



# Agent Application For Appointment

To Be Completed by FHCP:

Approved: Yes  No

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

1. Name: \_\_\_\_\_ Soc Sec No: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ License No: \_\_\_\_\_

Email address \_\_\_\_\_

2. Name of Employer/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_

3. Commissions are Payable to:  Individual  Employer/Agency

4. What other insurance company licenses have you held in the last 3 years?

Company Name & Contact: \_\_\_\_\_

Company Name & Contact: \_\_\_\_\_

5. Please list previous employers for past 3 years:

Company Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Company Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Have you ever pled guilty or nolo contendere to or been found guilty of a felony or a crime involving moral turpitude:

Yes -- If yes, enclose complete information

NO

**I hereby certify that the above information is accurate and correct.**

**I have enclosed a copy of my License, Errors & Omissions Coverage, W-9, and the Agent/Broker Agreements**

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