



NATIONAL GUARDIAN LIFE INSURANCE COMPANY: Agent Questionnaire

RETURN DATA SHEET TO:

Agents and Agencies are not permitted to solicit, sell or procure an application for insurance until they possess an insurance agent's license and authorization from National Guardian Life Insurance Company. Omission of any information below, will delay authorization from National Guardian Life Insurance Company and payment of commissions.

NAME OF COPORATION		TAX ID	NAME OF AGENT	SSN
BUSINESS ADDRESS	CITY	STATE	ZIP CODE	PHONE ()
MAILING ADDRESS (P.O. BOX)	CITY	STATE	ZIP CODE	FAX NUMBER ()
HOME ADDRESS	CITY	STATE	ZIP CODE	PHONE ()
EMAIL ADDRESS				DOB / /
PRINT NAMES AND TITLES OF ALL OFFICERS:				
ADDITIONAL STATE APPOINTMENTS:				
Commission Payments paid to: <input type="checkbox"/> Agent <input type="checkbox"/> Agency				
Background: (Please explain, including dates, and "yes" answers on a separate sheet) Has Agent/Agency ever:				
been appointed by NGL before?				<input type="checkbox"/> YES <input type="checkbox"/> NO
had a complaint filed against you with an Insurance Department? State?				<input type="checkbox"/> YES <input type="checkbox"/> NO
been refused a bond?				<input type="checkbox"/> YES <input type="checkbox"/> NO
been the subject of any investigation or proceeding by any insurance jurisdiction?				<input type="checkbox"/> YES <input type="checkbox"/> NO
had any agency contract or company appointment canceled for cause (e.g., misrepresentation, misappropriation, etc.)?				<input type="checkbox"/> YES <input type="checkbox"/> NO
been suspended, expelled, fined, barred, censured or otherwise disciplined or found to have violated any law or rule by any party in the insurance industry?				<input type="checkbox"/> YES <input type="checkbox"/> NO
been refused a license to sell insurance or membership in any insurance organization or had a license suspended or revoked for cause by any jurisdiction?				<input type="checkbox"/> YES <input type="checkbox"/> NO
withdrawn any application or surrendered any license to avoid any disciplinary action or the denial of a license?				<input type="checkbox"/> YES <input type="checkbox"/> NO
been convicted of or pleaded no contest to any felony or misdemeanor, except for traffic offenses? If yes, give complete information and attach copy of court order.				<input type="checkbox"/> YES <input type="checkbox"/> NO
have any criminal charges pending against you?				<input type="checkbox"/> YES <input type="checkbox"/> NO
gone through bankruptcy, had salary attached or had any liens or judgments outstanding against you?				<input type="checkbox"/> YES <input type="checkbox"/> NO
been named a party in any lawsuit?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you presently indebted to any insurer or any insurance company or managing general agent?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you intend to sell insurance principally for the purpose of placing insurance on risks owned or controlled by you, your employer or your family?				<input type="checkbox"/> YES <input type="checkbox"/> NO

CERTIFICATION / AUTHORIZATION

I certify that I have answered all questions honestly and to the best of my knowledge. I also authorize National Guardian 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 if I so desire.**

Date _____ Agent Signature _____