



# National Life Company

P.O. Box 9202 ■ Des Moines, IA 50306-9202  
1.800.232.5818 ■ www.emcnationallife.com



## AGENT'S PERSONAL AND INSURANCE BACKGROUND

### PLEASE COMPLETE THE FOLLOWING (PLEASE PRINT OR TYPE)

Contract Name (last, first, middle)		Nickname	
Date of Birth	Social Security Number		Taxpayer ID Number
Business Address (street & number, city, state, zip code)		Business Telephone	
UPS Address (must be physical address, cannot be PO Box)		Residence Telephone	
Residence Address (street & number, city, state, zip code)		Years at Address	Fax Number
Spouse Name			

### ERRORS & OMISSIONS COVERAGE

Name of your E&O Insurance carrier	Expiry Date (Include a copy of declaration)
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### LICENSES HELD

List all insurance licenses held (life & health)	License Number(s)
Kind of License(s)	State (Include non-resident)

**CA Agents Only:** 1) if you intend to sell annuities with EMCNL, per CA law, you must provide to EMCNL verification of completion of the required 8 hours of CA specific annuity training. 2) CA law prohibits an agent who is not an active member of the State Bar of CA to share commissions with a person who is an active member of the Bar (See CA Insurance Code for complete details).

### PRESENT COMPANY AFFILIATIONS

Primary Company	Yr. Contracted	Number of years in insurance business
Other Companies		

### INDUSTRY DESIGNATIONS

(LUTC, CLU, ChFC, CFA)

### INDUSTRY AWARDS (PRODUCTION & PERSISTENCY)

(NQA, HIQA, MDRT, NSAA, etc.)

INTERNET E-MAIL ADDRESS (If used)

Empty rectangular box for internet e-mail address.

**PROFESSIONAL REFERENCES**

Name	Address	Phone	Comments

**WHAT IS THE PREMIUM VOLUME BY LINE YOU PROJECT TO WRITE FOR EMC NATIONAL LIFE COMPANY?**

<u>LINE</u>	<u>12 Months</u>	<u>LINE</u>	<u>12 Months</u>
Life/UL	_____	Annuity	_____
Term	_____	Worksite/Group	_____

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

**Yes No**

1. Have you ever been bankrupt or insolvent (personal or business)? .....	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you owe money to any insurance company? .....	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you had a contract cancelled by an insurance company? .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you had an insurance license denied or revoked by any state? .....	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you had a complaint filed against you by a state insurance department? .....	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you been refused a surety or fidelity bond? .....	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you been convicted of any crime other than a routine traffic violation? .....	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been convicted of a felony? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, give date of conviction, the state, county and court. What was the nature of the offense?		
9. Do you have a tax lien or garnishment against you? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, attach a copy of the repayment agreement and explain reason.		
<b>If the answer to any of these questions is "yes" please provide details:</b>		
_____		
_____		
_____		
_____		

To be in compliance with Federal Law, I authorize EMC National Life Company to obtain an investigative consumer report on me. This report may include information as to my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics and mode of living. This information may be obtained through personal interviews with my friends, neighbors and associates. I authorize EMC National Life Company to conduct such inquiry and investigation as it may require for appointment.

I authorize the persons or companies shown in my Personal and Insurance Background sheet to give EMC National Life Company any information regarding my employment, production, persistency, together with any information they may have regarding me whether or not it is in their records. I hereby release said companies or persons from all liability for any damage whatsoever for issuing this information. A photocopy of this authorization is to be as valid as the original.

I understand that upon written request to a Marketing Vice President at 4095 NW Urbandale Drive, Urbandale, Iowa 50322, I may receive information as to the nature and scope of the report, if one is made.

I represent that all the answers and statements in this document are true and complete and correctly recorded.

Signature \_\_\_\_\_ Date \_\_\_\_\_