



NATIONAL AGENTS NETWORK

Insurance Information & Authorization Form

This information is ONLY to assist you at filling out the agent application(s) for insurance companies

La siguiente informacion es para:




Asistir a el participante en registrarse para las companias de seguros como agente

Basic information required to register/ Informacion requerida para registrarse					
Other than a driver's license, What type of license do you have? <u>Circle One.</u>					
Que tipo de licencia de seguros tiene? <u>Circule una.</u>					
Pre-need Funeral	25k & under	Property & Casualty	General Lines Life & Health	Other insurance type	No license

(fill out ALL information below.) (Complete TODA la siguiente informacion.)					
Name: Nombre:					
COMPLETE Address: Direccion COMPLETA:					
Date of Birth: Fecha de Nacimiento:	Age: Edad:	Phone # Telefono			
Email: Correo electronico:	Social Security # Numero Social:				
Beneficiary's Name: Nombre del Beneficiario:	Relationship to beneficiary Relacion al beneficiario				
<p>The information below will be used by the insurance companies to send commissions via Direct Deposit; however, if the participant does not want to receive commissions via Direct Deposit, the participant may exclude all sections that relate to banking information. Please discuss this with your manager.</p> <p>La siguiente informacion sera usada por las compañías de seguros para mandar comisiones via Deposito Directo. Pero si el participante no quiere recibir sus comisiones via Deposito Directo, favor de NO incluir ninguna informacion relacionada con su cuenta bancaria en las siguientes secciones. Para mas informacion, consulte con su supervisor.</p>					
Bank Name: Nombre del Banco:	Savings or Checking: Cuenta de Cheques o ahorros:				
Account Number: Number de Cuenta:	Routing Number: Numero de Ruta:				

INITIALS HERE / INICIALES AQUI: _____

SIGNATURE & INITIALS AUTHORIZATION / AUTORIZACION DE FIRMA E INICIALES

<p>Follow the instructions below and look at the illustrations for support.</p> <p>Sigue las intrucciones y usa los siguientes ejemplos.</p>	<p align="center">NO Touches the line</p> 	<p align="center">YES Away from the line</p> 
<p>SIGNATURE print document, then sign. DO NOT TOUCH THE LINES AROUND THE BOX. DO NOT TOUCH THE LINES AROUND THE BOX. BE SURE TO USE A PEN WITH A THICK LINE OR A SHARPIE. (Sign within the box)</p> <p align="center"></p> <p>FIRMA Imprime documento y firma. NO TOCAR LAS LINEAS ALREDEDOR. NO TOCAR LAS LINEAS ALREDEDOR. (firma dentro del rectangulo) USA BOLIGRAFO CON PUNTA GRUESA O MARKADOR.</p>		
<p>Follow the instructions below and look at the illustrations for support.</p> <p>Sigue las instrucciones y usa los siguientes ejemplos.</p>	<p align="center">NO Touches the line</p> 	<p align="center">YES Away from the line</p> 
<p>INITIALS BE SURE TO USE A PEN WITH A THICK LINE OR A SHARPIE. (initial within the box)</p> <p align="center"></p> <p>INICIALES (inicia dentro del rectangulo) USA BOLIGRAFO CON PUNTA GRUESA O MARKADOR.</p>		

(EL SUPERVISOR DE ESTE PARTICIPANTE DEBE AYUDAR A TRADUCIR LA SIGUIENTE INFORMACION ANTES DE FIRMAR.)

I hereby authorize the use of this information, including signature sample and initials sample, for the purpose of assisting me at filling out the insurance agent application(s). I understand that this information will be used to help fill out the necessary agent applications as required by each insurance company for which I am applying. This does not guarantee that I will be appointed as an agent with any of the companies mentioned above nor will I act as an agent until approved by the insurance companies for which I am applying. Furthermore, this information will be discarded (shredded) 15 days after, from the date signed. I will not hold the person using this information (used for the purpose of assisting me with filling out the insurance application(s)) responsible in any event, including but not limited to, the event of identity theft or credit theft. I understand that checking my credit periodically, and taking the necessary precautions to prevent identity theft from happening to me is my OWN responsibility.

Sign here:

Date:

Agent Background Information

(EL SUPERVISOR DE ESTE PARTICIPANTE DEBE AYUDAR A TRADUCIR LA SIGUIENTE INFORMACION ANTES DE CONTESTAR LAS SIGUIENTES PREGUNTAS.)

WARNING: ALL questions must be answered truthfully. Any agent application returned by any insurance company with additional criminal or financial information issues will be automatically REJECTED from ALL insurance companies. If answer YES, please add any document that may help explain any or all questions.	CHECK ONE Markar uno	
Background Questions	YES	NO
Have you ever been convicted of, or plead guilty or no contest to any felony?		
Any misdemeanor?		
Any violation of federal or state securities or investment related regulation?		
Ever had any past due or delinquent child support?		
Ever been fined by an Insurance department?		
Have you ever been reported through Vector One?		
Have you ever had a claim filed against your professional liability or errors and omissions insurance coverage?		
Are you currently under investigation by any legal or regulatory authority?		
Have you ever been the subject of a consumer-initiated complaint or proceeding by any self-regulatory authority or any securities commodities or insurance regulatory body or organization or employer?		
Has any insurance department, government agency, securities, commodities, or self-regulatory authority ever denied, suspended, revoked, barred or otherwise disciplined your membership, license, registration or disciplined you with fines by restricting your activities?		
Have you ever had any of the following: sought protection from creditors, declared bankruptcy, had a lien or judgment, had a creditor charge off an account/payables such as bad debt or uncollectible, or had any other problems in your credit history?		
Do you currently owe child support?		
Are you under any legal order/judgment to make monetary payments to another person or business entity, or have you ever had your wages garnished?		

Include a copy of:

Voided Check, Texas Drivers License, TDI license (if applicable) and additional criminal and /or financial information. (if answer YES to any or all background questions.)

Return the completed forms, as **PDF file**, via email to **alexvidalinfo@gmail.com**
subject line: **Agent insurance information (then, add your complete name).**

Forms missing the necessary information, initials and/or signatures **WILL NOT BE PROCESSED.**

INITIALS HERE / INICIALES AQUI: _____