



NATIONAL STATES INSURANCE COMPANY

1830 Craig Park Court, St. Louis, MO 63146

PHONE: (314) 878-0101

FAX: (314) 878-8118

AGENTS INFORMATION QUESTIONNAIRE

Please Type or Print Clearly

Date: _____

Personal Information

Name _____ Nickname _____
(Last) (First) (Middle)

Social Security Number _____ Birth Date _____ Spouse's Name _____

Home Address _____
Street City State Zip

Home Phone Number () _____ Own Home _____ or Rent _____ How Long at Home Address _____
Area-Code Number

E-Mail Address _____ Cell Phone () _____
Area-Code Number

Previous Address - Last 5 Years _____
Street City State Zip

Business Mailing Address _____
Street City State Zip

Business Phone Number () _____ FAX Number () _____
Area-Code Number Area-Code Number

UPS Shipping Address (No P.O. Boxes) _____
Street City State Zip

Insurance License Information

Are you presently licensed as an: Individual Partnership Corporation

Agency Name _____ Tax ID# _____

Commission can be assigned and checks made payable to an overriding agent. If so, indicate overriding agent name and number:

Overriding Agent Name _____ Overriding Agent Number _____

Indicate which states and how you wish to be appointed: (Attach copy of current license for each state)

State	License #	Life	Health	Resident	Non-Resident
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recruiting General Agent Name _____ Recruiting G.A. Number _____

Insurance Experience

Please provide information about companies for whom you have sold or are presently selling Life or Health Insurance.

Company Name	Home Office Location (City and State)	Annualized Production	Persistency	During Period DATE-TO-DATE	Product Sold
			%	/ / to / /	
			%	/ / to / /	
			%	/ / to / /	

Bank Reference

Name of Bank _____ Bank Officer _____

Address _____ Phone Number _____

General Information

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had your Insurance License refused, suspended or revoked, been placed on probation, reprimanded or fined by any State Insurance Department? If yes, please explain _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a complaint filed against you or ever been investigated by a State Insurance Department or Securities Agency? If yes, please explain _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted, pled guilty, or no contest, or are you currently under investigation of a felony in any state? If yes, please explain and attach court records _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a bond cancelled or refused? If yes, please explain _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Has an Insurance Company ever cancelled or terminated your contract for reasons other than for lack of production? If yes, please explain _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently on, or ever received financing, annualization, advance commissions or authority to deposit applicant's checks in your own account with any Company? If yes, list Companies _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 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"/> | Do you currently have, or in the past five years had, any civil judgements, garnishments or tax liens filed against you? If yes, please explain _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 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"/> | Have you previously been, or are you now, an agent with this Company? If yes, please give dates and if active or terminated _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you carry an Errors & Omissions Policy? If yes, list Carrier's name, Policy # and amount of coverage _____ |

Statements of Understanding

Until such time I am properly Licensed, Appointed or Certified by the State Insurance Department, I will not (1) Solicit applications for Insurance for the Company, in any state or, (2) represent myself as an agent or an employee of the Company, in any way whatsoever.

Furthermore, I do understand that if I do solicit applications without an Appointment, I may be in violation, not only of Company regulations, but Insurance Department regulations for which severe fines can be levied, and I will be held solely and singularly liable for any claim incurred (or any other liability which may arise) on any application which may have been written in violation of any State Insurance Department regulations or the rules of the Company, and I understand that the Company may be bound to report all violations of State Insurance Department regulations as they occur. In addition, I understand until I am properly appointed, no supplies of any kind may be provided to me, by the Company, other than supplies marked "Sample" or "Specimen." I also understand, if fines are levied against the Company for any of my acts, I will be liable for the fines levied. I understand any omission or misrepresentation of fact, called for in this application is cause for immediate dismissal.

Print Applicant's Name

Applicant's Signature

Date

Consumer Authorization

To Whom It May Concern:

I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorization request. I understand this authorization is to be part of the written employment application which I sign.

I have been given a stand alone, consumer notification that a report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee.

Print Applicant's Name

Applicant's Signature

Date

Home Office Use

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