

# Allied National

Attention Agents and Staff:

Please submit your agent appointment and all enrollment forms including the *New Case Transmittal* to:

**Larry White Insurance Services, Inc.**

**Att: New Business**

**634 Saint Marks St. Suite A**

**Redding, CA 96003**

If you have any questions, please call us at  
(530) 246-1040 or (800) 313-4131

Thank you!



**GUARANTEE TRUST LIFE INSURANCE COMPANY  
 CONTRACT / APPOINTMENT APPLICATION  
 (PLEASE Print or Type All Information)**

<b>ADMIN. USE ONLY:</b>	
State:	_____
<input type="checkbox"/> R	<input type="checkbox"/> NR <input type="checkbox"/> I <input type="checkbox"/> A
Dist. Name	_____
Number:	_____

**PERSONAL INFORMATION**

Name \_\_\_\_\_ SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  Male  Female

Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Marital status:  Single  Divorced  Married Spouse's Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

(If less than 7 years, please provide previous address)

Prior Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

**CORPORATION INFORMATION**

Company Name \_\_\_\_\_ Fed ID # \_\_\_\_\_

Company Insurance License # (Copy Required) \_\_\_\_\_

Indicate other Principal Parties in Partnership or Corporation, list Officers of the Company:

Name _____	Title _____	SS# _____
Name _____	Title _____	SS# _____
Name _____	Title _____	SS# _____
Name _____	Title _____	SS# _____

**FINANCIAL (Attach additional information if necessary)**

Have you or your company:

Declared Bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been a defendant in a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any outstanding and/or unsatisfied judgments or liens against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ever been involved in a business venture that failed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any outstanding debt(s) with any insurance company or companies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "YES" to any of the above, please attach a detailed explanation.

**LICENSING INFORMATION: All Agents must submit a copy of current license(s) (Resident & Non Resident)**

Type of License:  Life  A & H  Broker

How long have you been in the Life field? \_\_\_\_\_ A & H field? \_\_\_\_\_

Have you ever been licensed with GTL?  No  Yes Prior Code # \_\_\_\_\_

Are you full-time in the insurance business?  No  Yes If not, state other business \_\_\_\_\_

\_\_\_\_\_

With which other insurance companies are you presently licensed/appointed? \_\_\_\_\_

\_\_\_\_\_

**BACKGROUND INFORMATION**

Have you ever been investigated or fined by an Insurance Regulatory Authority?  Yes  No  
Has your insurance license ever been suspended or revoked?  Yes  No  
Have you ever plead guilty or "nolo contendere" to or been found guilty of a felony?  Yes  No  
Have you ever had a bond canceled or declined?  Yes  No  
Are you now the subject of any complaint, investigation or proceeding which could result in a "yes" answer to any of the above questions?  Yes  No

If you have answered "Yes" to any of the above questions, please attach a detailed explanation.

**EMPLOYMENT HISTORY**

Current Employer \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_ Start Date: \_\_\_\_\_

Previous Employer \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_ Start Date: \_\_\_\_\_

Prior Previous Employer \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_ Start Date: \_\_\_\_\_

(Please provide 7 years of employment history. Attach additional information if necessary.)

**EDUCATION**

Highest Level of Formal Education:  Grammar School  High School  College  College +

Professional Designations \_\_\_\_\_

**Fair Credit Reporting Act (FCRA)** — Public law requires that we advise you that a routine inquiry by accessing public records, may be made which will provide applicable information concerning your character, general reputation, personal characteristics, and mode of living. By signing below you understand the above and authorize all persons and entities to release information about you they may have. You also acknowledge that you have read and understand the attached "Summary of Your Rights under the Fair Credit Reporting Act." Upon written request, additional information as to the nature and the scope of the report, if one is made, will be provided.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**This Section is to be completed by the recruiting General Agent:** Sub Agent Code: \_\_\_\_\_

Recruiting General Agent Name Larry White Insurance Services, Inc Code #: 80208

Pay Writing Agent's Commissions to:  Recruiting GA only or  Applicant Only

Mail policies to:  Recruiting General Agent or  Applicant (New General Agent)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Product \_\_\_\_\_ 1<sup>st</sup> year Commission Rate \_\_\_\_\_ %

**SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT**

The Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness and privacy of information in the files of every

**Mail to: Allied National, P. O. Box 419254, Kansas City, MO 64141-6254**

Consumer Reporting Agency (CRA). Most CRAs are credit bureaus that gather and sell information about you — such as where you work and live, if you pay your bills on time, and whether you've been sued, arrested, or filed for bankruptcy — to creditors, employers, landlords and other businesses. The FCRA gives you specific rights in dealing with CRAs, and requires CRAs and certain other individuals or entities to provide you with a summary of these rights as listed below. You can find the complete text of the FCRA, 15 U.S.C. 1081 at the Federal Trade Commission's website (<http://www.ftc.gov>).

- **You must be told if information in your file have been used against you.** Anyone who uses information from a CRA to take adverse action against you — such as denying an application for credit, insurance, or employment — must give you the name, address, and phone number of the CRA that provided the report.
- **You can find out what is in your profile.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if an individual or company has taken adverse action against you because of information supplied by the CRA, if you request the report within sixty (60) days of receiving the notice of the adverse action. You are also entitled to one free report every twelve (12) months upon request if you certify that (1) you are unemployed and plan to seek employment within sixty (60) days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you a fee of up to eight dollars to provide you a copy of your report.
- **You can dispute inaccurate or incomplete information with the CRA.** If you tell a CRA that your file contains inaccurate or incomplete information, the CRA must reinvestigate the items (usually within thirty [30] days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs to which it has provided the information of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any changes. If the CRA's investigation does not remove the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within thirty (30) days after you dispute its accuracy or completeness. However, the CRA is not required to remove data from your file that is accurate unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it had reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell a person or entity such as a creditor who reports to a CRA — that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you have notified the source of the error in writing, it may not continue to report the information if it is, in fact, in error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven (7) years old, or ten (10) years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to those who have a need recognized by the FCRA usually to consider an application you have submitted to a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not report to your employer, or prospective employer, about you without your written consent. A CRA may not divulge medical information about you without your consent.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete and return the CRA form approved for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** You may sue a CRA or other party in state or federal court for violations of the FCRA.
- **You may have additional rights.** You may have additional rights under state law and you may wish to contact local consumer protection agency or a state attorney general to learn of your potential rights.