



PRODUCER INFORMATION

POLICY # OR CLIENT'S NAME:

STATE APPLYING FOR APPOINTMENT IN:

Sales Representatives are required to complete the "Producer Information" form (NY 0013). If commissions are to be assigned, complete "Assignment of Commission" form (FHL-6-11074). The Producer Commission Agreement should be prepared by your office. Payments of commissions cannot be authorized until appointment has been approved by your state insurance department and until first billing is paid.

INSTRUCTIONS: Please complete all the required information on this form:

Have you attached the following requirements?

- A. "Assignment of Commission" Form (FHL-6-11074) *Optional*
- B. New Agents must complete the Producer Commission Agreement form NY 3005
- C. Copy of License

1. Complete if an Individual:	2. Complete if a Corporation or Partnership:
Legal Name:	Legal Name:
Social Security Number:	Employer Identification:
Date of Birth:	Business Address
Resident Address	
*Include 9 digit zip code if available	
Business Address	
*Include 9 digit zip code	TO WHAT ADDRESS DO YOU WANT ALL INFORMATION SENT? <input type="checkbox"/> RESIDENT <input type="checkbox"/> BUSINESS
Telephone Number	Telephone Number
Fax Number	Fax Number
IF EMPLOYEE OF A FIRM, ARE ALL COMMISSIONS TO BE ASSIGNED TO THE FIRM? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete Assignment Form FHL-6-11074 and Section No. 2 of this form.	Names of sub-licenses (indicate which sub-licensees will sign as agent of record).
NAME OF FIRM	
3. How long have you known the applicant?	5. Is Producer licensed to do business in this state? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you a sub-producer of a general agent?	If a negative response is given in No. 5, a life and health license must be obtained before commissions can be paid.
Date	Sales Representative or Sales Manager
	Sales Office and/or General Agent No.

Background Information

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Have you ever been known by any name other than that noted on the Producer Information Form? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is your primary source of income from life & health insurance sales? If no, please explain.
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you now working full time in the insurance business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been fined, censured, or reprimanded by any insurance regulatory body?
If yes, explain fully, including the date, state, and nature of the infraction.

_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has your insurance licence ever been suspended or revoked by an insurance regulatory body?
If yes, explain fully, including the date, state, and why. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been named as a party to a lawsuit involving a policy of insurance you sold or
has any company you sold for been named in a lawsuit as a result of a policy you sold? If yes,
give complete details, including the outcome of the suit. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has a customer ever filed a complaint against you with any regulatory body? If yes, please give
details as to the nature of such complaint and what the eventual outcome was with the state.

_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever been required to submit a statement to any insurance regulatory body of any
insurance company regarding your sale of insurance to a particular individual? If yes, how
many times? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. How many years have you been in the insurance business? _____ | | |
| 10. Have you ever filed for, or been declared bankrupt or insolvent, either personally or in
business? If so, when? Please explain. _____

_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you carry an Errors & Omissions Policy? If so, list Carrier's name and amount of coverage.

_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you have an outstanding debit balance with any insurance company, general agent, or
manager? If yes, list companies and amounts: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Other than traffic infractions or "youthful" adjudications, have you ever been convicted of a
crime? If yes, please explain. _____

_____ | <input type="checkbox"/> | <input type="checkbox"/> |

SIGNATURE OF PRODUCER

DATE