



**Appointment Instructions
Loyal American**

Fax to 312-948-2621 or scan/email to agencyervices@gohealth.com. The appointment process usually takes 3-5 business days to complete. You will receive a Welcome E-mail and additional information once your appointment is complete.

Check	Form	Instructions
	Prospective Associate's Application and Profile	<p>At the top of the page, please list out the states where you wish to be appointed.</p> <p>Section II – Provide requested information.</p> <p>Section II – Please attach copies of licenses in all states where you wish to be appointed. Also, attach Declaration page for your Errors & Omissions Insurance.</p> <p>Business and License Information – Enter Agency/Corporate Data only if you wish to have your corporate agency appointed. Otherwise, leave blank.</p> <p>** Appointment fees will automatically be debited from the bank account listed in the Direct Deposit/Automatic Draft Agreement section of the application. Please check the routing and account numbers carefully to avoid delay in processing.</p> <p>Section III – Background Information – If you answer "Yes" to any of the questions, please attach a separate sheet with details.</p> <p>Section IV – Notice - "Signature of individual soliciting appointment" is where the new agent signs.</p> <p>If the agent holds an agency license and has completed the section "AGENCY/CORPORATE DATA" in Section II, then we will need the "Signature of Corporate Officer of business entity soliciting appointment" <u>AND</u> the "Agent's signature."</p>
	Licensed – Only Agent Agreement	Review and keep for your records. Do NOT return.
	Errors & Omissions	Applications for coverage will NOT be accepted. Return a copy of your Certificate of Coverage with your appointment materials. You must have minimum limits of \$100,000 per occurrence and aggregate limit of \$1,000,000 or a completed copy of your application for coverage under Loyal America's sponsored group plan.
	Health Insurance License(s)	Please include a readable copy of your resident and non-resident health insurance licenses for any state where you wish to be appointed.

**PROSPECTIVE ASSOCIATE'S
APPLICATION & PROFILE**
Licensed - Only Agent

Please check each company you wish to be contracted and appointed with:

- United Teacher Associates Insurance Company
 Loyal American Life Insurance Company®

States you wish to be appointed in: _____

I. PERSONAL INFORMATION

Full Name _____
First Middle Last

ALL ISSUED POLICIES WILL BE MAILED DIRECTLY TO THE POLICY OWNER UNLESS THE FOLLOWING BOX IS CHECKED:

MAIL POLICIES TO AGENT

National Producer Number (NPN) _____

Date of Birth _____ / _____ / _____ Gender _____ SSN _____

Residence Address _____
Street City State County Zip

Mailing Address _____
Street City State County Zip

Phone _____ Fax _____ Email _____

II. BUSINESS, LICENSE and BANK INFORMATION (Please attach copies of current licenses in all states you wish to be appointed.)

Please fill out all information. We require that all Associates have E&O coverage.

Do you currently have E & O Coverage Yes No If "Yes," attach declaration page to application

AGENCY/CORPORATE DATA (complete only if you want to be appointed as an agency or corporation). Corporation must be licensed with resident state in order to receive commission. **Note: Both signature lines in Section IV must be signed if applying as agency or corporation.**

Agency/Corporate Name: _____ Corp. Tax I.D. Number: _____

Mailing Address _____
Street City State County Zip

Phone _____ Fax _____ Email _____

Direct Deposit/Automatic Draft Agreement

I authorize GASBG to initiate electronic debit entries to my account for the payment of my appointment fees (the entry will appear with a description of "GR AM SUP GRP"). This authorization shall remain in full force until GASBG and Bank have received written notice from me of its termination in such time and manner as to afford GASBG and Bank reasonable opportunity to act on it.

Agent Name: _____ Agent No.: _____ Checking or Savings

Bank Name: _____ Routing No.: _____ Acct. No.: _____

III. BACKGROUND INFORMATION

Please answer all questions. If you answer "Yes" to any of the questions, please explain in the area below or attach a separate sheet with details.

