

Agent #: _____
Date: _____

**FIDELITY SECURITY LIFE INSURANCE COMPANY
AGENT APPOINTMENT DATA SHEET**

Mail to: Risk Insurance & Reinsurance Solutions 1208 W.
Newport Center Drive Deerfield Beach - FL 33442
OR SCAN AND EMAIL TO: NewBusiness@riskw.com

A. IDENTIFICATION: (Please print or type)

Name (Last, First, Middle)					Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Agency / firm Name (if applicable)						
E-Mail Address:				Cell number:		
Social Security Number:		Date of Birth:	Place of Birth:		Tax I.D. No.:	Age:
Resident Address: Street:					City:	
State:	County:		Zip:	Tel:		
				Fax:		
Business Address: Street :					City:	
State:	County:		Zip:	Tel:		
				Fax:		
Send mail to: <input type="checkbox"/> Business <input type="checkbox"/> Home						
Currently Licensed By State Of :			License No:		Issued To:	
<input type="checkbox"/> Ind. <input type="checkbox"/> Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor			PLEASE ATTACH A COPY OF HOME STATE LICENSE			
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 - IF YES TO ANY OF QUESTIONS 1 to 9, PLEASE ATTACH DETAILS AND DATES.

	Yes	No	Month/Year
1. Have you ever had ownership interest in a business venture, which declared bankruptcy? (If Yes, give month and year)			_____
2. Have you been a Judgment Debtor or ever declared personal bankruptcy? (If Yes, give month and year)			_____
3. Are you in good standing and full compliance with respect to state taxes or child support? (If no, give details)			_____
4. Have you ever had a bond declined or cancelled?			_____
5. Have you ever been convicted for any offense other than a minor traffic violation? Your failure to disclose a felony conviction will result in an automatic denial.			_____
6. Have you ever been cited, fined, suspended, revoked or refused a license by any state?			_____
7. Have you ever been short in accounts with any employer?			_____
8. Do you owe an unpaid balance to any insurance company?			_____
9. Are you now employed by, or associated with to any degree, directly or indirectly, a bank, savings and loan or other financial institution?			_____
10. For Agents applying to sell cash value life insurance and/or annuities: Have you completed Anti-Money Laundering training? If yes, attach copy of proof of completion or provide details			_____
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. (use separate page if needed.)

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 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.

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 Fidelity Security Life Insurance Company. Omission of any information will result in a delay of appointment and paying of commission.

Date _____ Signature _____

Date _____ Appointing Premier General Agent _____

- Owner or Partner
 Corporate Officer
 Representative (Agent)