

NATIONAL INSURANCE PRODUCER REGISTRY Producer Report Request Form

Under the Fair Credit Reporting Act (FCRA) as amended under the Fair and Accurate Credit Transactions Act of 2003 (FACTA), individual producers are entitled to one free annual report in any twelve (12) month period. Reports will only be sent to the individual named producer requesting the information.

You also are entitled to a free copy of the information contained in your report if, within 60 days prior to your request, you have been notified of an adverse action taken towards you based upon information appearing in your report; or if you certify that (a) your file is inaccurate due to fraud, (b) you are unemployed, or (c) you currently receive public assistance.

If none of the above apply, you may receive a copy of your report by enclosing a check or money order for \$5.00 made payable to the National Insurance Producer Registry.

REQUIRED INFORMATION FOR REQUEST TO BE PROCESSED (Please Print or Type):

Individual or Agency Name:		
Mailing Address:		
City:	State:	_ Zip Code:
Email Address:	Phone: Date of Birth:	
National Producer Number (if applicable)		
Agency FEIN or Last four digits of SSN		
CONTACT INSTRUCTIONS		
I hereby authorize NIPR to communicate with me via e-mail at the foll	owing e-mail address:	
FREE REPORTS		
request a free copy of my report for one of the following reasons:		
I have <u>not</u> requested a free copy of this report within the last	12 months;	
Within the past 60 days, I was notified of an adverse action to database;	aken based on information co	ntained within the NIPR
My file is inaccurate due to fraud;		
I am unemployed;		
I receive public assistance.		
certify that the above is true and accurate to the best of my know	wledge.	
Individual Named Producer Signature - Required	·	Date

Mail Form and Fee (if applicable) to:

(Agency PDB requests: signature of requesting person)

NIPR- Producer Request 1100 Walnut Street, Suite 1500 Kansas City, MO 64105 -or-

Email: customerservice@nipr.com