

# AGENCY INFORMATION QUESTIONNAIRE

**US HEALTH AND LIFE INSURANCE COMPANY**  
**AGENCY INFORMATION QUESTIONNAIRE**  
(PLEASE type or print clearly and complete ALL questions)

Home Office use only:  
Approved \_\_\_\_\_ Effective \_\_\_\_\_

1. Name of Agency \_\_\_\_\_ Tax ID No.  -
2. NPN: \_\_\_\_\_ National Producer Number assigned by the National Insurance Producer Registry
3. Street Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_
4. Agency is licensed as:  Corporation  LLC  Partnership  Other \_\_\_\_\_
5. Corporation or Partnership Name (if different from agency): \_\_\_\_\_
6. List all agents to be appointed (A separate appointment form, contract and questionnaire is required for each individual. **Must include at least one officer or partner**) :  

Name	Address	DOB
_____	_____	_____
_____	_____	_____
7. Mailing Address (if different): \_\_\_\_\_
8. Usual Life and Health Companies agency now represents:  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
9. Has the agency or any officer or partner ever had an insurance or securities license suspended or revoked?  Yes  No
10. Has the agency or any officer or partner ever been fined/investigated by a Regulatory Authority?  Yes  No
11. Has the agency or any officer or partner ever been convicted of a felony?  Yes  No
12. REFERENCES : List two persons whom we have permission to contact, preferably licensed insurance agents.  

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
13. Agency certifies that the answers to the above questions are true. Agency agrees to comply with all the regulations of US Health and Life Insurance Company and the applicable Insurance Regulatory Authority. Agency certifies that it is free to contract with US Health and Life Insurance Company. Agency authorizes the individuals or companies shown in this application to give US Health and Life Insurance Company any information concerning the agency that they may have. Agency releases the individual or company from all liabilities for any damage whatsoever for providing this information.  

Signature (By Officer/Partner and indicate title)	Date
---	------

[Provide an explanation of any YES answers on the back of this page.]

**Note:** Agency must be appointed by US Health and Life Insurance Company and have in its possession a copy of a notification from US Health and Life Insurance Company advising Agency that it is qualified to write Life and Health business for US Health and Life, BEFORE any solicitation of business or becoming entitled to commissions.  
**PLEASE ATTACH A COPY OF AGENCY'S LIFE AND HEALTH LICENSE WHEN SUBMITTING THIS QUESTIONNAIRE**