

AGENT APPOINTMENT/LICENSING APPLICATION

*All questions **MUST** be answered in full or your request will be returned unprocessed.*

PERSONAL INFORMATION

Name:	Last	First	Middle	Male/Female
Residence Address	City	State	Zip	
Social Security Number	Date of Birth	E-Mail		
Telephone Numbers:				
Business ()	Fax ()	Home ()		
List your resident addresses for the past five years:				
Address	City	State	Zip	How Long
				<input type="checkbox"/> 1-12 Mos <input type="checkbox"/> 3-5 Yrs <input type="checkbox"/> 1-3 Yrs <input type="checkbox"/> 5 Yrs & Over
				<input type="checkbox"/> 1-12 Mos <input type="checkbox"/> 3-5 Yrs <input type="checkbox"/> 1-3 Yrs <input type="checkbox"/> 5 Yrs & Over
				<input type="checkbox"/> 1-12 Mos <input type="checkbox"/> 3-5 Yrs <input type="checkbox"/> 1-3 Yrs <input type="checkbox"/> 5 Yrs & Over

BUSINESS INFORMATION

Business Name: _____

Business Address: _____

Are commissions to be paid to Agency/Corporation/Partnership? Yes No **If Yes, give Tax ID #** _____

List states in which **Agency/Corporation** is to be appointed:

State: ____ License # _____ State: ____ License # _____ State: ____ License # _____

List states in which **YOU** are currently licensed/appointed: *Resident* License State: ____ License # _____

Non-Resident License States:

State: ____ License # _____ State: ____ License # _____ State: ____ License # _____

List states in which YOU wish to be appointed: _____

Errors & Omissions (E&O) / Professional Liability Insurance

You must have E & O coverage. The minimum required E&O is an aggregate of at least \$500,000 with a coverage of at least \$500,000 per occurrence and a deductible not exceeding \$10,000.

Please provide a copy of your E&O Policy Schedule Page, reflecting a valid coverage amount & date.

Are you a citizen of the U.S.? Yes No _____

If No, please give your status and country of citizenship: _____

Do you intend to travel or reside outside of the U.S. except for vacation trips? Yes No _____

Guidelines For Business Background Section

To properly underwrite your appointment application, it is imperative that you fully and honestly disclose to AFA all of the details of your “Yes” answer(s). For each “Yes” answer(s), please provide the information outlined below on a separate sheet of paper and attach it to your appointment/licensing application. At the bottom of each attachment(s), please sign your name and date it.

Question # 1: Regulatory Investigation

- investigating regulatory body
- date(s) of incident
- carrier or agency involved
- charge(s)
- final disposition of investigation (reprimand, consent order, fine*, suspension*, probation*)
- product and/or market
- provide copies of all pertinent documents

*provide level and/or length

Question # 2: Bankruptcy

- date(s)
- type (personal/business)
- Chapter (7, 11 or 13)
- jurisdiction (federal or state court/district)
- circumstances surrounding the bankruptcy, lien(s) or judgement(s)
- provide copies of petition, discharge order

Question # 3: Appointment Termination

- date(s)
- reason for termination
- carrier or agency involved

Question # 4: Criminal Offenses

- date(s)
- description of charge (misdemeanor, felony)
- final disposition (acquittal, pled to a lesser charge, fine, conviction**, dismissal**)
- jurisdiction (federal, state or municipal court/district)

** time served, probation or suspension of sentence

Question # 5: Prior Appointment

- date(s) of appointment

Question # 6: Licensing Under Another Name

- date(s)
- other names(s) used
- brief explanation of why you were licensed under another name



Corporate Philosophy

American Fidelity Assurance Company (“AFA”) is, and always has been, 100% committed to high standards of ethical conduct by all our distributors, because we believe in doing business the right way. In our opinion, the certification process promoted by the Insurance Marketplace Standards Association (“IMSA”) represents the right way to do business.

IMSA was founded by the American Council of Life Insurance to assure a high standard of operation among life insurance companies and to improve market conduct through the continuing improvement of compliance standards. As a result of poor market conduct activities among a few companies, and increased litigation, the life insurance industry believes it is better to take proactive action to improve our market conduct activities while we still can, before the federal government decides that we are unable to regulate ourselves.

AFA became IMSA Certified in June 1999. However, prior to certification, to demonstrate our commitment to this worthwhile endeavor, on January 21, 1998, AFA adopted and implemented as Corporate Policy, the IMSA Six Principles of Ethical Market Conduct, IMSA CODE and Twenty-Seven Statements of Policy based upon the principles and Code.

In the same spirit of self-regulation, AFA’s interpretation of the insurance-related provisions of the Federal Violent Crime Control and Law Enforcement Act of 1994, prevents AFA from appointing any representative with a prior felony conviction. This bill applies not only to insurance carriers but to TPA’s and individual brokers as well.

We believe our corporate philosophy will result in fewer customer complaints, improved customer satisfaction, higher persistency because the business was sold properly, better company perception by customers, fewer customer service problems and improved profitability.

