

Complete Name \_\_\_\_\_ I prefer to be called: \_\_\_\_\_

Name of Agency or Company \_\_\_\_\_

Business Street Address \_\_\_\_\_  
(Required for Supplies)

Business Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Social Security No. \_\_\_\_\_ National Producer No. \_\_\_\_\_

U.S. state(s) where you wish to be appointed \_\_\_\_\_

**Please check the appropriate box.**

- All commissions are to be paid to me.
- All commissions are to be paid to \_\_\_\_\_, \_\_\_\_\_  
Agency, Company, or Name Tax ID No.

**Please answer all questions. (If YES, include details of who, what, when, and dollar amounts on an additional form.)**

	YES	NO
1. Have you ever had an appointment terminated by any insurance company or financial services institution (for reasons other than production)? .....	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you owe any debt or balance to any insurance company or financial services institution that has remained overdue for more than sixty (60) days? .....	<input type="checkbox"/>	<input type="checkbox"/>
3. Has any state or federal agency ever denied, suspended, revoked, or taken any action against any fiduciary license held or applied for by you, or have you ever voluntarily submitted to any sanction or surrendered any fiduciary license under threat of suspension or revocation of that license? .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Has any state or federal self-regulatory body of any type (such as National Association of Securities Dealers) ever taken any disciplinary measures against you? .....	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had a claim filed against your Errors and Omissions Coverage, or has any bonding company ever denied, paid out on, or revoked a bond for you? .....	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been the subject of any civil or administrative proceeding, including one initiated by a state department of insurance? .....	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any felony charges pending against you, or have you ever pled guilty or <i>nolo contendere</i> to or been convicted of a felony or a crime involving moral turpitude? .....	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have any unsatisfied liens (tax or otherwise) or judgments (civil or otherwise) against you? .....	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you been the subject of a bankruptcy petition or proceeding in the past seven (7) years? .....	<input type="checkbox"/>	<input type="checkbox"/>

I hereby represent that the answers and statements ("the information") I am giving Professional Service, Inc. and its affiliates ("the Company") on this application ("PBA") are correct, complete, and wholly true. I understand the Company will rely on the information as one factor in considering this PBA, and may, at its option, terminate or rescind our resulting business relationship if any of the information is not as I have given it.

Signature \_\_\_\_\_ Date \_\_\_\_\_