

All questions must be answered.

Name of Appointing Office	Code:
Name of Life Sales Representative	Code:

Personal Information

Name		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Maiden Name (if applicable)
Identification Number	County of Residence	Date of Birth	
Business Street Address Street	City	State/ County	Region
Locality	Country	Postal Code	
Overnight Mailing Address Street	City	State/ County	Region
Locality	Country	Postal Code	
Residence Street Address Street	City	State/ County	Region
Locality	Country	Postal Code	
Office Phone ()	Residence Phone ()	Fax ()	Email Address

Appointment Information

Applicant is:

A. Individual Partnership Corporation Sole Proprietor

B. Are commissions to be paid to applicant? Yes No If no, name commission to be paid to:

Code:

If Applicant is neither an Individual nor a Sole Proprietor, supply full names of all Officers, Directors, Partners and Members and their titles:

Name:

Title:

Due Diligence Questions

Yes No

1. Are you currently bonded? Yes No
2. Have you ever been discharged or permitted to resign from your employment due to:
 - a. violating investment related or insurance related statutes, regulations or rules? Yes No
 - b. fraud or the wrongful taking of property? Yes No
3. Do you owe any money to an insurance company? Yes No
4. Are there any outstanding or pending judgments or liens against you? Yes No
5. Have you ever had your insurance license or securities registration suspended or revoked? Yes No
6. Have you ever filed for bankruptcy? Yes No

If so, date discharged: _____

Explain: _____

7. With the exception of routine traffic violations, have you ever been convicted of or pled guilty in court to a felony? (If yes, provide details below.) Yes No

Date	Jurisdiction	Charge	Sentence

8. Have you changed residence in the past 5 years? Yes No. If yes, please indicate:

City	Country	Postal Code	Date

City	Country	Postal Code	Date

9. Please list all previous employers for the past five years starting with most current:

Employer Name	Address	From:	To:	Reason for leaving

Employer Name	Address	From:	To:	Reason for leaving

If self-employed, please provide two companies you currently represent:

11. Additional Details to Questions 1- 7:

Background Investigation Authorization

I hereby certify all information shown above is accurate, true and complete to the best of my knowledge. If I am appointed by CILC any misstatement may cause this relationship to terminate. If accepted, I agree to comply with all the rules and regulations of CILC. I understand that CILC may wish to investigate my background and I authorize, to the fullest extent permitted by law, CILC to communicate with individuals and organizations, including, but not limited to former employers, business and personal references, Government Agencies, and Credit/Inspection Bureaus to verify my history and personal credentials and to obtain other data that may help to analyze my qualifications. I agree to release CILC and their Officers, Directors, Agents, Attorneys, and employees from all liability, causes of action, claims or demands, which may result from my authorizing them to investigate my background and from their furnishing and/or using information in conjunction with such investigation.

I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

Any error or omission in the above referenced information can lead to immediate termination of my contract.

Applicant's Signature

Date