

AGENT QUESTIONNAIRE

1. _____
Corporate Name

3. _____
Federal Tax ID Number

2. _____
Agent Name

4. _____
Social Security Number

MAILING ADDRESS

5. _____
Street Address

6. _____
P.O. Box Number

City

City

State

Zip

State

Zip

PREVIOUS ADDRESS LAST 5 YEARS

7. _____
Street

From: _____

City State Zip

To: _____

8. _____
Street

From: _____

City State Zip

To: _____

9. Are you currently licensed for: _____ Life _____ Health

10. States where licensed: _____

11. License Number: _____

12. Do you currently carry Errors and Omissions Insurance: _____ Yes _____ No

If yes, list carrier _____

PHONE NUMBERS AND E-MAIL ADDRESS

Office: _____ Home: _____ FAX: _____

E-Mail Address: _____

13. List companies you currently represent especially Long Term Care or Medicare Supplement Carriers if any:

1. _____
Name Company Reference

_____ Phone Number
City State Zip

2. _____
Name Company Reference

_____ Phone Number
City State Zip

14. What is your current monthly production?

All Markets: _____ # of Apps _____ Premium \$

LTC & Med Sup: _____ # of Apps _____ Premium \$

15. Previous employment last 5 years:

1. _____ From: _____
Name To: _____

_____ Address

2. _____ From: _____
Name To: _____

_____ Address

16. Credit References: (List at least one bank)

Name	Complete Address	Account Number
------	------------------	----------------

1. _____
2. _____
3. _____

17. Have you ever been convicted of a felony or had your license revoked?

_____ Yes _____ No

If yes, please explain _____

18. Personal References (include at least one in the insurance business):

1. _____
2. _____

19. Professional References

1. _____
2. _____

20. First Year Income Objective: _____

21. Long Term Objective: _____

I certify that the answers to the above questions are true. I understand and agree that I am not permitted to write insurance until I have been licensed with the appropriate carrier(s).

I hereby authorize the Robert J. Stillwell Agency to obtain information it deems desirable in the processing of my application including: credit reports, civil or criminal actions, employment/salary details, and any other relevant information, and release the Robert J. Stillwell Agency, its employees and representative from all liability for any damage whatsoever incurred in furnishing or obtaining such information. The applicant hereby waives any claim for damages by reason of non-acceptance of this application which the Robert J. Stillwell Agency or his representative may reject.

A photocopy of this authorization shall be as valid as the original.

Date: _____ Signature of Applicant: _____

Referred by: _____