

Assignment of Commissions and Application for Agent Appointment

Complete this form front and back *only* when commissions are assigned to your Manager. In the event commissions are being assigned, the Producer Contract and Commission Supplement forms are not required.

Please type or print.

Legal Name (Last, First, Middle)		Preferred First Name	
Residence Address (Street, City, State, Zip Code)			
Date of Birth	Place of Birth	Social Security Number	
Business Mailing Address (P.O. Box, City, State, Zip Code)			
Business Street Address (Must have for shipping supplies - Street, City, State, Zip Code)			
Business Telephone Number ()	Residence Telephone Number ()	Fax Number ()	County
Commissions Are To Be Assigned To Your Manager (Name) _____			Manager No. _____

E-mail Address: _____ Web Site Address*: _____
**Any web site or internet that references American Select or Empire Fire and Marine Insurance Company health insurance plans must be pre-approved in writing by American Select.*

Are you licensed with the state insurance department in your resident state to solicit life and health insurance? Yes No
 If yes, please enclose a photocopy of your license. License No. _____ Exp. Date _____

1. Do you currently have a nonresident insurance license in any state(s)? Yes No If yes, list state(s) _____
2. Do you have any indebtedness with any agency or company? Yes No
 If yes, give name of agency or company _____
 Amount and repayment agreement _____
3. Have you ever filed for bankruptcy? Yes No If yes, explain _____
 Have you ever been refused a bond? Yes No If yes, explain _____
 Do you currently have a Federal Tax Lien? Yes No If yes, explain _____
4. Have you been convicted of a felony in the last 10 years, or a misdemeanor, other than a non-DUI traffic offense, in the last five years?
 Yes No If yes, give details _____
5. Have you ever had your insurance license suspended or revoked? Yes No If yes, explain _____
6. A routine inquiry may be made during our initial or subsequent processing which will provide applicable information concerning your character, general reputation, personal characteristics and mode of living. By signing this agreement, you are granting permission to American Select Insurance Management Corporation or its duly authorized representative to contact or release any information to any organization or individual who has knowledge of your past or present employment and financial status. **I declare that**, if a license is issued, all premiums or monies which are collected from an applicant/insured and which are paid to the Company because of the assumption of liability through the issuance of policies or contracts of insurance shall be held in a fiduciary capacity and shall not be misappropriated or converted to my own use or illegally withheld. Furthermore, I agree not to solicit business until I am licensed. I understand and agree that the insurance carrier(s) has no obligation to me for commissions, expenses or any compensation whatsoever in connection with services performed or the solicitation of applications for insurance, it being expressly understood that I am under direct contract with my manager and that all commissions due on business produced by me, will be disbursed by my manager. **I attest to the truth and completeness of the foregoing statements and answers. I certify that I have read, understand and agree to be bound by the conditions identified on this and the following pages.**

A photocopy of this Authorization shall be as valid as the original. Applicant Signature **X** _____ Date _____

7. In which state(s) do you wish to be appointed? _____ Check No. _____ Amount _____
 (Include required form, fee and copy of license for each state and carrier.)

8. For which product(s) do you wish to be contracted? _____

I hereby recommend approval of this appointment. _____ Signature of Manager (if applicable)	ASIMC Manager's Code No.	Date
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Agent Assignment Form

Administrative Checklist—Home Office Use Only	
_____	_____
_____	_____
_____	_____
	State _____

Fill out and sign this form when commissions are to be paid to your Manager or your Manager's Agency. Send a current copy of your license along with your check.

REQUEST FOR AGENT'S LICENSE and ACKNOWLEDGMENT OF CONDITIONS

You are hereby respectfully requested to make application to the Department of Insurance of the State of _____ for the issuance of a license/appointment authorizing me to solicit applications on behalf of your Company.

I hereby agree that your consent to the issuance of such license is subject to, and I hereby agree to be bound by, each and all of the following conditions:

1. That I shall be an agent assigned to the jurisdiction of Manager _____ Agency No. _____; and
2. That the Company has no obligation to me for commissions, expense allowances or any form of compensation whatsoever in connection with the services performed and expenses incurred by me in the solicitation of applications for insurance issued by the Company, it being expressly understood that I am under direct contract with my Manager who has personally agreed to compensate me for such services; and
3. That I have no contractual relationship with the Company and that I am not, and I shall refrain from holding myself out as, an employee, joint venture or associate of the Company; and
4. That I shall comply with the rules, regulations and rate books of the Company, the laws of the State for which this appointment is valid and the regulations of the Department of Insurance relating to my activities in the solicitation of insurance; and
5. That I shall not alter, modify, waive or change any of the terms, rates or conditions of any advertisements, receipts, policies or contract of the Company in any respect; and
6. That I shall promptly remit to my Manager or the Company any and all monies or securities received by me on behalf of the Company as full or partial payment of first or renewal premiums, or any other item whatsoever; and
7. That I shall not obligate the Company nor incur expense in its behalf in any manner whatsoever, and
8. That the Company may, without liability to me whatsoever, upon request of my Manager or upon its own initiative, cancel my license at any time.
9. Unless inconsistent with state law, the Corporation or Company may deduct all renewal licensing fees from your commission account as they become due unless you have requested in writing that the payment for the fee be handled in another manner.

A photocopy of this authorization shall be as valid as the original.

IN WITNESS WHEREOF, I have affixed my signature this date ____/____/____

By: _____
(Printed Name of Licensee)

By: **X** _____
(Signature of Licensee)

I, the undersigned, certify that I have made a thorough and diligent investigation which has shown that the applicant is of good moral and business character. I understand that I am responsible for the training and supervision of the applicant while engaged in the business of insurance.

Signature of Manager: **X** _____

Date: _____

Printed Name of Manager: _____