

**Group Producer Agreement and Contract Application  
for Individual with an Organization**



**This contract application is being completed for an individual who is licensed only under a currently contracted organization.**

1. Applicant's name <i>(Please print)</i>		2. Social Security number	3. Date of birth / /
4. Residence address		5. Business address	
City	State	Zip	City
Home phone	Business phone		Email
6. Corporation or Partnership with whom associated			Tax identification number
7. Send mail/supplies to address <input type="checkbox"/> No. 4 or <input type="checkbox"/> No. 5	8. Current license(s) held for state(s) of: _____		
<b>NOTE: Photocopy of license(s) must be attached for each of the above.</b>			
9. Are you an employee to the above named organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," complete questions 12–14. If "No," complete questions 10–14.			
10. List all employers and mailing addresses for the past 5 years, starting with your most current employer and working back. Attach an additional sheet if necessary.			
11. Education background. Include industry courses which have been completed.			
12. Have you ever been convicted of or pleaded guilty or nolo contendere (no contest) in a domestic or foreign court to:			
A. A felony or misdemeanor involving investments or an investment related business, fraud, false statements or omissions, wrongful taking of property, bribery, forgery, counterfeiting, larceny or extortion? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," state the name of the court that had jurisdiction and the date of the conviction.		
B. Gambling <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe briefly the nature of the crime charged.		
C. Embezzlement <input type="checkbox"/> Yes <input type="checkbox"/> No	Terms of sentence imposed.		
D. Any other felony <input type="checkbox"/> Yes <input type="checkbox"/> No			
13. Have you or an organization over which you exercised management or policy control, ever been charged with any felony or charged with a misdemeanor specified in question 12 (a,b,c,d) in a domestic or foreign court? <input type="checkbox"/> Yes <input type="checkbox"/> No			
A. If "Yes," state the name of the court(s) that had jurisdiction and the date(s) of the conviction(s).			
B. Describe briefly the nature of the misdemeanor charged.			
C. Terms of sentence(s) imposed.			

14. Have you ever been a defendant in any proceedings brought by a state or federal administrative agency? Yes No

A. If "Yes," state the name of such agencies and the date of any such proceedings.

B. Resolution or any such proceedings including any administrative sanctions imposed.

15. A.. Are you engaged in any business other than, or in addition to selling insurance? Yes No

B. Has an insurance company ever cancelled or terminated a contract with you for reasons other than lack of production?  
Yes No

C. Have you ever had a complaint filed against you or been investigated by a state insurance department?  
Yes No

D. Have you ever had an insurance license denied, revoked, suspended or had any disciplinary action taken against you by a state insurance department? Yes No

E. Have you ever been refused a surety or fidelity bond? Yes No

If the answer to any of the above questions is "Yes," please provide complete details on an additional sheet of paper.

16. Appointment sought for Union Security Life Insurance Company of New York? Yes No

If "No," explain.

I represent that the answers given in this application are true and correct to the best of my knowledge and belief. I hereby give permission to Union Security Life Insurance Company of New York, its agents, affiliates and/or assigns to contact any organization or individual who has knowledge of any past or present employment and financial status. A photocopy of this authorization shall be valid as the original.

Applicant \_\_\_\_\_  
SIGNATURE TITLE DATE

Group Insurance policies, including prepaid dental products, are underwritten or provided by Union Security Life Insurance Company of New York (Fayetteville, NY) and administered by Sun Life and Health Insurance Company (U.S.) (Lansing, MI).

© 2016 Sun Life Assurance Company of Canada, Wellesley Hills, MA 02481. All rights reserved. Sun Life Financial and the globe symbol are registered trademarks of Sun Life Assurance Company of Canada. Visit us at [www.sunlife.com/us](http://www.sunlife.com/us).

**FOR HOME OFFICE USE ONLY**

Code no. \_\_\_\_\_ Pend added \_\_\_\_\_ Pend removed \_\_\_\_\_ Data entry added by \_\_\_\_\_