



CONFIDENTIAL PERSONAL HISTORY

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

UPS Address _____
Street Apt. No. City State Zip Code

Business Phone No. (____) _____ - _____ Home Phone No. (____) _____ - _____

E-Mail Address: _____ Fax No.: (____) _____ - _____

IMPORTANT!! E-MAIL ADDRESS IS REQUIRED FOR WEBSITE SIGN ON AND FOR COMMUNICATION FROM HOME OFFICE

TYPE OF CONTRACT:

If you are seeking an appointment on behalf of an agency, is that agency a:

- Sole Proprietorship Partnership Corporation

FEDERAL I.D. NO. _____

Is the agency now licensed? YES NO

Please list all partners or corporate officers:

NAME	TITLE	SOCIAL SECURITY NO.

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

WORK HISTORY:

(Please begin with most current employer.)

EMPLOYER/ADDRESS	SUPERVISOR NAME	POSITION HELD	DATES	PHONE NUMBER
			FROM TO	(____) ____ - ____ Ok to contact? _____
			FROM TO	(____) ____ - ____ Ok to contact? _____
			FROM TO	(____) ____ - ____ Ok to contact? _____

Please answer the following questions:

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 do you currently have a debit balance with any insurance company? _____ If so, please explain: _____

Have you ever been refused bond? _____ If so, please explain: _____

Have you ever filed for bankruptcy? _____ If so, please explain: _____

Do you have any judgments or garnishments against you? _____ Please explain: _____

Have you been or are you involved in any litigation? _____ Please explain: _____

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** _____

This applicant is recommended for appointment as a Distributor assigned to my jurisdiction, subject to the terms of my contract with the Company. I certify 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 agent.

Recruiting Distributor Signature _____ **Date** _____

Request Background Investigation? YES NO