

Return to → FTJCC
3130 Broadway - P.O. Box 418131
Kansas City, MO 64111-9131

FIDELITY SECURITY LIFE INSURANCE COMPANY AGENT DATA SHEET

OMISSION OF ANY INFORMATION WILL RESULT IN A DELAY OF APPOINTMENT AND PAYING OF COMMISSION

NOTE: No person is permitted to solicit, sell or procure an application for insurance until he has in his possession an insurance agent's license authorizing him to solicit, sell or procure applications for the Fidelity Security Life Insurance Company.

A. IDENTIFICATION: (Please print in ink or type)

Name (Last, First, Middle)					Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Social Security Number		Date of Birth	Place of Birth	Tax I.D. No.		Age
Firm Name (Agency Name if applicable)						Send Mail to
Business Address					Telephone (include area code)	
Street	City	State	County	Zip	()	
Resident Address					Telephone (include area code)	
Street	City	State	County	Zip	()	
Currently Licensed By State Of:		License No.		Issued To:		
(attach a copy of home state license)				<input type="checkbox"/> Ind. <input type="checkbox"/> Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor		
What type of product(s) do you plan to sell for FSL? <input type="checkbox"/> Life <input type="checkbox"/> Health/Accident <input type="checkbox"/> Fixed Annuity						

B. BACKGROUND - Use separate page if neededIF YES TO ANY OF QUESTIONS 1-9, PLEASE ATTACH DETAILS AND DATES.

- | | No | Yes | Month/Year |
|--|--------------------------|--------------------------|------------|
| 1. Have you ever had ownership interest in a business venture which declared bankruptcy? (If Yes, give month and year.) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Have you been a Judgment Debtor? (If Yes, give month and year.) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Have you ever declared personal bankruptcy? (If Yes, give month and year.) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. Have you ever had a bond declined or cancelled? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. Have you ever been convicted for any offense other than a minor traffic violation? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. Have you ever been cited, fined, suspended, revoked or refused a license by any state? (If Yes, give month and year.) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 7. Have you ever been short in accounts with any employer? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 8. Do you owe an unpaid balance to any insurance company? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 9. Are you now employed by, or associated with to any degree, directly or indirectly, a bank, savings and loan or other financial institution? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 10. Please provide the carrier for your Errors & Omissions coverage, the policy number and the name of the insured. | | | _____ |
| 11. List what you have done in the last 5 years. Include dates, names and addresses of all employers. If not employed, please give details, e.g. student. Use separate page if needed. | | | |

From	To	Name	Street Address, City, State, Zip	Telephone No.
				()
				()

C. CERTIFICATION / AUTHORIZATION

12. a. I certify that I have answered all questions honestly and to the best of my knowledge.
 b. I also authorize Fidelity Security Life Insurance Company to order an investigative report as may be required. I understand that information for the report may be secured from financial resources, and/or public records, or personal interviews with third parties, such as family members, business associates and/or others with whom I am acquainted.

This inquiry may include information as to my character, general reputation, personal characteristics, mode of living or educational background. I understand I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of this information if I so desire.

Date _____ Signature _____

- Owner or Partner
 Corporate Officer
 Representative (Agent)

D. REFERENCES

Personal References - List two persons whom we have your permission to contact. We prefer licensed agents as references, if possible.

a. Name:

Address City State Zip Years Known

b. Name:

Address

City

State

Zip

Years Known