



Producer Appointment Application

Capricorn Insurance Agency, LLC
P.O. Box 710
Sunrise Beach, MO 65079 USA
Phone: 630-244-6104
Capricorninsurance1229@gmail.com

PLEASE ANSWER ALL APPLICABLE SECTION COMPLETELY

Section 1: Appointment Information

Appointment for: Individual Corporation Partnership Sole Proprietorship

Type of Appointment Requested: Life Life A/H

States to be appointed in: _____ (Attach copies of licenses)

Type of license currently held (provide copies) Life Life A/H

Section 2: Producer Information

Producer

Business Street Address

City

State

Zip

Resident Street Address

City

State

Zip

Phone Number

Fax Number

Email Address

Social Security Number (Tax ID Number)

Place of Birth

Date of Birth

What is your primary business activity (Check only one)

Life Insurance Agent/Broker Financial Planner Registered Rep Property/ Casualty Agent

Qualified Plans (TSA, 401K. etc.) Health Insurance Agent Other _____

Section 3: Agency Information

Name

Tax ID Number

Business Street Address

City

State

Zip

Phone Number

Fax Number

Email Address

Section 4: Background Information

- a) Are you currently covered by Errors and Omission Insurance? Yes No
 Insurer _____ Coverage Amount \$ _____
- b) Has your license ever been suspended, revoked or terminated? Yes No
- c) Have you ever been accused or been involved in any hearing or litigation
 Alleging any violations of securities laws, fraud, industry standards of
 Conduct or insurance regulations? Yes No
- d) Have you ever been convicted or plead guilty to any misdemeanor or
 Felony charges or have charges currently pending against you or a
 Business with which you are connected? Yes No
- e) Have you ever had a bond denied, paid out or revoked? Yes No
- f) Have you ever had a bond denied, paid out or revoked? Yes No
- g) Have you ever been the subject of any complaint or proceeding by any
 Securities, commodities, insurance regulatory body or organization? Yes No

Section 5: Employment History (History must cover past 5 years. Attach separate sheet if necessary.)

From	To	Company Name	Position		
Contact Person		Street Address	City	State	Zip
From	To	Company Name	Position		
Contact Person		Street Address	City	State	Zip
From	To	Company Name	Position		
Contact Person		Street Address	City	State	Zip
From	To	Company Name	Position		
Contact Person		Street Address	City	State	Zip

Section 6: Code of Conduct Agreement

By signing below I acknowledge that I will made recommendations and present products consistent with the Insurable needs and financial objectives of my clients; I will provide honest and accurate disclosure of information so that my clients can make an informed buying decision; I will establish and maintain the trust of my clients by treating them with respect and by delivering them quality service; I will maintain the privacy of my clients by protecting their confidential information; I will refrain from disparaging competitors and agents; I will make every attempt to further my education and will maintain a current license and valid appointment in all state in which I solicit the sale of the Company products to customers.

Statements made herein are representations upon which the Company may rely when considering my request for appointment. This information is complete and accurate to the best of my knowledge and belief. I understand and agree that, if appointed, any material misrepresentation of facts herein provided may be the basis for termination.

X

Signature

Date

Section 7: Consent to Request Consumer Report and/or Investigative Consumer Information

I understand that the Company may utilize the services of a consumer reporting agency as part of the procedure for processing my application for employment and /or application for appointment as a General Agent/Agent/Broker (circle one). I understand a consumer reporting agency may conduct an investigation and prepare a consumer report (which may include a financial credit check, criminal background check, state licensing/disciplinary check, employment/contract check and other information bearing on your credit and financial history) and/or an investigative consumer report which will include, among other things, information as to my credit background, character, general reputation, personal characteristics, mode of living, whichever are applicable. I understand such information may be obtained through personal interviews with my neighbors, friends and associates, acquaintances or other persons who may have knowledge regarding such information.

I further understand that upon written request, subjects of an investigative consumer report have the right to: 1) receive a summary of their rights under The Fair Credit Reporting Act; and 2) receive a disclosure of the nature of scope of the investigation conducted.

I hereby consent to this investigation and authorize the Company or its representatives to procure a report on my background as stated above from a consumer reporting agency or any other source providing such information. I agree the Company has the right to release any information revealed by this investigation to any State requiring it.

Driver's License #: _____