



Express Contracting

Personal Information:

- First Name: _____
- Middle Initial: _____
- Last Name: _____
- Company(ies) you are requesting appointment with:

- Will you be appointing as an Individual or a Corporation? _____
 - If applying as a Corporation, provide business name and tax ID:

- Do you have Errors and Omissions coverage? _____
 - Name of Carrier _____ Amount _____
 - Policy Number _____
- For Life/Annuity: Have you completed AML Training? _____ If so, please provide the provider and training date: _____
- FINRA Registered? _____ Broker/Dealer Name: _____
- Marital Status: _____ Spouse's Full Name: _____
- Designated Beneficiary (if applicable): Name: _____
Relationship: _____
Home Address: _____ SS# _____
Date of Birth: _____ Phone: _____
- Home Address: _____
City: _____
State: _____ Zip: _____ County: _____
 - If less than 5 years please provide previous address:

City: _____ State: _____ Zip: _____
- Business Address: _____
City: _____
State: _____ Zip: _____ County: _____
- Home Phone: _____ Business Phone: _____
- Fax: _____ Email: _____
- Date of Birth: _____ Place of Birth: _____
- SS#: _____ Drivers Lic #: _____

- Are you applying for advanced commissions? _____
 - Indicate advance rate: _____
- Resident Lic #: _____ NPN: _____
 Type of license: _____
 Corp Lic # (if applicable): _____ Type of License: _____
 Non Resident appointments desired: _____

FLORIDA Counties desired: _____

- EFT Info: Bank Name: _____ Type of Account: _____
 Account Number: _____ Routing Number: _____

Background Information:

- Years in insurance: _____
- Others insurance carriers that you currently represent: _____
- Current Employer: _____ From/To: _____
- Previous Employer: _____ From/To: _____
- Highest level of education: _____
- Have you ever been charged with, convicted of, or pled guilty or no contest to a felony or misdemeanor or are any such proceedings pending? _____
- Have you or your company been a defendant in a lawsuit? _____
- Have you ever had an insurance license denied, suspended or revoked by a state insurance department or been the subject of any disciplinary administrative action or fined or penalized or are there any such proceedings pending? _____
- Do you have an outstanding debit balance with any insurance carrier? _____
- Have you ever filed bankruptcy? _____ Chapter: _____ Date filed: _____
- Do you currently have any outstanding balances in collections? _____
- Do you currently have any outstanding IRS or State tax liens? _____
- Have you ever had a bond cancelled or denied? _____
- Have you ever been in a business venture that failed? _____

- Have you ever been involuntarily terminated or permitted to resign from employment or from an agent or representative appointment, with any insurance or other financial services company other than for lack of production? _____

If you answer "yes" to any of these questions, please provide a detailed explanation below.

Signature Authorization

PLEASE READ THIS AUTHORIZATION, SIGN IN THE CENTER OF THE BOX BELOW AND SUBMIT THIS FORM BY FOLLOWING THE INSTRUCTIONS THAT WERE PROVIDED.

I, _____, hereby authorize Senior Benefit Services, Inc. and its general agency customers (the "Authorized Parties") to affix or append a copy of my signature, as set forth to any and all required signature fields on forms and agreements of any insurance carrier (a "Carrier") designated by me through any means, including without limitation, by email, fax or orally. The Authorized Parties shall be permitted to complete and submit such forms and agreements on my behalf for the purpose of becoming authorized to sell Carrier Authorized insurance products. I hereby release, indemnify and hold harmless the Authorized Parties against any and all claims, demands, losses, damages, and cause of action, including expenses, costs and reasonable attorney's fees which they may sustain or incur as a result of carrying out the authority granted hereunder.

By my signature below, I certify that the information I have submitted to the Authorized Parties is correct to the best of my knowledge and acknowledge that I have read and reviewed the forms and agreements which the Authorized Parties have authorized to affix my signature. I agree to indemnify and hold any third party harmless from and against any and all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorney's fees which such third party may incur as a result of its reliance on any form or agreement bearing my signature pursuant to this authorization.

I understand that I will receive a complete copy of all contracting paperwork and that my signature shall not be kept on file or used for any other purpose other than for the contracting paperwork specified below.

I am requesting appointment with the following company(ies):

PLEASE SIGN IN THE CENTER OF THE BOX BELOW.