

National States Insurance Company

LOA ONLY - Contracting Checklist

Complete and sign the following items.

- **Agent Information Questionnaire**
- **Booklet (last page requires signature)**
- **Copy of Producer License**
- **Copy of Agency License, if applicable**
- **Copy of Errors & Omissions**

Mail to:

Osborn & Associates
3444G S. Campbell Avenue
Springfield MO 65807-5102

Any Questions? Please call us at... (800) 647-0724

Fax Completed Signature Pages to: (417) 877-1336

*Please read and fill out the entire contract and make personal copies.
Thank You for Your Business!*

Health | Life | Group | Medicare | Long Term Care | Annuities



NATIONAL STATES INSURANCE COMPANY

1830 Craig Park Court, St. Louis, MO 63146

PHONE: (314) 878-0101

FAX: (314) 878-8118

AGENTS INFORMATION QUESTIONNAIRE

Please Type or Print Clearly

Date: _____

Personal Information

Name _____ Nickname _____

(Last) (First) (Middle)

Social Security Number _____ Birth Date _____ Spouse's Name _____

Home Address _____

Street City State Zip

Home Phone Number () _____ Own Home _____ or Rent _____ How Long at Home Address _____

Area-Code Number

Previous Address - Last 5 Years _____

Street City State Zip

Business Mailing Address _____

Street City State Zip

Business Phone Number () _____ FAX Number () _____

Area-Code Number Area-Code Number

UPS Shipping Address (No P.O. Boxes) _____

Street City State Zip

E-Mail Address (for use to send Life Commission Statements electronically) _____

Insurance License Information

Are you presently licensed as an: [] Individual [] Partnership [] Corporation

Agency Name _____ Tax ID# _____

Commission can be assigned and checks made payable to an overriding agent. If so, indicate overriding agent name and number:

Overriding Agent Name _____ Overriding Agent Number _____

Indicate which states and how you wish to be appointed: (Attach copy of current license for each state)

State	License #	Life	Health	Resident	Non-Resident
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recruiting General Agent Name Gary Osborn Recruiting G.A. Number A501/001

Insurance Experience

Please provide information about companies for whom you have sold or are presently selling Life or Health Insurance.

Company Name	Home Office Location (City and State)	Annualized Production	Persistency	During Period DATE-TO-DATE	Product Sold
			%	/ / to / /	
			%	/ / to / /	
			%	/ / to / /	

Bank Reference

Name of Bank _____ Bank Officer _____

Address _____ Phone Number _____