

Broker Data Form

Recruiter _____

Please email or fax this packet back to:

brown@healthandlifegroup.com 713-771-3595 Fax

Please be sure to include:

1.) A copy of your current Insurance License(s) / Agency License(s)

2.) Current copy of Errors and Omissions Insurance

3.) One Voided Check for Direct Deposits

4.) Explanation / Supporting Docs for any "yes" answers



Broker Data Form

Personal Information:

First Name		MI		Last Name		
Residential Address	С	ity	State	Zip		ength of time at this address
Date of Birth	Place of	Birth			Social Sect	urity Number
Email Address			Home Phone		Cell Phone	
Agency Info	rmation:			Insur	ance Licensed:	Yes No
Business Mailing Ad	ldress		City		State	Zip
Individual	Corporation	Partnership	LLC	Tax ID		Date of Incorporation
Personal Ref	erences:					
First	Last		F	irst	Last	
City	State	Phone		City	State	Phone

Please email or fax <u>both</u> pages of this contracting sheet and supporting documents to: brown@healthandlifegroup.com Fax: 713-771-3595

Background Information:

 4. Has Insurance Company ever cancelled a contract with you for cause? 5. Have you ever had a bond declined or cancelled? 6. If currently licensed, has your insurance license ever been cancelled or suspended? 7. Have you ever withdrawn an application or surrendered a license to avoid discipline action? 8. Have you ever been refused an insurance license in any state? 9. Have you ever been fined by any insurance regulatory authority? 10. Have you ever been named as a party in a lawsuit or had civil charges filed against you? 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? 12. Do you have any outstanding liens (tax or otherwise) or judgments (civil or otherwise)? 	Current Insurance License Number	States Licer	nses Held Stat	es to Appoint in				
1. Do you have any outstanding Debt/Debit Balance with any insurance company? Yes N 2. Have you ever had a Civil Judgment entered against you? Yes N 3. Have you ever filed bankruptcy or reorganization either personal or business? Yes N 4. Has Insurance Company ever cancelled a contract with you for cause? Yes N 5. Have you ever had a bond declined or cancelled? Yes N 6. If currently licensed, has your insurance license ever been cancelled or suspended? Yes N 7. Have you ever been refused an insurance license in any state? Yes N 8. Have you ever been fined by any insurance regulatory authority? Yes N 10. Do you have any outstanding liens (tax or otherwise) or judgments (civil or otherwise)? Yes N 11. Do you have any outstanding liens (tax or otherwise) or judgments (civil or otherwise)? Yes N 12. Do you have any outstanding liens (tax or otherwise) or judgments (civil or otherwise)? Yes N 13. Is your primary source of income from Life and Health insurance sales? Yes N 14. Moreas explain) No Yes N Neme of Carrier Policy Number Coverage Amount Pione	Lines of Authority:	Life and Health	Property and Casualty	Medicare Certified				
Have you ever had a claim filed against it? Yes Na Name of Carrier Policy Number Coverage Amount Previous five years Employment History: Employer Name Coverage Amount Employer Name Employer Name Employer Name Address City, State Zip Address City, State Zip Phone Position Held Phone Position Held Phone Position Held Employment Dates Reason for leaving Employment Dates Reason for Leaving Current Carrier Appointments: Acetna Assurant Companion Humana RMHP AMS Best Health Golden Rule Imerica WHP	Please provide an explanation for any "ves" answer: 1. Do you have any outstanding Debt/Debit Balance with any insurance company? Yes 2. Have you ever had a Civil Judgment entered against you? Yes 3. Have you ever filed bankruptcy or reorganization either personal or business? Yes 4. Has Insurance Company ever cancelled a contract with you for cause? Yes 5. Have you ever had a bond declined or cancelled? Yes 6. If currently licensed, has your insurance license ever been cancelled or suspended? Yes 7. Have you ever withdrawn an application or surrendered a license to avoid discipline action? Yes 8. Have you ever been refused an insurance license in any state? Yes 9. Have you ever been named as a party in a lawsuit or had civil charges filed against you? Yes 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? Yes 12. Do you have any outstanding liens (tax or otherwise) or judgments (civil or otherwise)? Yes No 13. Is your primary source of income from Life and Health insurance sales? Yes No How many years have you been in the insurance industry?							
Previous five years Employment History: Employer Name Address City, State Address City, State Phone Position Held Phone Position Held Employment Dates Reason for leaving Employment Dates Reason for leaving Current Carrier Appointments:								
Employer Name Employer Name Address City, State Zip Address City, State Zip Phone Position Held Phone Phone Position Held Phone Employment Dates Reason for leaving Employment Dates Reason for leaving Employment Dates Reason for Leaving Current Carrier Appointments:	Name of Carrier	Pe	olicy Number	Coverage Amount				
Address City, State Zip Address City, State Zip Phone Position Held Phone Position Held Phone Position Held Employment Dates Reason for leaving Employment Dates Reason for Leaving Current Carrier Appointments:	Previous five years Employ	ment History:						
Phone Position Held Phone Position Held Employment Dates Reason for leaving Employment Dates Reason for Leaving Current Carrier Appointments:	Employer Name		Employer Name					
Employment Dates Reason for leaving Employment Dates Reason for Leaving Current Carrier Appointments:	Address	City, State Zip	Address	City, State Zip				
Current Carrier Appointments:	Phone	Position Held	Phone	Position Held				
Aetna Assurant Companion Humana RMHP AMS Best Health Golden Rule Imerica United American	Employment Dates Reaso	on for leaving	Employment Dates	Reason for Leaving				
Health and Life Group 9511 Summerbell, Houston, Texas 77074 Phone: 713-773-4500 Fax: 713-771-35	Aetna Assu AMS Best Anthem Celti	rant Companion Health Golden Rule ic Guarantee Tru	Imerica Ist Life Kaiser	United American World (which product)				

Fax: 713-771-3595