

Constitution Life Insurance Company

411 N Baylen Street • Pensacola, Florida 32501

Contract Application

Personal Name of Applicant: _____ Social Security No.: _____

Company Name: _____ Federal Tax No.: _____

Insurance License No.: _____ Date: _____ Birth Date: _____

Driver's License No.: _____ State: _____ County: _____

Is this contract to be executed as

Individual/Sole Proprietor

Partnership

Corporation

Name contract is to be in: _____

Mailing Address _____ City, State, Zip _____

UPS Street Address _____ City, State, Zip _____

Residence Address _____ City, State, Zip _____

Phone Res. (____) _____ Bus. (____) _____ FAX _____

Spouse Name _____ Names of children _____

Beneficiary on contract _____ Relationship _____

Employment History*

(Past 10 Years)

From Mo/Yr	To Mo/Yr	Employer	Address	Position Held	Monthly Income

* If self-employed in insurance for the past ten years, please state so and give insurance experience below.

Insurance Experience

Companies you currently represent	Year	Volume	Companies you currently represent	Year	Volume

References

Name	Address	Phone	Years Known

Background Information

Education: H.S. College Degree No. of Years _____ Major _____

Professional Designation: LUTC CLU FLMI Other _____

Recognition MDRT NQA Years _____

Is there any indebtedness to any insurance company? Yes No

If yes, give name of company, amount and repayment agreement: _____

Amount of Life Insurance you own: \$ _____ No. of policies _____ Cash Value _____

Have you been convicted of a felony in the last ten years or a misdemeanor other than a traffic offense in the last five years?

Yes No If Yes, Explain _____

Have you ever filed for bankruptcy? Yes No If Yes, Explain _____

Have you ever been refused a bond? Yes No If Yes, Explain _____

Are any judgements, liens or suits pending against you? Yes No If Yes, Explain _____

Have you ever had your insurance license suspended or revoked? Yes No

If Yes, Explain _____

Have you been fined or had disciplinary action taken against you with any Department of Insurance? Yes No

If Yes, Explain _____

Do you have Errors & Omissions insurance? Yes No

If Yes, Policy # _____ Company _____

In making this application to represent Constitution Life Insurance Company, it is understood that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or others with whom you are acquainted. A credit report, insurance department records and criminal records may also be checked. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I declare that this application presents, to the best of my knowledge, an accurate statement of facts, and I give my authorization to the Company to conduct an investigation of these facts as it may deem advisable.

Applicant (Agent) Signature

Date

Special Information To Be Completed By Recruiter:

General characteristics, market, etc. _____

Annualization: Give details regarding need _____

Special Comments _____

Appointed by _____ (_____) Date _____
Recruiter Signature Agent number

Appointed by _____ (_____) Date _____
Managing Sales Representative Signature Agent number

Home Office Approved by _____ Date _____
Officer's Signature

Commission Schedule _____