# EMPLOYEES LIFE COMPANY (MUTUAL)

Home Office: 916 SHERWOOD DRIVE - LAKE BLUFF, ILLINOIS 60044-2285 - (847) 295-6000 - (800) 321-3526

## *Agent Application/Data Form -- Please Print -- Submit with Copy of License(s)*

**1.** _____
Agent's Name

**2.** _____
Agent's Home Address

_____

**3.** _____
Home Phone Number

**4.** _____ _____
Agent's Date of Birth Sex

**5.** _____
Contract Name (Individual, D/B/A, Partnership or Corporation)

**6.** _____
Business Address

_____

**7.** _____
Business Phone Number

**8.** _____
Business FAX Number

**9.** _____
E-Mail Address

**10.** How are you licensed? Individual ☐ D/B/A ☐

Partnership ☐ Corporation ☐

**11.** Check which license you currently hold:

Life ☐ Limited Life ☐ Life and Health ☐

**12.** _____ _____
Insurance License Number State

**13.** How long have you had an insurance license? _____

**14.** _____
Tax ID or Social Security number for reporting of earnings

**15.** _____
Other insurance companies you represent

_____

**16.** Have you ever had your license suspended? Yes No

**17.** Have you ever had a complaint filed against you with a state insurance department? Yes No

**18.** Have your ever been refused a surety bond? Yes No

**19.** Has any surety company paid out funds on your bond coverage? Yes No

**20.** Have you ever been convicted of a felony or a misdemeanor which involved the sale of insurance or your business conduct or practices? Yes No

**21.** Are you involved in any litigation or are there any judgments outstanding against you connected with the insurance business? Yes No

**22.** Do you have any outstanding debit balance(s) with any insurance company? Yes No

If your answer is "Yes" to any of the questions above, please write full details on a separate sheet of paper and attach it to this application.

### AGENT'S DECLARATION AND AUTHORIZATION

I hereby certify that my answers to the above questions are true. I agree that as your representative, I shall be fully responsible for all moneys collected by me, either in part or full payment of premiums, evidenced by my signature on receipts issued by me to applicants. My failure to do so will immediately terminate my association with the company and upon the company's demand, I will return all unused applications, receipts and all ELCO materials held by me.

I authorize the individual(s) or companies shown in my application to give any information regarding my employment together with any information they have whether or not in their records, and release said individuals or companies from all liabilities for any damage whatsoever for issuing this information.

I understand that this application will form the basis of any agent's contract with Employees Life Company (Mutual) and the information is to the best of my knowledge an accurate statement of fact. I hereby authorize the company to conduct an investigation concerning my character, general reputation and personal traits and release any person and companies so contacted from any liability with respect to the content of verbal or written information given to Employees Life Company (Mutual). I further understand that if any material information given in this application is found to be incorrect, or incomplete, it will be grounds for termination at the sole discretion of the company.

_____ _____
*Signature of Agent* *Date*

_____ _____ _____
*Approved: Home Office* *Agent Code Number* *Date Approved*

*Debit Check (Vector One)*

*Check Preformed by* _____

*Date:*_____/_____/_____