

UNITED NATIONAL LIFE

LICENSING CHECKLIST

LOA

In order to complete the contracting process, please closely follow the checklist below. Each question **MUST BE ANSWERED** on all forms. If a question does not apply to you, place the abbreviation "N/A" in the blank.

PLEASE COMPLETE AND SIGN THE FOLLOWING FORMS:

- 1) **Completed & Signed Appointment Application**
- 2) **Copy of Agent License**
- 3) **Check for Appointment Fees - Payable to UNL (if apply).**

State Licensing Fees

AR- Free KS - \$5.00 MO - Free

Please return all contracting to:

Mail: **Ins-Special, Inc**
 PO Box 218
 Purdy, MO 65734

E-Mail: **service@insspecial.com**

Fax: **417-442-7622**

If you have any questions or need assistance, Please call us @
800-789-0182

UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA
P.O. Box 1154, Glenview, Illinois 60025-1154

APPOINTMENT APPLICATION

Please Print or Type All Information

Personal Information

1. Name _____
(Last) (First) (Middle Initial) SS# _____
2. Date of Birth _____ Place of Birth _____ Male Female
3. Drivers License # _____ (State) _____
4. Marital Status Single Divorced Married 5. Spouse's Full Name _____
6. Home Address _____
Home Phone _____
(If less than 7 years, please provide previous address) _____
7. Business Address _____
Business Phone _____
(Area Code) (Number)
- Fax Number _____
(Area Code) (Number)
- Cell Phone _____
(Area Code) (Number)
- E-Mail Address _____

Corporation Information

8. Company Name _____ Fed ID# _____
Company Insurance License # _____ (Copy Required)

Indicate other Principal Parties in Partnership or Corporation, List Officers of the Company:

Name _____	Title _____	SS# _____
Name _____	Title _____	SS# _____
Name _____	Title _____	SS# _____
Name _____	Title _____	SS# _____

Financial

9. Bank Name _____
Account # _____ Type of Account _____

Have you or your Company:

10. Declared Bankruptcy? Yes No
11. Been a defendant in a lawsuit? Yes No
12. Any outstanding and or unsatisfied judgments or liens against you? Yes No
13. Ever been involved in a business venture that failed? Yes No
14. Any outstanding debt(s) with any insurance company or companies? Yes No

Ins-Special, Inc
7505 State Hwy 37 / PO Box 218
Purdy, MO 65734
service@insspecial.com
800-789-0182

→**Licensing Information: All Agents must submit a copy of current license(s) (Resident & Non-Resident)**

15. Type of License: Life A & H Broker
16. How long have you been in the Life field? _____ A & H _____
17. Have you ever been licensed with UNL? No Yes Prior Agent Code # _____
18. Are you full-time in the insurance business? No Yes If not, state other business: _____
19. With which other insurance companies are presently licensed/appointed? _____

→**Background Information**

20. Have you ever been investigated or fined by an Insurance Regulatory Authority? Yes No
21. Has your insurance license ever been suspended or revoked? Yes No
22. Have you ever pleaded guilty or "nolo contendere" to or been found guilty of a felony? Yes No
23. Have you ever had a bond canceled or declined? Yes No
24. Are you now the subject of any complaint, investigation or proceeding which could result in a "yes" answer to any of the above questions? Yes No
If you answered "Yes" to any of the above questions, please attach a detailed explanation.

→**Employment History**

25. Current Employer: _____
Contact Person: _____ Phone #: _____ Start Date: _____
26. Previous Employer: _____
Contact Person: _____ Phone #: _____ Start Date: _____
27. Prior Previous Employer: _____
Contact Person: _____ Phone #: _____ Start Date: _____
(Please provide 7 years of employment history. Attach additional information if necessary)

→**Education**

28. Highest level of formal education: Grammar School High School College College +
29. Professional Designations: _____

Fair Credit Reporting Act (FCRA) – Public law requires that we advise you that a routine inquiry by accessing public records, may be made which will provide applicable information concerning your character, general reputation, personal characteristics, and mode of living. By signing below, you understand the above and authorize all persons and entities to release information about you they may have. You also acknowledge that you have read and understand the attached "Summary of Your Rights under the Fair Credit Reporting Act". Upon written request, additional information as to the nature and the scope of the report, if one is made, will be provided.

→**Signature of Applicant:** _____ Date: _____

→**This section is to be completed by the recruiting General Agent:** Sub Agent Code: _____

Recruiting General Agent Name _____ Code: _____

Pay Writing Agent's Commissions to: Recruiting General Agent Only or Applicant Only

Mail Policies to: Recruiting General Agent or Applicant (New GA)

Name: _____ Name: _____

Address: _____ Address: _____

Primary Product: _____ 1st Year Commission Rate: _____ %

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