**SUPPLEMENTAL APPLICATION
FOR LIFE INSURANCE COMPANY
AGENT QUESTIONNAIRE**

|  |
| --- |
| Please note: |
|  |
| **General Agent** | means a natural person, firm or corporation engaged or authorized by the Insured to solicit insurance for the account of the Insured. The term General Agent shall be deemed to include the partners, officers and employees of such Agent and all such persons shall collectively be deemed to be one person. |
|  |
| **Soliciting Agent** | means an individual, firm or corporation engaged or authorized by the Insured or by and General Agent of the Insured to solicit insurance for the account of the Insured or such General Agent, and shall be deemed to include any Insurance broker under contract with the Insured or with such General Agent. The term soliciting Agent shall be deem to include the partners, officers and employees of such Agent and all such persons shall collectively be deems to be one person. |
|  |
| **Servicing Agent** | means a natural person, firm or corporation engages or authorized by the Insured to perform any or all of the following: |
|  |
|  | a) | Collect and record payments on real estate mortgage or home improvement loans made, held or assigned to the Insured, and establish tax and insurance escrow accounts; |
|  |  |  |
|  | b) | Manage real property owned by, or under the supervision of control of the Insured; or  |
|  |  |  |
|  | c) | Perform other acts directly related to the above. |
|  |
| The term Servicing Agent shall be deemed to include the partners, officers and employees of such Agent and all such persons shall collectively be deemed to be one person. |
|  |
| 1. | Explain fully the Insured’s control over its Agents: |  |
|  |  |  |  |
|  | (a) | Does a contract exist between you (the Insured) and your Agents? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  |  | If “No”, please explain:  |       |  |
|  |  |  |  |
|  | (b) | Does your firm bill the client directly? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (c) | Are there other means of payment? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  |  | Please explain:  |       |  |
|  |  |  |  |
|  | (d) | What procedure is followed for the *first* payment? |       |  |
|  |  |  |  |
|  | (e) | How does the Insured now that it is receiving all first payments on new accounts? |  |
|  |  |  |  |
|  |  |       |  |
|  |  |  |  |
|  | (f) | How does the Insured verify that a client has purchased a “Policy”? |  |
|  |  |  |  |
|  |  |       |  |
|  |  |  |  |
|  | (g) | Does the Insured send a verification statement to its clients on all new business? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  |  | Do these verification requests contain instructions to report discrepancies to a named person other than the Agent? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (h) | How long does a “Policy” stay in force if there is non-payment of premium? |       |  |
|  |  |  |  |
|  |  | Is there an investigation? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (i) | How are commissions paid to Agents? |  |
|  |  |  |  |  |
|  |  | (i) | Deducted by Agents? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  |  | (ii) | Paid by Insured to Agent? | Yes [ ]  No [ ]  |
|  |  |  |  |
| 2. | (a) | What prior investigation is made before issuing a contract to a prospective Agent? |  |
|  |  |  |  |
|  |  |       |  |
|  |  |  |  |
|  | (b) | Is the Agent’s personal financial information obtained? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (c) | Is the Agent’s loss history reviewed? | Yes [ ]  No [ ]  |
|  |  |  |  |
| 3. | Is there a periodic review of Agents? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | If “Yes”, how often? |       |  |

|  |  |  |
| --- | --- | --- |
| 4. | What types of products are sold by the Agents: |  |
|  |  |  |  |
|  | (a) | Life Policies? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (b) | Securities? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (c) | Annuities? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (d) | Other? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  |  | Please describe: |       |  |
|  |  |  |  |
| 5. | Do Life Insurance Agents also act as registered representatives? | Yes [ ]  No [ ]  |
|  |  |  |  |
| 6. | List all losses involving agents, similar in type to claims which could fall within the scope of the agents coverage being applied for in this application, that have occurred during the past six years (whether reimbursed or not). | **Check if none**. [ ]  |
|  |  |  |
|  | **Date of Loss** | **Type of Loss** | **Amount of Loss** | **Amount Recovered from Insurance** | **Amount Recovered from other than Insurance** | **Amount of Loss Pending** | **Location other than Main Office** |
|  |  |  |  |  |  |  |  |
|  |       |       | $      | $      | $      | $      |       |
|  |  |  |  |  |  |  |  |
|  |       |       | $      | $      | $      | $      |       |
|  |  |  |  |  |  |  |  |
|  |       |       | $      | $      | $      | $      |       |
|  |  |  |  |  |  |  |  |
|  |       |       | $      | $      | $      | $      |       |
|  |  |  |  |  |  |  |  |
|  | **The Insured represents that the information furnished in this application is complete, true and correct. Any misrepresentation, omission, concealment or incorrect statement of a material fact, in this application or otherwise shall be grounds for the rescission of any bond issued in reliance upon such information.**  |
|  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Signed at: |       | Date |       |  |
|  |  | (location) |  | (Day, Month, Year) |  |
|  |  |  |
|  |  |  |
|  |  |  |  |
|  | Signature |  |
|  |  |  |
|  |  |  |
|  |       |  |  |
|  | Print Name |  |
|  |  |  |
|  |  |  |
|  |       |  |  |
|  | Title |  |
|  |  |  |