

Return to: **CTGroup**  
 Commercial Travelers Building  
 Utica, NY 13502

**AGENT DATA SHEET**

Agent # \_\_\_\_\_  
 Date \_\_\_\_\_

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

**Note:** No person is permitted to solicit, sell or procure an application for insurance until he or she has secured an insurance agent's license for Fidelity Security Life Insurance Company and/or Commercial Travelers Mutual Insurance Company, depending on the insurance product line being offered.

**A. IDENTIFICATION:** (Please print in ink or type—Do Not Abbreviate)

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)	
<b>E-Mail Address:</b>						
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:			<input type="checkbox"/> Group Life - FSL		<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?<br>(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 in good standing and full compliance with respect to state taxes or child support?<br>(If no, give details.)   | <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? <b>Your failure to disclose a felony conviction will result in an automatic denial.</b>   | <input type="checkbox"/> | <input type="checkbox"/> | _____      |
| 6. Have you ever been cited, fined, suspended, revoked or refused a license by any state?<br>(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. <b>For Agents applying to sell cash value life insurance and/or annuities:</b><br>Have you completed Anti-Money Laundering training?<br><b>If yes, attach copy of proof of completion or provide details.</b> _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____      |
| 11. Please provide the carrier for your Errors & Omissions coverage, the policy number and the name of the insured. _____   |                          |                          |            |
| 12. 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**

13. 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 and/or Commercial Travelers Mutual 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)

Date \_\_\_\_\_ Appointing Premier General Agent \_\_\_\_\_