



## **Broker Data Form**

**Recruiter** \_\_\_\_\_

**Please email or fax this packet back to:**

[brown@healthandlifegroup.com](mailto: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**



**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 Insurance Company ever cancelled a contract with you 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 Have you ever withdrawn an application or surrendered a license to avoid discipline action?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?<br>(If no please explain) _____  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

How many years have you been in the insurance industry? \_\_\_\_\_

Do you currently 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 five years Employment History:**

Employer Name _____	Employer Name _____
Address _____ City, State _____ Zip _____	Address _____ City, State _____ Zip _____
Phone _____ Position Held _____	Phone _____ Position Held _____
Employment Dates _____ Reason for leaving _____	Employment Dates _____ Reason for Leaving _____

**Current Carrier Appointments:** \_\_\_\_\_

- |                                 |                                      |   |                                  |  |
|---------------------------------|--------------------------------------|---|----------------------------------|--|
| <input type="checkbox"/> Aetna  | <input type="checkbox"/> Assurant    | <input type="checkbox"/> Companion            | <input type="checkbox"/> Humana  | <input type="checkbox"/> RMHP                  |
| <input type="checkbox"/> AMS    | <input type="checkbox"/> Best Health | <input type="checkbox"/> Golden Rule          | <input type="checkbox"/> Imerica | <input type="checkbox"/> United American       |
| <input type="checkbox"/> Anthem | <input type="checkbox"/> Celtic      | <input type="checkbox"/> Guarantee Trust Life | <input type="checkbox"/> Kaiser  | <input type="checkbox"/> World (which product) |

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