

UNITED HOME LIFE INSURANCE COMPANY

P.O. BOX 7192 ■ INDIANAPOLIS, INDIANA 46207-7192 ■ PHONE (317) 692-7979 ■ FAX (317) 692-7215
AGENCY 1-800-428-3001

AGENTS APPOINTMENT INFORMATION

(Please Print Legibly)

Full Name _____
(First) (Middle) (Last)

Designations: CLU ChFC CPCU CFP RHU FLMI

Date of Birth _____ Place of Birth _____ Sex _____

Residence Address _____
 Own Rent (Street) (City) (State) (Zip) (County)

Business/Agency Name _____

Primary Address _____
(US Mail) (Street) (City) (State) (Zip) (County)

Shipping Address _____
(pkg. deliveries) (Street) (City) (State) (Zip) (County)

Phone Nos.: Residence - ____ / ____ / ____ Business - ____ / ____ / ____ Fax - ____ / ____ / ____

Email - _____ @ _____

Name of Spouse _____

Commissions to be made payable to: _____

Social Security No. (required) _____ Corporate Tax I.D. No. _____

List ALL states currently licensed in: _____

Years in Insurance Business: _____

License number in Resident State is: _____

Have you ever had a license cancelled by any Insurance Department? Yes No

If YES, explain _____

Have you ever been terminated by a Company for Cause? Yes No

If YES, explain _____

Have you ever been convicted of a felony involving (1) breach of trust; (2) dishonesty; or (3) insurance crimes as defined in 18 U.S.C. §1033? Yes No

If YES, explain _____

Record of past employment – last 10 years (for Insurance Department):

From	To	Nature of Work	Name & Address of Company

Are you a Personal Producer Yes No

Primary Company You Represent: _____

List other life insurance companies you are currently doing business with:

Primary Markets _____

Current Life and Health Production \$ _____ Annual Premium

13 Month Persistency _____

How much annualized premium can United Home Life expect from you? _____

Recommended By: _____
(Name) (Address)

I understand that the Company may secure personal interviews with third parties such as business associates, financial sources, or others concerning the character, general reputation, and financial standing of myself and the agency. Upon written request, additional information will be provided as to the nature and scope of the report, if one is made.

DATED _____
(Signature of applying General Agent)

I have made a diligent inquiry and investigation relative to this person's identity, residence and recommend him to represent United Home Life Insurance Company as an agent.

Recruiting MGA (Signature)

Recruiting MGA (Print Name)

Recruiting General Agent Number