



APPOINTMENT APPLICATION

Full Legal Name: _____ SSN: (Required) _____
Home Address: _____ Date of Birth: _____
_____ Business Phone: _____
Business Address: _____ Fax Number: _____
_____ E-mail Address: _____
Commissions are payable to: Individual Firm

(Note: If commissions are payable to the firm, state regulations and CIGNA policy require that both the firm and the writing individual be properly licensed and appointed.)

Name of Firm: _____ Tax ID #: _____
Address: _____

PLEASE PROVIDE LICENSE(S) FOR THE FOLLOWING STATE(S): _____

This is in response to a request for a quote for the following account: _____

Please be aware that federal and/or state laws may require insurers to obtain an investigative background report prior to licensing or appointing a producer in some states. As a result, CIGNA may obtain an investigative consumer report concerning your background. Upon your written request, CIGNA will provide additional disclosures as to the nature and scope of the investigation, as well as a summary of your rights under the Fair Credit Reporting Act.

PLEASE ATTACH A PHOTOCOPY OF YOUR LICENSE(S)

QUESTIONNAIRE (Please answer the following questions and provide necessary details.)

1. Have you ever been convicted of or pled no lo contendere (no contest) to a felony or misdemeanor? Yes No
2. Have you ever been involved in a bankruptcy (personal or otherwise), had a salary garnished or had liens or judgements against you? Yes No
3. Has any federal or state regulatory agency ever found you to have been involved in a violation of federal and/or state regulations or laws? Yes No
4. Has any federal or state regulatory agency ever denied, suspended or revoked your registration or license or disciplined you by restricting your activities? Yes No
5. Has a bonding company denied, paid out on, or revoked a bond for you? Yes No
6. Have you ever been refused a license to sell insurance or had a license suspended or revoked by any State Insurance Department? Yes No
7. Have you ever been convicted of or pled no lo contendere (no contest) to violating Federal Law 18 USC 1033? Yes No

I hereby certify that the information given is an accurate statement of fact.

Agent Signature

Date