

ADMIN USE ONLY			
State:	_____	_____	_____
R	NR	I	A
Dist Name:	_____	_____	_____
Number:	_____	_____	_____

**American General Life Companies**

Administrative Office: Allied National, Inc., Licensing Dept. P.O. Box 29187, Shawnee Mission, KS 66201-9187

**This form must accompany requests for appointment and/or license with our Company. In addition, if the applicant is a Company, Corporation or Partnership then the Agency Officer/Principal(s) must also complete the Individual/Executive section in its entirety and supply a copy of his/her insurance license(s).**

**American General Life Companies is the marketing name for the insurance companies and affiliates including American General Assurance Company, American General Life Insurance Company, American General Life Insurance Company of Delaware, American International Life Assurance Company of New York and the United States Life Insurance Company in the City of New York.**

**SECTION 1:**

TPA Name: Allied National, Inc. TPA Code: T4001

TPA Licensing Contact: Beverly Sawyer Telephone Number: 800-825-7531 Fax Number: 913-945-4390

**SECTION 2: How are you doing business?**  Corporation  Individual

**Corporations must complete both Company and Individual/Executive applicant information.**

Company Name: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Individual/Executive: To be completed by Agency Officer/Principal(s):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Male  Female  Suffix and/or Prefix if applicable: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Resident Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**SECTION 3: License and Appointment Information**

**Individual/Executive**

**Resident State Appointment\***

Resident State: \_\_\_\_\_

**Non-Resident State Appointment(s)\***

Are you requesting appointment for any non-resident states? Yes  No

If yes, identify states: \_\_\_\_\_

\*If requesting appointment in the state of Florida, please indicate all applicable counties: \_\_\_\_\_

**Corporation**

**Resident State Appointment\***

Resident State: \_\_\_\_\_

**Non-Resident State Appointment(s)\***

Are you requesting appointment for any non-resident states? Yes  No

If yes, identify states: \_\_\_\_\_

<b>SECTION 4: Confidential History</b>	<b>Individual/Executive</b>		<b>Corporation</b>	
<b>Instructions:</b> Please answer each question for the Corporation and if applicable, the Individual/Executive, by checking the applicable box. If you answer yes to any questions, please provide an explanation using the space below. Please provide the date of occurrence, explanation, resolution and applicable court documents. Insufficient information will result in processing delays. If additional space is required, please attach a separate sheet. Note that all answers are verified by a background investigation and/or credit report.				
	Yes	No	Yes	No
1. Have you ever been convicted of or plead guilty or no contest to a felony?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been convicted of or plead guilty or no contest to a misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently under investigation by any legal or regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you now owe money to any insurance company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you or a firm in which you were a partner, officer or director been declared bankrupt or been party to a bankruptcy or receivership proceeding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you had a salary garnished or had liens or judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has any insurance department, government agency or self-regulatory authority ever denied, suspended, revoked, censured or barred your license or registration or disciplined you with fines or by restricting your activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been the subject of a consumer-initiated complaint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever been the subject of a proceeding by any self-regulatory body or any securities, commodities or insurance regulatory body or organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has a bonding company ever denied, paid out on or revoked a bond for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever had a claim filed against your professional liability or Errors and Omissions insurance coverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has any insurance company or securities broker-dealer terminated your contract or permitted you to resign for a reason other than lack of sales?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Have any of the American General Affiliates, as identified on page 1 of this application, ever declined to appoint you, refused to contract you or terminated your contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 5: Producer Authorization:**

Producer's Social Security Number: \_\_\_\_\_

I have read and received, as of the date indicated below, the notice concerning investigative consumer reports, as required by law. I understand that by signing this form, **I authorize the American General Affiliates** with which I have requested appointments with **to investigate my background, including my credit history and interviews with former employers.** I agree that if any of my answers to the questions in the section, **Confidential History**, change, I will notify in writing the Licensing and Contracting Department at the address noted on the last page of this application within 10 business days of the incident that would cause an answer to change. **I understand that falsification of information or failure to update the answers on this application may result in termination of appointment(s) with all American General Affiliates.** In addition, I authorize the American General Affiliates that have appointed me to report information about earning and debit balances to any credit bureau or similar organization.

I authorize American General Affiliates to share background, licensing, applicant data and other information that they have about me.

By signing the Producer authorization, I certify that my E & O policy extends coverage to the person or entity requesting contracting and appointment. I agree to provide a copy of the E & O policy, if requested. Further, I understand that I am responsible for maintaining at least \$1 million per act of Errors and Omissions coverage without interruption while my American General Life or affiliated company contract is active.

I acknowledge that I have reviewed the "Customer Service and Compliance Manual for Producers and Employees for the American General Life Companies" and / or "Operations Manual for American General Annuity Insurance Company" and I agree to abide by those principles, as amended from time to time, in representing any of the American General Affiliates that appoint me.

**Under penalties of perjury, I certify: that the number shown on this application is my correct Social Security or Tax Identification number; and I am not subject to backup withholding under Section 3406(a)(1)(C) of the Internal Revenue Code. The Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding.**

\_\_\_\_\_  
**Producer's Signature**

\_\_\_\_\_  
**Date**

**SECTION 6: FAIR CREDIT REPORTING ACT - Notice of Proposed Investigative Consumer Report (Please retain a copy for your records.)**

Pursuant to the Fair Credit Reporting Act, this notice is to inform you that as a component of our contracting and appointing process, each Company with which you have requested an appointment may request an investigative consumer report that may include information related to your character, general reputation, personal characteristics and mode of living.

You have a right to request in writing, within a reasonable period of time after receipt of this notice, a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Such a request should be sent to:

American General Life Companies  
Attn: Licensing and Contracting Department, Mailstop 3Z  
3600 Route 66  
Neptune, NJ 07753  
Toll Free Phone: 1-800-346-7692, press options 2 and 2.  
Fax: 732-922-5587

This Department will handle inquires on behalf of all American General Affiliates. Disclosed information must be provided in writing and mailed to you, along with the written summary of your rights, within five (5) business days after receipt of your written request.

Also, each Company with which you have requested an appointment may share the information contained in the investigative consumer report and other information in your file with its affiliates, unless you send a written request to the above described address directing that this information not be disclosed or shared with an affiliate.

If you are a resident of CA, OK or MN and would like a copy of the background report obtained, please check here.