



PRODUCER APPOINTMENT REQUEST

PRODUCER:

Agent Name: Mr. Mrs. Ms. _____

Last

First

Middle

Jr./Sr.

Maiden

Birth Date: _____ Birth Place: _____ Social Security Number: _____

Name of Agency/Corporation: _____ Corporation Partnership Other

Tax ID Number: _____

ADDRESSES:

Administrative (policies, reports, copies of correspondence)	Compensation (commission checks)
Street _____	Street _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Business Phone _____	Business Phone _____
Fax _____	Fax _____
Tax (1099, etc.)	Personal (other correspondence)
Street _____	Street _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Business Phone _____	Business Phone _____
Fax _____	Fax _____

BACKGROUND CHECK:

- 1) Has your insurance license ever been suspended or revoked? Yes No
- 2) Have you had an unpaid debit balance with another insurance company? Yes No
- 3) Have you been terminated by any insurance company for cause or wrongful act? Yes No
- 4) Have you ever filed for bankruptcy? Yes No
- 5) Have you ever been convicted of, currently charged with, or pleaded no contest to, a felony or misdemeanor involving insurance, investments, taxes, or other financial transactions? Yes No

(If you check "Yes" to any question, please provide details on the back of this form.)

CURRENT RESIDENT STATE LICENSING INFORMATION:

LICENSE NUMBER: _____ EXPIRATION DATE: _____

TYPE OF LICENSE: (a) **Individual-** Agent Broker Solicitor Other (b) **Agency-** Corporate Partnership Other

INSURANCE LINES: Life Accident & Health Life, Accident & Health

APPOINTMENT REQUEST:

- (a) States you are requesting appointments in: _____
- (b) Please attach a legible copy of a valid license for the states you wish to be appointed in.

Prior to the appointment or contracting of any Agent, the Company shall require the receipt of Agent's employment and credit history. Nothing in this authorization restricts the Company from seeking additional information concerning such Agent in regard to the appointment by the Company under consideration. I authorize the Company to obtain all the information necessary for the purpose of evaluating my application to contract with the Company, including information obtained as a result of the attached Authorization and Disclosure Form. Finally, I certify that all my responses provided on this form are true and correct. I understand that if I have given any false information, it will be a basis for my termination.

Signature of Applicant: _____ Date: _____