

Producer Appointment Application

FOR OFFICE USE ONLY:

CR SUBMITTED DATE: _____

DOI APPOINTMENT DATE: _____

CE # (ANDRO): _____

Full Legal Name: _____ SSN (Required): _____ Date of Birth: _____

Business Mailing Address: _____ Business Phone: _____

_____ City State Zip Code Cell Phone: _____

Home Address: _____ Fax Number: _____

_____ City State Zip Code E-mail Address: _____

Commissions payable to: Me (Individual) OR Company/Agency

Note: If commissions are payable to the company/agency, state regulations and Lovelace policy require that both the company/agency AND the writing individual be properly licensed and appointed.

Name of Company/Agency: _____ Tax ID #: _____

Address: _____

_____ City State Zip Code

Please be aware that Lovelace may require an investigative background report when appointing or contracting with a producer. As a result, Lovelace may obtain an investigative consumer report concerning your background. Upon your written request, Lovelace will provide additional disclosures as to the nature and scope of the investigation, as well as a summary of your rights under the Fair Credit Reporting Act.

QUESTIONNAIRE

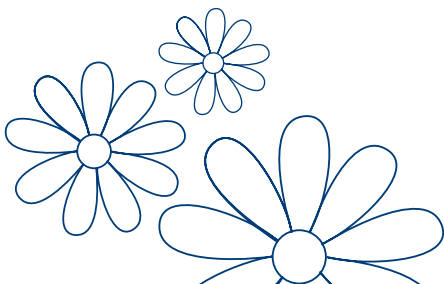
Please answer the following questions and provide necessary details.

1. Have you ever been convicted of or pled no contest to a felony or a misdemeanor? Yes No
2. Have you ever been involved in a bankruptcy (personal or otherwise), had a salary garnished or had liens or judgements against you? Yes No
3. Had any federal or state regulatory agency ever found you to have been involved in a violation of federal and/or state regulations or laws? Yes No
4. Has any federal or state regulatory agency ever denied, suspended or revoked your registration or license or disciplined you by restricting your activities? Yes No
5. Has a bonding company denied, paid out on, or revoked a bond for you? Yes No
6. Have you ever been refused a license to sell insurance or had a license suspended or revoked by any state insurance department? Yes No
7. Have you ever been convicted of or pled no contest to violating federal law 18 USC 1033? Yes No

I hereby certify that the information given is an accurate statement of fact.

Producer Signature

Date



Lovelace
Health Plan

Lovelace Health System, Inc. • Lovelace Insurance Company