



## CONFIDENTIAL INFORMATION QUESTIONNAIRE

### PERSONAL INFORMATION:

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
First M.I. Last Suffix

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Maiden or Other Name Used \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Apt. No. City State Zip Code

Mailing Address \_\_\_\_\_  
Street Apt. No. City State Zip Code

Business Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### LICENSE INFORMATION:

Are you now licensed?  YES  NO

If yes, please indicate below any license(s) you currently hold:

RESIDENT STATE	LICENSE OR QUALIFICATION NO.	TYPE OF LICENSE/LINES
NONRESIDENT STATE(S)	LICENSE OR QUALIFICATION NO.	TYPE OF LICENSE/LINES

Has any state ever taken administrative action against your license? \_\_\_\_ If so, name state and provide details: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_ Details: \_\_\_\_\_

Have you ever been short in accounts with any employer or currently have a debit balance with any insurance company?  
\_\_\_\_ If so, please explain: \_\_\_\_\_

Have you ever been refused bond? \_\_\_\_ If so, please provide details: \_\_\_\_\_

### WORK HISTORY:

(Please begin with most current employer.)

EMPLOYER/ADDRESS	SUPERVISOR NAME	PHONE NO.	DATES	CONTACT
			FROM TO	Ok to contact? _____
			FROM TO	Ok to contact? _____
			FROM TO	Ok to contact? _____

### REQUEST FOR AGENT'S LICENSE AND ACKNOWLEDGMENT OF CONDITIONS

You are hereby respectfully requested to make application to the Department of Insurance of the State of \_\_\_\_\_ for the issuance of a life and/or health insurance agent's license authorizing me to solicit applications on behalf of your Company.

I hereby agree that your consent to the issuance of such license is subject to, and I hereby agree to be bound by, each and all of the following conditions:

1. That I shall be a solicitor assigned to the jurisdiction of Distributor \_\_\_\_\_; and
2. That the Company has no obligation to me for commissions, expense allowances or any form of compensation whatsoever in connection with the services performed and expenses incurred by me in the solicitation of applications for insurance issued by the Company, it being expressly understood that I am under direct contract with my Distributor who has personally agreed to compensate me for such services; and
3. That I have no contractual relationship with the Company and that I am not, and I will refrain from holding myself out as, an employee, partner, joint venture or associate of the Company; and
4. That I will comply with the rules, regulations and rate books of the Company, all state laws and the regulations of the Department of Insurance in the territories in which I operate relating to my activities in the solicitation of insurance; and
5. That I will not alter, modify, waive or change any of the terms, rates or conditions of any advertisements, receipts, policies or contracts of the Company in any respect; and
6. That I will promptly remit to my Distributor or the Company any and all monies or securities received by me, on behalf of the Company, as full or partial payment of first or renewal premiums or any other item whatsoever; and
7. That I will not obligate the Company nor incur expense in its behalf in any manner whatsoever; and
8. That the Company may, without liability to me whatsoever, upon request of my Distributor or upon its own initiative, cancel my license at any time; and
9. That I will forfeit all renewal commission, if any, to which I otherwise would be entitled from the undersigned Distributor, after termination of my license in the event I shall attempt to influence any policyholder or agent to terminate his contract with the Company and I also agree that since neither the Company nor Distributor has an adequate remedy at law for such use of influence, either may institute proceedings to enjoin me from further such attempted use of influence.

As used herein, the term Company means **Medico™ Insurance Company**.

I certify that my answers to the above questions are true and authorize the State Insurance Department to release to Medico™ Insurance Company information within their records concerning me. If accepted, I will comply with all regulations of this State and Medico™ Insurance Company and will not solicit insurance until I have received my license from the State Insurance Department. I hereby authorize an investigative and credit report whereby information is obtained through personal interviews; the inquiry usually concerns information on your character, general reputation and mode of living. I understand that any information obtained by the Company will be available to me upon my written request.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

The foregoing applicant is hereby recommended for appointment as a solicitor assigned to my jurisdiction, subject to the terms of my Distributor's contract with the Company and this request. I certify that to the best of my knowledge the applicant is of good personal and business reputation, trustworthy, and competent to act in the capacity of an insurance solicitor.

**Distributor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Distributor Acct. Code** \_\_\_\_\_

**Request Credit Report?**     YES     NO