

# RELIANCE STANDARD

Life Insurance Company

a DELPHI company

APPOINTMENT APPLICATION - Request for appointment to represent Reliance Standard Life Insurance Company  
TYPE OR PRINT ALL INFORMATION CLEARLY AND PROVIDE A COPY OF YOUR LICENSE(S)

Managing General Agent: \_\_\_\_\_ Code: \_\_\_\_\_ Contract Level For Appointed Agent: \_\_\_\_\_  
Reports to: \_\_\_\_\_ Code: \_\_\_\_\_

## I. VITAL STATISTICS:

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Appointment Type:  Individual  Corporate Tax ID Number: \_\_\_\_\_  
Corporation Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Mailing Preference:  Home  Business  
Home Address: \_\_\_\_\_ Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip+4: \_\_\_\_\_ Zip+4: \_\_\_\_\_  
Previous Home Addresses Last 5 Years:  
From \_\_\_\_\_ To: \_\_\_\_\_ Address: \_\_\_\_\_  
From \_\_\_\_\_ To: \_\_\_\_\_ Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Bus Phone: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ e-mail: \_\_\_\_\_

## II. LICENSE - current copies of all licenses listed below MUST be attached

State	State License Number.	Life	A&H
Resident State:	_____		
Additional State:	_____		

## III. BUSINESS EXPERIENCE – Employment History, Insurance and non-insurance related last three years:

Employer	Location	Position	From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## IV. List other carriers you are currently appointed with:

\_\_\_\_\_  
\_\_\_\_\_

## V. BACKGROUND – Please provide a complete explanation of any "yes" answers on a separate sheet:

1. Have you ever had any insurance agent, broker or professional license revoked or suspended?  No  Yes
2. Have you ever been fined, had an administrative action, suspension of license or otherwise been reprimanded by any licensing authority for any of the licenses you've listed above?  No  Yes
3. Have you ever been terminated by an insurance company within the past 5 years? (except for lack of production)  No  Yes
4. Are you in debt to any insurance co. and/or agency?  No  Yes
5. Have you ever had a complaint filed against you with a state Insurance Department?  No  Yes
6. Agents may be covered under error and omissions coverage (E&O) or a fidelity bond.
  - a. Do you currently have E&O or a fidelity bond?  No  Yes
  - b. Have you ever been refused E&O or a fidelity bond, or has any claim been made against you, your surety company or E&O insurer, arising out of your activities?  No  Yes
7. Have you ever filed a petition for bankruptcy or for protection from creditors?  No  Yes
8. Are any collection accounts, judgements, liens or suits pending against you?  No  Yes
9. Have you ever been involved in any litigation?  No  Yes
10. Have you ever been convicted of a felony?  No  Yes
11. Have you ever been convicted of a crime involving dishonesty or breach of trust?  No  Yes
12. Have you ever been convicted of a violation of 18 USCA §1033 (Crimes by or affecting persons engaged in the business of insurance whose activities affect interstate commerce?)  No  Yes
13. If you have ever been known by another name (alias aka) other than the name you have indicated on this application please provide the name(s) with a brief explanation of its existence and why it was used.

## VI. VERIFICATION:

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief and I hereby grant authorization to Reliance Standard Life Insurance Company to verify such answers. I understand that any false statement on this application may be considered as sufficient cause for rejection of this application or for termination if such false statement is discovered subsequent to my becoming contracted. I understand that, if necessary, more information may be required to complete my file. I also understand that any information obtained by RSL will be made available to me upon my written request.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FAIR CREDIT REPORTING ACT  
DISCLOSURE TO PROSPECTIVE AGENTS**

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Pursuant to the Fair Credit Reporting Act (15 U.S.C. § 1681 et seq.), you are hereby notified that Reliance Standard Life Insurance Company may request an investigative consumer report, which may include information as to your character, general reputation, personal characteristics and mode of living.

You have the right to request, in writing, within a reasonable period of time after your receipt of this notice and authorization, a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under Section 1681d of the Fair Credit Reporting Act.

This additional disclosure from Reliance Standard Life Insurance Company must be in writing and mailed to you, along with a written summary of your rights, within five (5) business days after receipt of your written request.

Please forward your written request to:

Reliance Standard Life Insurance Company  
ATTN: Agent Licensing Department  
2001 Market Street, Suite 1500  
Philadelphia, PA 19103

For additional information concerning the Fair Credit Reporting Act, the complete text of the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq., is available at the Federal Trade Commission's web site (<http://www.ftc.gov>).

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**INVESTIGATIVE AUTHORIZATION**

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Applicant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Social Security #: \_\_\_\_\_

I hereby authorize Reliance Standard Life Insurance Company to obtain an investigative consumer report on me, as defined under 15 U.S.C. § 1681a of the Fair Credit Reporting Act, which may include information as to my character, general reputation, personal characteristics and mode of living.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_