

Group Insurance Appointment Application

Is this a request for a **new** appointment with Reliance Standard? Yes No
 If **yes**, complete this entire form.
 If **no**, supply Agent # _____ and National Producer # _____ Please return the form with this information only.
 You do not need to complete the remaining sections..

Compensation Payable to: Individual (Complete all sections except Section II.)
 Corporation (Complete all sections of the form.)

Section I – Individual

Writing Agent's Name
(As it appears on License)

SSN # _____ Date of Birth _____ Business Phone # _____

Home Address:

Business Address:
If different from Home

Cell Phone # _____ Email: _____ Fax # _____

Resident License State: _____ License # _____ National Producer # _____

Section II – Corporation

Corporate Officer Name:

Corporation Name (as it appears on License):

Tax ID# _____ Business Phone # _____

Business Address:

Resident License State: _____ License # _____ National Producer # _____

Section III – Business Experience Employment history – Insurance related for the last 3 years

Employer:	City and State:	Position Held:	From:	To:

May we contact your present employer/carrier? Yes No

Section IV – Agent Questionnaire

If you answer "yes" to any of the questions listed, provide a thorough explanation below.

1. Has any claim been made against you, your surety company or E&O Insurer arising out of your activities? Yes No
2. Are you in debt to any insurance company and/or agency? Yes No
3. Have you ever had any insurance agent, broker, or professional license revoked or suspended? Yes No
4. Have you ever been fined, had an administrative action, suspension of a license or otherwise been reprimanded by any licensing authority for any licenses you current hold or have held in the past? Yes No
5. Have you ever had a complaint filed against you by a state insurance department? Yes No
6. Have you ever been insolvent or filed suit for bankruptcy? Yes No
7. Are any collection accounts, judgments, liens or suits pending against you? Yes No
8. Have you ever been involved in any litigation? Yes No

9. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you ever been convicted of a crime involving dishonesty or breach of trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have you ever been convicted of a violation of 18 U.S.C. § 1033 (Crimes by or affecting persons engaged in the business of insurance whose activities affect interstate commerce)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Have you ever been known by another name (alias a.k.a.) other than the name you have indicated on this application? If yes, please list here: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
If additional detail is required, please state below or attach on a separate document.	

FAIR CREDIT REPORTING ACT DISCLOSURE

Pursuant to the Fair Credit Reporting Act (15 U.S.C. § 1681 et seq.), Reliance Standard Life Insurance Company may request an investigative consumer report, which may include information as to your character, general reputation, personal characteristics and mode of living. Additional information is available at the Federal Trade Commission’s website (<http://www.ftc.gov>). You have the right to make a written request within a reasonable period of time.

Section V – Verification and Signature

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief and I hereby grant authorization to Reliance Standard Life Insurance Company to verify such answers. I understand that any false statements on this application may be considered as sufficient cause for rejection of this appointment application or for termination if such false statement is discovered subsequent to my becoming appointed and contracted. I understand that, if necessary, more information may be required to complete my file.

I hereby authorize Reliance Standard Life Insurance Company to obtain an investigative consumer report on me, as defined under 15 U.S.C. § 1681a of the Fair Credit Reporting Act, which may include information as to my character, general reputation, personal characteristics and mode of living. I understand that except with respect to individuals whose residence or place of business is located in California, RSL may obtain an investigative consumer report at any time during my affiliation with RSL.

Please sign and date this form in the section below and retain a copy for your file.

I agree that a photocopy, fax or an email of this authorization shall be as valid as the original.

Applicant’s Signature: _____ Date: _____