

TODAY'S DATE _____

REGION _____

RECRUITED BY _____

AGENT CONFIDENTIAL & LICENSE REQUEST

The information requested below is needed to evaluate your request to be licensed and/or appointed. It will be treated confidentially and will be returned to you upon request. Please answer each question. If any do not apply, write "no" or "none".

PERSONAL DATA

Name	Date of Birth	Social Security No.	
Residence Phone	Business Phone		
Fax	E-mail Address		
Residence Address (Street No. and Name <u>OR</u> P.O. Box)	City	State	Zip

BUSINESS ENTITY DATA

***Complete all boxes below if we will be contracting with your business entity**

****If we are contracting with you as an individual but you want supplies to go to a Business Physical Address which is different from your Residence Address, please add Business Physical Address below**

Business Entity Name, Including DBA	Federal Tax ID (FEIN)		
Business Entity Physical Address for Mailing Supplies (P.O. Box not allowed)	City	State	Zip
Business Entity Mailing Address (if different from Physical Address)	City	State	Zip
Make commission checks payable to			

MAIL AND SUPPLIES

SEND MAIL TO:	
Residence Address	Business Entity Physical Address Business Entity Mailing Address
SEND SUPPLIES TO: NOTE: UPS <u>requires</u> a physical address for delivery of supplies.	
Residence Address (if a physical address)	Business Physical Address

FORMER RESIDENT ADDRESSES (For Past 5 Years – excluding military)

Dates		Street No. and Name	City	State	Zip
From	To				

(OVER)

APPOINTMENT QUESTIONS

Have you ever been bankrupt or insolvent, either personally or in business?	Yes	No
Have you ever had debt charged off as a bad debt?	Yes	No
Has an insurance company ever cancelled a contract with you except for non-production?	Yes	No
Have you ever had a complaint filed against you by any state insurance department?	Yes	No
Have you ever been refused a surety or fidelity bond?	Yes	No
Have you ever been convicted of a felony?	Yes	No
Are you indebted to any insurance company, general agent or manager?	Yes	No

If you answered YES to any of the above questions, please attach a complete explanation.

TYPE OF CREDIT INSURANCE ANALYSIS

COMPLETE ALL APPROPRIATE BOXES

In what state(s) is business written (list all)?

Have you ever been licensed with CSO? No Yes

I am currently licensed to write Insurance in the following states: (You do not need to include states in which you will not be setting up credit business.)

*****Please include copies of current Business Entity and/or Individual licenses for any states in which credit business will be written.**

Name of Current or Previous Carrier _____

What is the average: Loan Size (\$ Amount) _____

Term _____

Age of Borrower _____

Account Type: Bank Auto Dealer Other _____

Total Annual Premium Production Gross \$ _____

Net \$ _____

Total Annual Loan Volume \$ _____

Credit Insurance Premium is written:

Direct, with Underwriters

Reinsured, with Captive

Both

Requested Reports Provided:

Premium Production

Loss/Claim Information/Loss Ratio Y-T-D and I-T-D

DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORT

In compliance with the 1994 Violent Crime Control and Law Enforcement Act (Violent Crime Act) along with various state requirements and our internal guidelines, Central States Health & Life Co. of Omaha (CSO) will request a background investigation on all agents. The standard background investigation includes, but is not limited to, public records relating to criminal charges, financial and/or credit history.

A consumer report or inquiry may be made during our initial and any subsequent processing of your appointment. These reports may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living from public record sources. Upon your written request received by us within a reasonable time, we will make a complete and accurate disclosure of the nature and scope of the consumer report.

I, the undersigned, authorize CSO, its employees, agents, representatives, or independent contractors to conduct or have conducted a background investigation of me, including but not limited to, investigative consumer credit reports, verification of previous employment, education, address, license verification for any and all licenses, public records relating to criminal charges, financial and/or credit history, general background, credit-worthiness, trust worthiness, and/or personal character investigation.

I further authorize all persons, entities or representatives (including but not limited to businesses, corporations, former employers, credit agencies, governmental agencies, law enforcement authorities and state insurance departments) to release all information about me to CSO, its employees, agents, representatives, or independent contractors. A photocopy of this Authorization shall have the same effect as the original.

I hereby agree to release, indemnify, defend and hold harmless CSO and all other entities that rely on this Authorization as well as each company, agency or institution contacted pursuant to this Authorization from any and all liability of every kind, type and character whatsoever in any manner related to or in connection with my background investigation authorized herein. This includes claims arising by reason of the use of this Authorization and dissemination of information that is false and untrue if obtained from a third party without verification.

In the event information from a consumer report is utilized, in whole or in part, as a basis for adverse action and my appointment is declined or suspended, I understand CSO will provide me with a copy of the consumer report and a description of my rights under the Fair Credit Reporting Act.

I have read and understand the above information, assert that all information provided by me needed to request the background investigations is true and accurate and acknowledge receipt of a copy of this Authorization and Disclosure.

Signature

Date