

Please send \$ _____ Appointment Fee

INCLUDE COPY OF LICENSE

I request appointment with (check one or both):

- Continental Life Insurance Company of Brentwood, Tennessee (Cli)
- American Continental Insurance Company (ACI)

P.O. BOX 1188 • BRENTWOOD, TENNESSEE 37024-1188 • (615) 377-1300 • info@cont-life.com

AGENT'S INFORMATION QUESTIONNAIRE

1. INDIVIDUAL INFORMATION

First Name _____ Middle _____ Last Name _____

Social Security Number _____

Residence Address (No PO Box) _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____

Business Address _____

P. O. Box _____

City _____ State _____ Zip Code _____

Business Phone (_____) _____

Fax Number (_____) _____

E-mail address: _____

Preferred Mailing Address: Business Home

Date of Birth _____ Gender: Male Female

Licensed for: Life Health

Contracted as: Individual Entity

Entity Name _____ Tax ID _____

Resident State _____ Resident License No. _____

Nonresident Appointment State(s): _____

Attach applicable fees and licenses for states listed above.

Please list ALL companies with which you are actively appointed.
You may attach another sheet of paper, if necessary:

2. BUSINESS PRACTICES

If you answer "Yes" to any questions below, please provide details by attaching additional pages.

	Yes	No
1. Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has any state, federal or self-regulatory agency filed a complaint against you, fined, sanctioned, censured, penalized or otherwise disciplined you for a violation of their regulations or state or federal statutes?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has a bonding or surety company ever denied, paid on, or revoked a bond for you?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has any E&O carrier ever denied, paid claims on, or cancelled your coverage?	<input type="checkbox"/>	<input type="checkbox"/>
6. In the past ten years, have you personally filed a bankruptcy petition or declared bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
7. In the past ten years, has any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition or been declared bankrupt either during your association or within 5 years after termination of such association?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are there any unsatisfied judgments, garnishments or liens against you?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you in debt to any insurance company?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been convicted of, or pled guilty or nolo contendere to, any felony or misdemeanor other than a minor traffic offense?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you currently a party to any litigation or a subject of any investigation(s)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever had an appointment with another insurance company denied or terminated for cause?	<input type="checkbox"/>	<input type="checkbox"/>

3. ACKNOWLEDGMENT

I acknowledge and agree that this questionnaire is not a contract. I authorize and consent CLi/ACI ("Company") to obtain such additional background information about me as it deems necessary from time to time through independent investigation, NASD CRD reports and/or through a consumer reporting agency's consumer report (collectively, "Background Reports"). I authorize the Company to share the information contained in this questionnaire or any other information that the Company may obtain, including Background Reports, with its affiliates for the purposes of establishing my eligibility and/or continuing eligibility for appointment with the Company and its affiliates as well as any other disclosure required by law.

I hereby authorize my employers and other insurance companies I am or have been appointed with to release any and all information that they may have about me, personal or otherwise, to the Company, and I hereby release all such parties from all liability that may result from furnishing the same. I understand and agree that my appointment will, in part be based upon this questionnaire and the information in such Background Reports, and that any representation herein that is inaccurate or incomplete shall be grounds for termination of my appointment.

I hereby certify under penalty of perjury that the information provided herein is accurate and complete. I have read, understood and agree to comply with the Guide to Ethical Market Conduct.

Date	X	Signature of Applicant	Printed Name
Date	X	Signature of General Agent	Printed Name

IF YOU ARE PRESENTLY A FULL TIME AGENT WITH ANOTHER COMPANY, WE SUGGEST YOU CONSULT WITH YOUR MANAGER OR GENERAL AGENT.

NOTE: You must be appointed with Company, having in your possession a copy of such appointment, or notification from Company, advising that you are qualified to write business for the Company, prior to any solicitation of business.

Agents not to be paid directly by the Company MUST complete page 3.