

Application For Appointment
Please type or print clearly

Date: _____

Section A: Personal Information

Name: _____ Nickname: _____
(Last) (First) (MI)

Social Security Number or Tax ID Number: _____

Check the address to which commission checks and statements are to be sent

Home Address: _____
(Street) (City) (State) (ZIP)

Home Phone #: (____) _____ Own or Rent Home : _____ How Long: _____

Business Address: _____
(Street) (City) (State) (ZIP)

Business Phone #: (____) _____ Fax Phone #: (____) _____

Previous Addresses – Last 5 years

(Street) (City) (State) (ZIP)

(Street) (City) (State) (ZIP)

Section B: Insurance License Information

Do you have a current Agent License? Yes No Resident License State: _____

Licensed for: Life/Health & Disability Yes No Resident State Agent License Number: _____

Type of License: Individual Broker Partnership Corporation Agency Solicitor

Will you want nonresident appointments? Yes No If yes, which states: _____

Section C. General Questions

1. Has any company ever refused to issue or continue any bond on your behalf? Yes No If yes, please explain: _____

2. Do you currently have a balance that is due (debit balance) any insurance company? Yes No If yes, list the companies and the balances due: _____

3. Are you now, or have you ever been an agent appointed to represent Southland National Insurance Corporation?
 Yes No If yes, please list Agent Number: _____, Contract Date: _____,
Termination Date: _____ and any balance due the company: _____.

In making this application, it is understood that an investigative consumer report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, whichever may be applicable. You have the right to make requests within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of this investigation. This notification is in accordance with the Fair Credit Reporting Act (Public Law 91-508). I understand that omissions or misrepresentations of facts called for in this application are cause for immediate dismissal. I have read and understand the preceding.

Print Applicant's Name Applicant's Signature Date