

**COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY and/or MONITOR LIFE INSURANCE COMPANY**

Return to: ⇒	<b>CTGroup</b> <b>Commercial Travelers Building</b> <b>Utica, NY 13502</b>
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**AGENT DATA SHEET**

Agent # _____
Date _____

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

**A. IDENTIFICATION:**

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								
Street		City		State		County		Zip
Telephone (include area code)								
Resident Address								
Street		City		State		County		Zip
Telephone (include area code)								
Currently Licensed by State of: (attach a copy of home state license)			License No.		Issued To:			
					<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:				<input type="checkbox"/> Group Life - MLIC		<input type="checkbox"/> Group Health/Accident - CTMIC		

**B. BACKGROUND** - Use separate page if needed...IF 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 Judgement Debtor or ever declared personal bankruptcy? (If Yes, give month and year.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Are you delinquent with respect to state taxes or child support? (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 state, 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 past and current companies you represent or have represented in the last 5 years.

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 Commercial Travelers Mutual Insurance Company and/or Monitor 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 other 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** - List two persons whom we have your permission to contact. Do not use Spouse or Relatives.

a. Name: \_\_\_\_\_

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Address	City	State	Zip	Years Known
b. Name:				

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Address	City	State	Zip	Years Known
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