

# **United Security**

Life and Health Insurance Company

## **LOA Contracting Checklist**

Complete and sign the following items.

- **Completed & Signed Application to Represent (2 pgs)**
- **Agreement (4 pgs)**
- **Copy of Your Insurance License (or)**

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

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

**Osborn & Associates**

**3444G S. Campbell Avenue**

**Springfield MO 65807-5102**

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

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

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HOME OFFICE USE ONLY

**APPLICATION TO REPRESENT**

Please Type or print

AGENT # \_\_\_\_\_

Name (last, first, middle)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status
Residence Address (Street, City State, Zip Code)			
Date of Birth	Place of Birth	Social Security Number	
Business Mailing Address (P.O. Box, City State, Zip Code)			
Business Mailing Address ( Must have for shipping supplies - Street, City State, Zip Code)			
Business Telephone Number	Fax Number	Residence Telephone Number	
Cell Telephone Number	E-mail Address		

I hereby request Appointment to represent UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY.

1. Are you licensed with the State Insurance Department in your resident state to solicit life and health insurance?  
 Yes  No License # \_\_\_\_\_ If yes, please enclose a photocopy of your license.
2. Do you hold any non-resident life and/or health license?  Yes  No  
 If yes, list states. \_\_\_\_\_  
 Enclose a photocopy of your non-resident license/appointment for each state.

3. List companies with which you are currently licensed for Life and/or A&H:

Company	Life	A&H	Years Licensed
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

4. What is your primary line of business? (SELECT ONLY ONE CATEGORY)

- Group
- Individual Health:  Personal  Business
- Individual Life:  Personal  Business
- Property/Casualty:  Personal  Commercial

5. How long have you been in the insurance business? \_\_\_\_\_ Years \_\_\_\_\_ Months

6. All Commissions due from business sold by you are to be made payable to: \_\_\_\_\_

**IF COMMISSIONS ARE TO BE PAID TO AN AGENCY/FIRM, PLEASE COMPLETE THE FOLLOWING:**

Agency/Firm Name:	
Business Mailing address (if different from above)	
Agent/Firm Tax I.D. Number	Agency/Firm is: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Describe)
Is Agency/Firm Licensed with the State Insurance Department? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is License number	

7. Previous Employment ( Last 5 years. Use separate page if needed):

Name of Employer	Address	City, State, Zip Code
_____	_____	_____

8. Education: Grade Completed \_\_\_\_\_ Last School Attended \_\_\_\_\_

9. Does Applicant have Errors and Omissions Coverage?  Yes  No  
 If yes, Please provide:  
 Company \_\_\_\_\_  
 Policy # \_\_\_\_\_

Amount of Policy \$ \_\_\_\_\_ Deductible Amount \$ \_\_\_\_\_

10. Have you ever been subject to or entered into a consent with any insurance department?  Yes  No

Has applicant or any other member of applicant ever been refused a license to act as an insurance agent, broker, or solicitor, or has a license to act in such capacity ever been denied or revoked by the Insurance department of any State?  Yes  No (If yes to either of the above, please explain below.)

11. Has applicant or any member of applicant ever been found guilty of a violation of the laws (other than minor traffic laws) of the United States or any other state.  Yes  No (If yes, please explain below.)

12. Has applicant or any member of applicant ever been charged with any irregularities in money transactions, compromised liabilities with creditor or been adjudged a bankrupt?  Yes  No (If yes, please explain below.)

13. Is applicant engaged in any other business other than the insurance business?  Yes  No (If yes, state employer, occupation, and date of employment below.)

Name of current Employer \_\_\_\_\_

Date of Employment \_\_\_\_\_ OK to contact  Yes  No

14. Is applicant indebted to any insurance company, agency, or other person for premiums collected or is there any dispute regarding accounts?  Yes  No (If yes, please explain below.)

EXPLANATIONS TO "YES" RESPONSES AND COMMENTS:


\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As part of our normal procedure, a routine investigation may be made in connection with your application. You do have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

(I, We) the undersigned declare that, if a license is issued, all premiums or monies collected from an applicant/insured and which are paid to the company because of the assumption of liability through the issuance of policies or contracts of insurance shall be held in a fiduciary capacity and shall not be misappropriated or converted to (my, our) own use or illegally withheld. (I, We) attest to the truth and completeness of the foregoing statements and answers.

(I, We) agree to comply with all the regulations of UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY and the Insurance Department.

Signatures of Applicant(s)

\_\_\_\_\_  
Date \_\_\_\_\_  
Submitted By:  \_\_\_\_\_  
Date \_\_\_\_\_

Signature of President or Secretary if applicant is Corporation

Signature of all members of partnership if applicant is a partnership

How did you initially hear about

- Another Insurance Agent
- General Agent
- Media Advertisement
- Direct Mail
- Prospect
- Client
- Other



PLEASE INCLUDE A COPY OF YOUR PRODUCERS LICENSE.

**U S**  
**L H** **UNITED SECURITY**  
**LIFE AND HEALTH INSURANCE COMPANY**

**AGENT  
LICENSE APPOINTMENT AGREEMENT**

An Agreement Between

United Security Life and Health Insurance Company (hereinafter referred to as the company);  
and \_\_\_\_\_ (hereinafter referred to as the Agent).

I hereby agree to be bound by, each and all of the following conditions:

- (1) That I shall be an Agent assigned to, and under the jurisdiction of the General Agent indicated below.
- (2) That the Company has no obligation to me for commissions, expense allowances or any form of compensation whatsoever in connection with the services performed and expenses incurred by me in the solicitation of applications for insurance issued by the company, it being expressly understood that I am under direct contract with my General Agent who has agreed to compensate me for such services; and
- (3) That I have no contractual relationship with the Company and that I am not, and I shall refrain from holding myself out as, an employee, partner, joint venturer or associate of the Company; and
- (4) That I shall promptly remit to my General Agent or the Company any and all monies or securities received by me on behalf of the Company as full or partial payment of first year or renewal premiums, or any other item whatsoever; and
- (5) That the Company may, without liability to me whatsoever, upon request of my General Agent or upon its own initiative cancel my license or appointment at any time.

The agreement, effective the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_ x \_\_\_\_\_  
Date Applicant

This applicant is recommended for appointment as an Agent assigned to my jurisdiction, subject to the terms of my General Agent's Agreement with the Company and this agreement.

\_\_\_\_\_ x \_\_\_\_\_  
Date General Agent