



HealthGeneralAgent.com

"Taking Your Business To The Next Level"

Contracting Information Sheet

GA Name: Wesley Brinson

Please email or fax this packet back to:

info@HealthInsuranceDiscount.com

Fax: 888.877.3990

Make sure to include:

- 1.) A copy of your current Insurance License(s) / Agency License (s)**
- 2.) 1 Voided Check for Direct Deposits**
- 3.) Explanation / Supporting Docs for any "yes" answers**
- 4.) If you have a copy of E&O please send that as well**

Check the carriers you would like to get appointed with

Assurant

United HealthCare

Humana

Aetna

Life Insurance Carriers

ING

Fidelity

Make sure to include this cover sheet with the fax

Background Information:

Current Insurance License Number _____

States Licenses Held _____

States to Appoint in _____

Lines of Authority: Life and Health Property and Casualty Medicare Certified

Please provide an explanation for any "yes" answer:

- | | | |
|---|------------------------------|-----------------------------|
| 1.) Do you have any outstanding Debt / Debit Balance with any insurance company? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2.) Have you ever had a Civil Judgment entered against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.) Have you ever filed bankruptcy or reorganization either personal or business? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4.) Has an Insurance Company ever cancelled a contract with your for cause? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5.) Have you ever had a bond declined or cancelled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6.) If currently licensed, has your insurance license ever been cancelled or suspended? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7.) Have you ever withdrawn an application or surrendered a license to avoid discipline action? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8.) Have you ever been refused an insurance license in any state? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9.) Have you ever been fined by any insurance regulatory authority? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10.) Have you ever been named as a party in a lawsuit or had civil charges filed against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11.) Do you have any felony charges pending against you, or have you ever plead guilty or
Nolo contendere to or been convicted of a felony or a crime involving moral turpitude? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12.) Do you have any outstanding liens (tax or otherwise) or judgments (civil or otherwise) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13.) Is your primary source of income from Life and Health insurance sales?
If no, please explain _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

How many years have you been in the insurance industry? _____

Do you current have Errors and Omissions insurance? Yes No

Have you ever had a claim filed against it? Yes No

Name of Carrier

Policy Number

Coverage amount

Previous 5 years Employment History:

Employer Name Supervisor

Employer Name Supervisor

Address City, State Zip

Address City, State Zip

Phone Position Held

Phone Position Held

Employment Dates Reason for leaving

Employment Dates Reason for Leaving

Either Email or Fax all pages to:

Info@HealthInsuranceDiscount.com or Fax 888-877-3990