

Personal Information:

Name: _____

Business Name: _____

Business Address: _____

Phone number: _____ Fax number: _____

Social Security No.: _____ Date of Birth: _____

Current Residence Street Address: _____

City: _____ State: _____ Zip Code: _____

Where to send commissions - home or Business

Licensing Data (Please attach a photocopy of your license(s)):

In which state do you hold a resident license: _____ License Number: _____

Which lines? Life Health NASD Series P&C

In which state(s) do you hold non-resident license(s)?

State(s)	License number	Licensed for (life, health, P&C)
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_____	_____	_____
_____	_____	_____
_____	_____	_____

In what state(s) is your agency licensed?

State(s)	License number	Licensed for (life, health, P&C)
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Insurance Background

A letter of explanation should be attached to any "YES" answer to the following questions:

1. Is your account with any Company, Agency, or insured now delinquent or in dispute? Yes No
2. Have you ever been convicted, plead guilty or Nolo Contendere to a crime or misdemeanor other than a traffic violation, or are you now under indictment? Yes No
3. Have you had an Agent's contract cancelled by another insurance company for reasons other than lack of production? Yes No
4. Have you ever been charged with disciplinary proceedings? Yes No
5. Have you ever been convicted of a felony? If yes, please provide complete details, including date, jurisdiction, charge and sentence received. Yes No
6. Are there any tax items, judgments or suits pending against you? Yes No

Contracting Data

Issue Contract In: _____ Individual Name _____ Business Name (complete section below)

Corporate Contract

This supplement is executed in lieu of copies of the articles of incorporation and documents filed in the state of incorporation. The undersigned person hereby represents that he or she is an officer of the named Corporation and has the authority to legally bind said Corporation with his/her signature.

(PLEASE PRINT THE FOLLOWING INFORMATION)

Full Corporate Name: _____

State of Incorporation _____ Tax Identification Number _____

List of Principals of Corporation _____

Signature of Binding Officer _____

Full Corporate Title _____

Date _____

Certification

Statements made herein are representations on which the Company may rely in considering my request for appointment as a representative. This information is complete and accurate to the best of my knowledge and recollection. I understand and agree that any material misrepresentation of fact will be the basis of refusal to appoint and/or termination for cause of such agency agreement if appointed.

I understand and authorize that any inquiry may be made which will provide applicable information concerning character, general reputation, credit report and insurance business activities.

Signed: _____ Date Signed: _____

Approval _____ Date Approved _____