve System (other than national banks), branches and agencies of foreign banks (other than Federal branches, Federal agencies, and insured State branches of foreign banks), commercial lending companies owned or controlled by foreign banks, organizations operating under section 25 or 25A of the Federal Reserve Act [12 U.S.C. 601 et seq., 611 et seq.], and bank holding companies and their nonbank subsidiaries or affiliates (except brokers, dealers, persons providing insurance, investment companies, and investment advisers), by the Board of Governors of the Federal Reserve System;
- Banks insured by the Federal Deposit Insurance Corporation (other than members of the Federal Reserve System), insured State branches of foreign banks, and any subsidiaries of such entities (except brokers, dealers, persons providing insurance, investment companies, and investment advisers), by the Board of Directors of the Federal Deposit Insurance Corporation; and
- Savings associations the deposits of which are insured by the Federal Deposit Insurance Corporation, and any subsidiaries of such savings associations (except brokers, dealers, persons providing insurance, investment companies, and investment advisers), by the Director of the Office of Thrift Supervision.
- Under the Federal Credit Union Act [12 U.S.C. 1751 et seq.], by the Board of the National Credit Union Administration with respect to any federally insured credit union, and any subsidiaries of such an entity.
- Under the Securities Exchange Act of 1934 [15 U.S.C. 78a et seq.], by the Securities and Exchange Commission with respect to any broker or dealer.
- Under the Investment Company Act of 1940 [15 U.S.C. 80a-1 et seq.], by the Securities and Exchange Commission with respect to investment companies.
- Under the Investment Advisers Act of 1940 [15 U.S.C. 80b-1 et seq.], by the Securities and Exchange Commission with respect to investment advisers registered with the Commission under such Act.
- Under State insurance law, in the case of any person engaged in providing insurance, by the applicable State insurance authority of the State in which the person is domiciled, subject to section 6701 of this title.
- Under the Federal Trade Commission Act [15 U.S.C. 41 et seq.], by the Federal Trade Commission for any other financial institution or other person that is not subject to the jurisdiction of any agency or authority under paragraphs (1) through (6) of this subsection.