

UNITED HOME LIFE INSURANCE COMPANY

P.O. BOX 7192 ■ INDIANAPOLIS, INDIANA 46207-7192 ■ PHONE (317) 692-7979 ■ FAX (317) 692-7711
AGENCY 1-800-428-3001

AGENTS APPOINTMENT INFORMATION

Full Name _____
(First) (Middle) (Last)

Designations: CLU ChFC CPCU CFP RHU FLMI

Date of Birth _____ Place of Birth _____ Sex _____

Residence Address _____
 Own Rent (Street) (City) (State) (Zip) (County)

Business/Agency Name _____

Business Address _____
(Street) (City) (State) (Zip) (County)

Mailing Address _____
(pkg. deliveries) (Street) (City) (State) (Zip) (County)

Phone Nos.: Residence - ____ / ____ / ____ Business - ____ / ____ / ____ Fax - ____ / ____ / ____

Email - _____ @ _____

Name of Spouse _____

Commissions to be made payable to: _____

Social Security No. _____ Corporate Tax I.D. No. _____

Presently Licensed? Yes No List ALL states currently licensed in: _____

Years in Insurance Business: _____

License number in Resident State is: _____

Have you ever had a license cancelled by any Insurance Department? Yes No

If YES, explain _____

Have you ever been terminated by a Company for Cause? Yes No

If YES, explain _____

Have you ever been convicted of a felony involving (1) breach of trust; (2) dishonesty; or (3) insurance crimes as defined in 18 U.S.C. §1033? Yes No

If YES, explain _____

