

REQUISITION FOR AGENT APPOINTMENT

TYPE OF APPOINTMENT

Agent:

Agency:

INDIVIDUAL INFORMATION

Last Name:			
First Name:			
Middle Name:			
SS#:	Birth Date:	Birth Place:	
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Phone:	Email:	
Physical Resident Address:			City:
County:	State:	ZIP:	

BUSINESS INFORMATION

Agency/Firm Name:		TAX I.D. #:
Phone:	Fax:	Email:
Physical Business Address:		City:
County:	State:	ZIP:

I would like to be appointed by the following IHC Group carrier(s), please check all that apply:

- Standard Security Life Insurance Company of New York
- Madison National Life Insurance Company, Inc.
- Independence American Insurance Company

I would like to be appointed by Companion Life Insurance Company:

List the state(s) in which you are licensed and want to be appointed in:

State:	License #:
State:	License #:
State:	License #:
State:	License #:
State:	License #:
State:	License #:

Name of Manager/Administrator/General Agent:

BACKGROUND - Use separate page if needed

1. Do you carry Errors and Omissions Protection? Yes No

2. Have you ever been:

- (a) convicted of any criminal felony, involving fraud, dishonesty or a breach of trust Yes No
 - (b) convicted of an offense under the Violent Crime Control and Law Enforcement Act of 1994; Yes No
 - (c) subject to a complaint filed against you by a state or a provincial Insurance Department? or Yes No
 - (d) subject to disciplinary proceeding of any federal or state regulatory agency? Yes No
- If yes, provide explanation below:

3. Are you bonded? Yes No

4. Has an application for bond ever been declined to you? Yes No
If yes, for what reason?
5. Have you ever been bankrupt or insolvent, personally or professionally? Yes No
If yes, give details:
6. Have you ever been refused any license applied for? Yes No
If yes, what state(s) and why?
7. Has your license ever been cited, suspended or revoked by any state(s)? Yes No
If yes, what state(s) and why?
8. Has your appointment ever been terminated involuntarily by an insurance company for reasons other than lack of production? Yes No
If yes, give details:
9. Is any charge by any state currently pending against you or against the agency or any member of the agency? Yes No
If yes, give details:
10. Do you work for or are you under contract to any financial institution such as a bank, a savings and loan association, any subsidiary, affiliate or holding company of such financial institution? Yes No
If yes, please provide the name and address of the financial institution.
11. Are there any outstanding judgments or liens (including state or federal tax liens) against you? Yes No
If yes, give details:
12. Do you currently have any outstanding indebtedness to IHC, its carriers or affiliates or subsidiaries? Yes No
If yes, give details:

CERTIFICATION/AUTHORIZATION

I certify, under penalty of perjury, that all answers and responses to questions or inquiries contained in this application are true, correct, and complete answers and responses. I further certify that I have read and am familiar with the sections of the insurance code in the state in which I am seeking appointment and that I am withholding no information that would affect my qualification for this appointment. I further certify that I am not prohibited by the Violent Crime Control and Law Enforcement Act of 1994 from engaging in the business of insurance or that I have obtained consent from the appropriate insurance regulator to do so. I further certify that the number shown on this form is the correct Social Security Number/Tax Identification Number for 1099 tax reporting and that I am not subject to backup withholding by the Internal Revenue Service.

I also authorize the Insurance Company to order an investigative report as may be required in compliance with the Public law 91-505 (Fair Credit Reporting Act). I understand that information for the report may be secured from financial sources, and/or public records, or personal interviews with third parties, such as family members, business associates, and/or others with whom I am acquainted. This inquiry may include information as to my character, general reputation, personal characteristics, mode of living, or educational background. I understand that I have the right to make a written request within a reasonable period of time to receive a complete and accurate disclosure of this information if I so desire.

All appointed agents must comply with all insurance laws, regulations and insurance department bulletins in the jurisdictions in which he is appointed. The applicant may not use, distribute, or publish any advertisement (as defined by the laws of the jurisdiction for which the applicant is appointed), solicitation material, or proposal that references the Insurance Company which has not been filed with and approved in writing by the Insurance Company. The applicant may not use, distribute, or publish any advertisement (as defined by the laws of the jurisdiction for which the applicant is appointed), solicitation material, or proposal that references any insurance company that IHC Health Solutions has a contract with, unless approved by that insurance company. The applicant agrees to assist and cooperate with the Insurance Company regarding any and all insurance department inquiries, complaints or investigations. The applicant agrees to assist and cooperate with any other insurance company regarding any inquiries related to that company.

Date:

Signature: _____

Title:

Return completed form along with copies of your current license(s) to {Manager/Administrator/General Agent}:

/ Fax to TheGeneralAgent.com LLC /

Fax: 888-877-3990 or 615-261-8017