Memorial Hermann Health Insurance Company
Producer/Agent's License Appointment Request

Personal Information:

Applicant/Licensee Name: ____

Sex: Male ________ Female ________

Social Security Number/ Tax I.D. (please attach W-9):_____________________________

Social Security Number (if Tax ID provided above):______________________________

County of Residence: ____

Date of Birth: ____

Business Street Address: ____

City: ________________ State: _____________ Zip: ____________

Residence Address: ____

City: ________________ State: _____________ Zip: ____________

Office Phone: ____________________ Home Phone: ____________________

Fax: _____________________ Email: __________________________________

Appointment Information

1. Applicant is:

   a. Individual Partnership Corporation Sole Proprietor

   b. Resident Nonresident

   c. Qualified (attach copy of current Agent's or Producers license)

   d. Are commissions to be paid to the applicant? Yes No If no, provide name: ________
   ____

2. If applicant is neither an individual nor a Sole Proprietor, supply full names of all Officers, Directors and Members and their titles:

Names Title:
____
____
____

Due Diligence Questions

1. Are you currently bonded? Yes or No

2. Have you ever been discharged or permitted to resign from your employment due to:

   a. violating investment related or insurance related statutes, regulations or rules?

   b. fraud or the wrongful taking of property?

3. Do you owe any money to an insurance company?

4. Are there any outstanding or pending judgments or liens against you?

5. Have you ever had an insurance license or securities registration suspended or revoked?

6. Have you ever filed bankruptcy?

   If so, date charged: Explain: ____

7. With the exception of routine traffic violations, have you ever been convicted of or pled guilty in court to a felony? (If yes, provide details below)

Date Jurisdiction Charge Sentence:

____
____
____

8. Have you changed resident counties in the past five years? If yes, please indicate below:

City County State Date:

____
____
____

9. Do you have Errors and Omissions coverage? If yes, provide details below:

Policy Number Effective Date Exp. Date Face Amt.:

____
____
____

10. Please list all previous employers for the past five years starting with the most current:

Employer Address Dates Employed Reason for leaving:

____
____
____
____
____
____

If self employed, please provide two companies you currently represent:____
____
____
____

I hereby certify that all information above is accurate, true and complete to the best knowledge. If I am appointed by Memorial Hermann Health Insurance Company, any misstatement may cause this relationship to terminate. If accepted, I agree to comply with all the rules and regulations of Memorial Hermann Health Insurance Company and any department of insurance which issues a license to me. I understand and agree that I am not permitted to solicit or sell

insurance in any state where I have not received a license from that State's Department of Insurance. I understand that Memorial Hermann Health Insurance Company may wish to investigate my background and I authorize, to the fullest to extent permitted by law, Memorial Hermann Health Insurance Company to communicate with individuals and organizations, including, but not limited to former employers, business and personal references, Government Agencies, and Credit/Inspection Bureaus to verify my history and personal credentials and to obtain other data that may help to analyze my qualifications. I agree to release Memorial Hermann Health Insurance Company and their Officers, Directors, Agents, Attorneys, and employees from all liability, causes of action, claims or demands, which may result from my authorizing them to investigate my background and from their furnishing and/or using information in conjunction with such investigation.

I have the right to make a written request within a reasonable period of time to received additional detailed information about the nature and scope of this investigation. Any error or omission in the above referenced information can lead to immediate termination of my contract.

____

Applicant's Signature

____

Date