



PROSPECTIVE AGENCY APPLICATION

Agency Name _____ DBA (if any) _____

Agency Street Address _____

City _____ State _____ Zip _____

Agency Mailing Address _____

Contact Person _____

Telephone _____ Fax _____ Email _____

Agency Resident State License Number (attach copy of agency license to this form) _____

Other states where licensed _____

E&O carrier and policy number _____

Please answer all questions. (If YES, include details of who, what, when and dollar amounts.)

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Has the agency ever had an appointment terminated by any insurance company or financial services institution (for reasons other than production)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the agency owe any debt or balance to any insurance company or financial services institution that has remained overdue for more than sixty (60) days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has any state or federal agency ever denied, suspended, revoked, or taken any action against any fiduciary license held or applied for by the agency, or has the agency ever voluntarily submitted to any sanction or surrendered any fiduciary license under threat of suspension or revocation of that license? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has any state or federal self-regulatory body of any type (such as National Assn. of Securities Dealers) ever taken any disciplinary measures against the agency? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the agency ever had a claims filed against its Errors and Omissions Coverage, or has any bonding company ever denied, paid out on, or revoked a bond for it? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has the agency ever been the subject of any civil or administrative proceeding, including one initiated by the state department of insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the agency have an unsatisfied liens (tax or otherwise) or judgments (civil or otherwise) against it? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has the agency been the subject of a bankruptcy petition or proceeding in the past seven (7) year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. If a corporation, LLC or other entity required to register with a state, is the agency in good standing with the registration authorities of that state? | <input type="checkbox"/> | <input type="checkbox"/> |

Signature: _____ Date: _____

Print Name: _____ Title: _____