

AGENT INFORMATION QUESTIONNAIRE

US HEALTH AND LIFE INSURANCE COMPANY
AGENT INFORMATION QUESTIONNAIRE

(PLEASE type or print clearly and complete ALL questions)

Home Office use only:

Approved _____ Effective _____

1. Name of Agent _____ Soc. Sec. #: - -

2. NPN: _____ National Producer Number assigned by the National Insurance
Producer Registry

3. Residence Address: _____

4. DOB _____ Home Phone: _____

5. Business Phone: _____ E-mail: _____

6. Business Address: _____

7. General Agent:

Name: _____

Address: _____

Phone: _____ E-mail: _____

8. Main Life and Health Companies you now represent:

1. _____ 2. _____ 3. _____

9. Have you ever had your insurance or securities license suspended or revoked? Yes No

10. Have you ever been fined or investigated by an Insurance Regulatory Authority? Yes No

11. Have you ever been convicted of a felony? Yes No

12. REFERENCES (Not Relatives): List two persons whom we have permission to contact, preferably
other licensed insurance agents.

Name Address Phone

13. I certify that the answers to the above questions are true. I agree to comply with all the regulations of US Health and Life Insurance Company and the Insurance Department. I certify that I am free to contract with US Health and Life Insurance Company. I authorize the individuals or companies shown in this application to give US Health and Life Insurance Company any business or personal information concerning me that they may have. I release the individual or company from all liabilities for any damage whatsoever for providing this information.

Signature

Date

Note: You must be appointed by US Health and Life Insurance Company and have in your possession a notification from US Health and Life Insurance Company advising you that you are qualified to write business for the company, prior to any solicitation of business or becoming entitled to commissions.

PLEASE ATTACH A COPY OF YOUR LIFE AND HEALTH INSURANCE LICENSE WHEN SUBMITTING THIS QUESTIONNAIRE