



COLE MANAGED VISION

AGENT APPLICATION - OBM

INDIVIDUAL APPLICATION CORPORATE APPLICATION

AGENT FULL NAME _____ Social Security No./TIN _____
Last First Middle

MAILING ADDRESS _____
Number & Street City State Zip Code

County _____
TELEPHONE NUMBER _____ DATE OF BIRTH _____ SEX _____ US CITIZEN? _____

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

2. List the state(s) in which you are licensed State _____ License Number _____
State _____ License Number _____

3. List below the Insurance Companies you hold a current appointment.

Insurance Company Name Address Phone

Insurance Company Name Address Phone

4. List the Non Resident licenses currently held State _____ License Number _____
State _____ License Number _____

5. Do you carry Errors and Omissions Protection? _____ Policy Number: _____

Insurance Company Name Address Phone

- | | | |
|-----|--|--------|
| | | Yes/No |
| 6. | Have you ever had an application for an insurance license declined by any insurance department? | _____ |
| 7. | 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? | _____ |
| 8. | Is any charge by any state currently pending against you or against the agency or any member of the agency? | _____ |
| 9. | Have you ever been charged with or convicted of a felony or of any crime involving moral turpitude? | _____ |
| 10. | Are there any outstanding judgments or liens (including state or federal tax liens) against you? | _____ |
| 11. | Has your appointment ever been terminated by an insurance company for reasons other than lack of production? | _____ |
| 12. | Does any insurer, insured, or other person claim any indebtedness of you as a result of any insurance transactions or business? | _____ |
| 13. | If corporate agency, each individual representing your corporation is appropriately licensed and appointed as an agent of your corporation? | _____ |

NOTE: A "yes" to any question 6 through 13 requires an explanation below or on separate sheets attached to this form.

****** PLEASE ENCLOSE A COPY OF CURRENT INDIVIDUAL AND CORPORATE LICENSES******

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 authorize Cole Managed Vision 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. A copy of this authorization is as valid as the original.

As evidence of my desire to obtain contract with Cole Managed Vision, 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
_____	_____
Witness	Date