1) Are you or have you ever been appointed with Central Reserve Life Insurance Company, Continental General Insurance Company, Great American Life Insurance Company, Loyal American Life Insurance Company, Provident American Life & Health Insurance Company, and/or United Teacher Associates Insurance Company?
Explanation:

Yes No

2) Are you currently charged with or have you ever pled guilty or no contest to, or been convicted of, any crime (excluding minor traffic offenses and including disclosure of expunged or sealed records?)
Explanation:

Yes No

3) Are you now or have you ever been the subject of any lawsuit, claim, investigation or proceeding alleging breach of trust or fiduciary duty, forgery, fraud, or any other act of dishonesty?
Explanation:

Yes No

4) Have you ever had your agent's license or registration suspended or revoked, or are you now, or have you ever been the subject of any professional license/registration or market conduct investigation, claim or proceeding?
Explanation:

Yes No

5) Have you ever been involuntarily terminated or permitted to resign from employment or from an agent or representative appointment, with any insurance or other financial services company other than for lack of production?
Explanation:

Yes No

6) Has a bonding, surety or E&O provider denied an application or claim, made payment for you or terminated coverage?
Explanation:

Yes No

7) Are you delinquent in any personal or business financial obligations, or does any insurance or financial services company hold a claim against you for commission debit balances?
Explanation:

Yes No

8) Are there any outstanding judgments, liens or claims against you, including delinquent tax obligations, or have you or any business in which you were or are an owner, partner, officer or director, ever filed bankruptcy?

Yes No

BANKRUPTCY DISCHARGE/DISSMISSAL DATE _____

Explanation:

IV. NOTICE

I certify that the information contained herein is true and complete to the best of my knowledge and belief. I further understand that failure to provide true and complete information may result in the denial of this request for appointment and/or subsequent termination thereof. I authorize the Company to conduct an investigation concerning my qualifications for appointment including my character, general reputation, credit worthiness, and personal traits and release any person and/or companies contacted from all liability with respect to the information given. I authorize the Company to investigate me now and at any time while I am contracted with the Company and to share any information obtained with: affiliated companies, appointing agent up-line management and Company management. I further understand that the Company may deny my request for appointment, and may subsequently cancel or rescind my appointment, at its sole discretion. I agree that an electronic version, fax or photocopy of this authorization and release shall be as valid and binding as an original. I understand and agree that, unless otherwise allowed by law, I am not authorized to solicit business for the Company until my license and appointment have been secured. I certify that I have read and fully agree to the terms and conditions set forth in the Associates Agreement (Form # GASBG-8-0002) including Section 18 which sets forth the terms and provisions relating to Mandatory Mediation, and Mandatory Binding. Under penalty of perjury, I certify that the Social Security Number or taxpayer identification number shown on this form is my correct taxpayer identification number and I am not subject to backup withholding by the Internal Revenue Service.

For Maine Applicants Only - Upon request, you will be informed whether or not a consumer report was requested, and if such report was requested, the name and address of the consumer reporting agency furnishing the report. Maine residents will be provided a copy of your rights under the Maine Fair Credit Reporting Act.

For Washington Applicants Only - The consumer reporting agency which furnished the report is Business Information Group, P.O. Box 286, Marlton, N.J. 08053; for consumer compliance officer contact 800-260-1680.

For California, Minnesota & Oklahoma Applicants Only - A consumer credit report will be obtained through Business Information Group, P.O. Box 286, Marlton, N.J. 08053. If a consumer credit report is obtained, I understand that I am entitled to receive a copy.

I want a copy ____ (initials); I do not want a copy ____ (initials). If an investigative consumer report and/or consumer report is processed, I understand I am entitled to a copy. I want a copy ____ (initials); I do not want a copy ____ (initials). * California applicants: If you choose to receive a copy of the consumer report, it will be sent within three (3) days of the employer receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the employer's receipt of the report (unless you elected not to get a copy of the report). You can find information about the privacy policy and practices of the background check provider before the background check takes place by viewing the privacy policy through B.I.G.'s website, <http://www.bigreport.com/Subpage.aspx?ChannelID=14>.

Signature of individual soliciting appointment _____ Date _____

Signature of Corporate Officer of business entity soliciting appointment _____ Date _____

V. TO BE COMPLETED BY RECRUITER AGENT

In consideration of the Company executing this application at my request, the undersigned does personally guarantee the performance of all terms, conditions and covenants of the Associate's Agreement attached to this Application and assumes personal liability and responsibility for any default in said terms, conditions and covenants. I understand that any and all commissions, both first year and renewal owing to me now or in the future under any contract I have entered into with the Company are hereby assigned as security for the repayment of sums guaranteed by my endorsement hereon and that I am personally responsible upon demand for monies owing hereunder. This guarantee shall survive the termination of any contractual relationship between the affiliates of the Company and the Agent or Appointing Agent.

