

SECTION 3 – APPOINTMENT

Please list all states in which appointment is requested and attach legible copies of license(s) for appointment processing. Note: In some states appointment may be required with multiple companies in order to sell all of CompBenefits' products.

State	Resident/NonResident	Currently hold appointments with other insurance companies?	
_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Do you have Errors and Omissions coverage? YES NO If yes, carrier name: _____ amount \$ _____

SECTION 4 – BACKGROUND INFORMATION

If you answer "yes" to any question below, please attach complete details on a separate sheet of paper. For purposes of this Section 4, "you" shall mean applicant.

- 1) Have you ever had an application for an insurance license declined by any insurance department? NO YES
- 2) Have you ever had an insurance license suspended or revoked by an insurance department or had a complaint issued against you by an insurance department? NO YES
- 3) Have you, or has any corporation, partnership, association, or firm in which you were a director, officer, shareholder, or partner, ever been the subject of any administrative, or legal action filed by a state insurance department; or any action filed on behalf of any state, or by the federal government based on alleged violation of state or federal insurance laws? NO YES
- 4) Exclusive of traffic citations, and first offense DUI, have you ever been charged (by indictment, information, or any other instrument) or convicted of any crime, or offense; or served any period of probation for any charge, crime, or offense? (If you have served a period of probation, you must answer YES even if you indictment, charge, or conviction was later set aside. A NO answer represents that you have never been indicted for, charged with, or convicted of any crime, or offence.) NO YES
- 5) Are you indebted to any policyholder, insurance, or reinsurance company, insurance agency, general agent, managing general agent, premium finance company, or court appointed liquidator for premiums collected, or commissions retained, or have any claims been filed against you for your retaining premiums or commissions? NO YES
- 6) Are there any outstanding judgements or liens (including state or federal tax liens) against you? NO YES
- 7) Have you ever had a contract canceled, or appointment terminated for cause? NO YES

SECTION 5 – CERTIFICATIONS AND AUTHORIZATION TO OBTAIN INFORMATION

I/We certify, under penalty of perjury, that all answers and response to questions or inquires contained in this application are true, correct, and complete answers and responses. I/We further certify that I/We have read and are familiar with the sections of the insurance code in the state(s) which I/We are seeking appointment and that I/We are not withholding information that would effect qualification for appointment with CompBenefits. I/We authorize CompBenefits and its agents and/or assigns to obtain and I/We authorize any insurance carrier or agency with which I/We are or have been affiliated to release information concerning my/our character, general reputation, credit history, and other applicable data, as part of the appointment and contracting process. As evidence of my/our desire to contract with CompBenefits, I/We empower CompBenefits and/or its agents to retrieve information from all personnel, educational institutions, governmental agencies, companies, corporations, credit reporting agencies, and law enforcement agencies at the federal, state, or county level, relating to my/our past activities, to supply any and all information concerning my/our background, and release the same from any liability resulting in providing such information. The information received may included, but is not limited to, residential, achievement, job performance, litigation, personal history, credit reports, driving history, disciplinary and conviction records.

I/We hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at the time result to me/us, because of compliance with the authorization and request to release information or any attempt to comply with it. If an agency is applying, the agency warrants and certifies that the individual signing on the agency's behalf is authorized by the agency to complete and sign this Application for Appointment. A copy of this authorization is as valid as the original.

Signature _____ Date _____

SECTION 6 – BACKGROUND CHECK

Public Law 91-508

In making this application, it is understood that an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

Declaration and Authorization

CompBenefits may utilize a clearinghouse to share information with other companies. This authorizes CompBenefits to release and receive information concerning your performance as an agent or credit history.

I hereby acknowledge that I have received notice of Public Law 91-508 and hereby consent to the preparation of such a Consumer Credit Report on myself.

Signature

Date

SECTION 7 – ASSIGNMENT OF COMMISSIONS *(Please attach completed form W-9 for Assignee)*

For value received, I, _____, do hereby assign unto
(name of Assignor)

(name of Assignee)

(address of Assignee)

(Assignee Tax ID #) any and all compensation now due me or hereafter to become due me on any

contract(s) I now hold with CompBenefits and direct CompBenefits to pay the Assignee such amounts as otherwise would be paid to me in accordance with the terms and conditions of my contract with CompBenefits.

This assignment releases CompBenefits of any liability to me for said amounts and payment hereafter shall be a full and complete discharge to CompBenefits of the amount or amounts paid. I agree to indemnify and hold harmless CompBenefits for any and all liability it may incur because of this assignment.

Signature

Date