

APPLICATION FOR APPOINTMENT

SECURITY LIFE INSURANCE COMPANY OF AMERICA

Answer every question IN FULL or this application will be returned to you for correction.

TYPE OR PRINT

FOR FDI HOME OFFICE USE ONLY

State(s): _____

Effective Date of Appt.: _____

Amount Due: \$ _____

Processed By: _____

Notes: _____

_____ RESIDENT

FDI Group, Inc.

_____ **General Agent**

_____ NON RESIDENT

FULL NAME (No Initials) _____ Social Security # _____
Last First Middle

LEGAL CORPORATION NAME _____ Federal ID # _____

HOME ADDRESS _____
Number & Street City State Zip Code County

BUSINESS/MAILING ADDRESS _____
Number & Street City State Zip Code County

TELEPHONE NUMBERS Home _____ Business _____

Fax _____ E-mail Address _____

DATE OF BIRTH _____ Sex _____ Are you a citizen of the United States? _____

Professional Designations or Memberships:

_____ CLU _____ CPCU _____ MDRT _____ NQA _____ NASD _____ NALU _____ Other

1. Lines of insurance for which you are licensed _____ Life _____ Accident/Health _____ Other

2. Are you currently appointed with Security Life? _____

3. List the state(s) in which you are licensed and wish to be appointed	State _____ State _____ State _____	License Number _____ License Number _____ License Number _____
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If additional space is required, attach a separate sheet.

4. In the state(s) you are requesting an appointment, do you hold a current appointment with another insurance company?
 _____ If yes, please list below.

Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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If additional space is required, attach a separate sheet.

5. List the Non Resident licenses currently held	State _____ State _____	License Number _____ License Number _____
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If additional space is required, attach a separate sheet.

6. How long have you lived at your present address? _____

7. Please give your resident address for the past five years (city & state only)

city state city state city state city state

8. Check your highest educational achievement.

Grade School _____ High School _____ College _____ Post Graduate _____ Did you graduate? _____

9. If you are assigning your commissions to an agency, please give its name and address and check your status with the organization. *(Please enclose a copy of your corporate license)*

Name of Agency Street Address City State Zip

STATUS: _____ Owner or Partner _____ Corporate Officer _____ Representative (Agent)

Federal ID# _____

10. Do you carry Errors and Omissions Protection? _____

11. FIVE-YEAR EMPLOYMENT HISTORY. Begin with present employment. If self-employed, describe your job and give address and phone number.

<u>Dates</u>	<u>Name of Employer</u>	<u>City</u>	<u>Your Position</u>	<u>Reason You Left</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

12. Have you ever had an application for an insurance license declined by any insurance department? _____

13. Have you ever had an insurance license suspended or revoked by any insurance department or had a complaint issued against you by any insurance department? _____

14. Is any charge by any state currently pending against you or against the agency or any member of the agency? _____

15. Have you ever been charged with or convicted of a felony or of any crime involving moral turpitude? _____

16. Are there any outstanding judgments or liens (including state or federal tax liens) against you? _____

17. Has your appointment ever been terminated by an insurance company for reasons other than lack of production? _____

18. Does any insurer, insured, or other person claim any indebtedness of you as a result of any insurance transactions or business? _____

NOTE: A "yes" to any question 12 through 18 requires an explanation below or on separate sheets attached to this form.

REFERENCES

_____	_____	_____
Name	Address	Phone
_____	_____	_____
Name	Address	Phone
_____	_____	_____
Name	Address	Phone

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I certify, under penalty of perjury, that all answers and responses to questions or inquiries contained in this application are true, correct, and complete answers and responses. I further certify that I have read and am familiar with the sections of the insurance code in the state which I am seeking appointment and that I am withholding no information which would effect my qualification for this appointment with Security Life Insurance Company of America.

I authorize Security Life Insurance Company of America and/or Professional Resource Screening Inc. to obtain and I authorize any insurance carrier or agency with which I am or have been affiliated to release information concerning my character, general reputation, personal characteristics, credit history, mode of living and other applicable data, as part of my appointment and contracting process. A copy of this authorization is as valid as the original.

As evidence of my desire to obtain contract with Security Life Insurance Company of America, I empower you and/or your agents to retrieve information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, and law enforcement agencies at the federal, state, or county level, relating to my past activities, to supply any and all information concerning my background, and release the same from any liability resulting in providing such information. The information received may include, but is not limited to, residential, achievement, job performance, litigation, personal history, credit reports, driving history, disciplinary and conviction records.

By my signature below, I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at the time result to me, because of compliance with this authorization and request to release information or any attempt to comply with it. A copy of this authorization is as valid as the original.

Broker/Agent Signature

Date

****** PLEASE ATTACH A COPY OF A CURRENT LICENSE******

AND ENCLOSE CHECK FOR AMOUNT OF AGENT APPOINTMENT FEE

AND RETURN TO:

**FDI Group
P.O. Box 8023
Novi, MI 48375**