



FOR HOME OFFICE OR GENERAL AGENCY USE ONLY

General Agency Name: \_\_\_\_\_

Agency Number: \_\_\_\_\_ Date: \_\_\_\_\_

**PROSPECTIVE AGENT INFORMATION  
PART I GENERAL INFORMATION**

Name: \_\_\_\_\_

Please Check One:      Individual      Partnership      Corporation      Sole Proprietor

Business Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

States which you plan to solicit: \_\_\_\_\_

Do you have E & O coverage:      Yes      No

If yes, name of E & O carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**PLEASE ATTACH A PHOTOCOPY OF LICENSE(S)**

**Individual** – Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Corporation** – Federal Tax ID Number: \_\_\_\_\_

**ALL INDIVIDUAL AUTHORIZED ON THE CORPORATE LICENSE:**

By signing your name as an authorized individual on the corporate license, any commission generated for business solicited by you will be credited through the above named corporation unless you notify us otherwise.

Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Signature: \_\_\_\_\_

**PART II BACKGROUND INFORMATION**

What other insurance companies are you currently licensed with or have been licensed with in the past five (5) years? Please provide name and address of your company contact.

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**ANSWERS MUST APPLY TO ALL AGENTS ON FRONT**

- 1. Have you been convicted of a felony since qualifying for this license? Yes No
- 2. Have you ever had an application for an insurance license declined by any insurance department?  
Yes No
- 3. Have you ever had an insurance license suspended or revoked by any insurance department? Yes No
- 4. Have you ever declared bankruptcy? Yes No
- 5. Are there any outstanding judgments or liens (including state or federal tax liens) against applicant(s)?  
Yes No

If any of the above questions were answered yes, please provide dates and complete explanations on a separate paper and attach.

**NOTICE TO AGENT:**

As part of our normal procedure, an investigative consumer report and/or a American Medical and life Insurance Company Home Office Report may be prepared whereby information is obtained. This inquiry usually concerns information on your character, general reputation and credit history. Upon written request additional information as to the nature and scope of the report will be provided. Your signature below acknowledges your understanding of this procedure.

If you intentionally misrepresent any fact required on this application, it will be cause for refusal or evocation of the right to represent American Medical & Life Insurance Company. You are authorizing American Medical & Life Insurance Company to do any background investigation we deem necessary to allow you to represent American Medical & Life Insurance Company. A copy of this authorization is valid as the original.

\_\_\_\_\_  
*Signature of Agent*

\_\_\_\_\_  
*Date*

**PART III ASSIGNMENT OF COMMISSION**  
**(Please Complete this Section if Choose to Assign Commission)**

For value received, I hereby assign and transfer unto:

Assignee Name: \_\_\_\_\_ Insured Name: \_\_\_\_\_

Assignee Name: \_\_\_\_\_ Insured Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

All my right, title and interest in and to commission payable by American Medical & Life Insurance Company as specified in the commission agreement in effect with respect to any and all policies sold on behalf of and underwritten by American Medical & Life Insurance Company, and I hereby authorize said Company to pay such commission to the assignee. This applies to current and future policies submitted by me under the Assignor number(s) noted below.

Type of Assignment:      Absolute              Specific              (If specific policy numbers are not five, the company will assume this is an absolute assignment.)

If this is for a specific policy or policies, list policy number and insured names below:

Policy Number: \_\_\_\_\_ Insured's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Insured's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Insured's Name: \_\_\_\_\_

Assignor Name: \_\_\_\_\_

Assignor Number: \_\_\_\_\_ Social Security/Tax ID Number: \_\_\_\_\_

Assignor Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_