Printed Name of Appointing Agent Mike Owens

Signature of Appointing Agent 

Agent Number _____ Date _____

**GREAT AMERICAN SUPPLEMENTAL BENEFITS GROUP
STATE APPOINTMENT FEE CHART**

State appointment fees are required at the time of initial appointment with the insurance company. Separate fees are required for each insurance company you will represent. Payment of the appointment fees may be made by check. You must submit the appointment fee for each state. Submit a check made payable to **Great American** for the total appointment fees. Appointments will not be processed until the fees are received.

We are pleased to offer you the option to pay for your state appointment fees through automatic debit from your bank account. Your state appointment fees will be automatically deducted from your checking or savings account. This eliminates the need for you to write a check for these fees and allows us to better service your account.

ST	STATE	Resident Appointment Fee	Non-Resident Appointment Fee
AL	ALABAMA		\$30.00 EACH
AK	ALASKA		No Fee
AZ	ARIZONA		No Fee
AR	ARKANSAS		No Fee (SIC pays \$20.00)
CA	CALIFORNIA		\$22.00 EACH
CO	COLORADO		No Fee
CT	CONNECTICUT		\$80.00
DC	DISTRICT OF COLUMBIA		\$25.00 EACH
DE	DELAWARE		\$25.00 EACH
FL	FLORIDA	\$60.00 EACH	\$60.00 + \$6.00/county EACH
GA	GEORGIA		\$10.00 EACH
HI	HAWAII		No Fee
ID	IDAHO		No Fee
IL	ILLINOIS		No Fee
IN	INDIANA		No Fee
IA	IOWA	UTA: \$10.00; CGI, CRL, PALHIC, GALIC & LOYAL:\$20.00 EACH	
KS	KANSAS		\$5.00 EACH
KY	KENTUCKY	Agent \$40.00 EACH; Agency \$100.00 EACH;	Agent \$50.00 EACH Agency \$120.00 EACH
LA	LOUISIANA		\$20.00 EACH
ME	MAINE	\$30.00 EACH	\$70.00 EACH
MD	MARYLAND		No Fee
MA	MASSACHUSETTS		\$75.00 EACH
MI	MICHIGAN		\$5.00 EACH
MN	MINNESOTA		\$10.00 EACH
MS	MISSISSIPPI		\$25.00 EACH
MO	MISSOURI		No Fee
MT	MONTANA		No Fee
NE	NEBRASKA	CGI \$20.00, UTA \$8.00, CRL, PALHIC, GALIC & LOYAL \$20.00	
NV	NEVADA		\$15.00 EACH
NH	NEW HAMPSHIRE		\$25.00 EACH
NJ	NEW JERSEY		\$25.00 EACH
NM	NEW MEXICO		\$20.00 EACH (per L&H, per variable, etc)
NY	NEW YORK		No Fee
NC	N CAROLINA	L = \$10, H = \$10, Med Supp = \$10	
ND	N DAKOTA		\$10.00 EACH
OH	OHIO	Life= \$20.00, Accident & Health = \$20.00	
OK	OKLAHOMA		\$30.00 EACH
OR	OREGON		No Fee
PA	PENNSYLVANIA		\$15.00 EACH
PR	PUERTO RICO		No Fee
RI	RHODE ISLAND		No Fee
SC	S CAROLINA		No Fee (SIC pays \$40.00)
SD	S DAKOTA	\$10.00 EACH	\$20.00 EACH
TN	TENNESSEE		\$15.00 EACH
TX	TEXAS		\$10.00 EACH
UT	UTAH		No Fee
VI	VIRGIN ISLANDS		\$20.00 EACH
VT	VERMONT		\$60.00 EACH
VA	VIRGINIA		\$12.00 EACH
WA	WASHINGTON		\$20.00 EACH
WV	W VIRGINIA		\$25.00 EACH
WI	WISCONSIN	\$16.00	\$50.00
WY	WYOMING		\$15.00 EACH