

**GROUP APPOINTMENT
QUESTIONNAIRE*****Appointment Questionnaire - Request for appointment to represent Reliance Standard Life Insurance Co.***

Please answer all questions, print clearly and provide supporting documentation where needed. ***If more space is needed, attach additional sheets.***

I. VITAL STATISTICS:

Applicant's Full Name:

If Corporation - Please provide full Name:

Please provide Name of Corporate Officer:

Home Address:

Home Phone#:

Business Address:

Business Phone#:

Fax#:

Internet Address:

DOB:

Social Security #:

Tax ID#:

II. LICENSE: Current copies of all licenses must be attached.

If any questions are answered yes, please attach an explanation.

Resident License State:

Additional States:

1. Have you ever had any insurance agent, broker or professional license revoked or suspended? No ___ Yes ___

2. Have you ever been fined, had an administrative action, suspension of license or otherwise been reprimanded by any licensing authority for any of the licenses you've listed above? No ___ Yes ___

3. Have you ever had a complaint filed against you by a state insurance department? No ___ Yes ___

III. BUSINESS EXPERIENCE: Employment history - Insurance related for the last 5 years.*Employer:**Location:**Position:**From:**To:*

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1. Are you in debt to any insurance co. And/or agency? No ___ Yes ___

2. May we contact your present employer/carrier? No ___ Yes ___

IV. REFERENCES: Do not include relatives or employees of this Company. References should include financial sources who know you and your operation and will be able to verify information regarding your activities in the Life Insurance Industry during the past 5 years.	
1) Name:	
Business Address:	Phone#:
2) Name:	
Business Address:	Phone#:
V. MISCELLANEOUS: <i>If any questions are answered yes, please attach an explanation.</i>	
1. Agents may be covered under Error and Omissions coverage (E&O) or a Fidelity Bond:	
a. Do you currently have E&O or a Fidelity Bond? No___ Yes___	
b. Has any claim been made against you, your surety company or E&O Insurer, arising out of your activities? No___ Yes___	
2. Have you ever been insolvent or filed suit for bankruptcy? No___ Yes___	
3. Are any collection accounts, judgements, liens or suits pending against you? No___ Yes___	
4. Have you ever been involved in any litigation? No___ Yes___	
5. Regarding convictions: (If any answer is "Yes", please provide a thorough explanation).	
a. Have you ever been convicted of a felony? No___ Yes___	
b. Have you ever been convicted of a crime involving dishonesty or breach of trust? No___ Yes___	
c. Have you ever been convicted of a violation of 18 USCA - 1033 (Crimes by or affecting persons engaged in the business of insurance whose activities affect interstate commerce?) No___ Yes___	
6. Have you ever been known by another name (alias a.k.a.) other than the name you have indicated on this application? No___ Yes___ If so, please enter the name below with a brief explanation of its existence and why it was used:	
VI. REFERENCE VERIFICATION:	
I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief and I hereby grant authorization to Reliance Standard Life Insurance Company to verify such answers. I understand that any false statements on this application may be considered as sufficient cause for rejection of this appointment application or for termination if such false statement is discovered subsequent to my becoming appointed and contracted. I understand that, if necessary, more information may be required to complete my file. I also understand that any information obtained by RSL will be made available to me upon my written request.	
Applicant's Signature	Date: