



LICENSING FORMS AND CHECKLIST:

- 1) Information Questionnaire filled out and signed.**
- 2) Signed copy of Agent Agreement**
- 3) Signed commission schedule.**
- 4) Signed copy of Producer Responsibility Statement**
- 5) W-9 Form filled out and signed.**
- 6) Copy of Resident License.**
- 7) Appointment Fee Where Required** *(Payable to National States)*

NOTE: Agents are NOT authorized to solicit business for National States Insurance Company until they have received their writing number from the Licensing Department.



**NATIONAL STATES INSURANCE CO.
APPOINTMENT FEES**

STATE	RESIDENT	NON-RESIDENT	MISC. INFO
ARIZONA	NO FEE	NO FEE	
ARKANSAS	NO FEE	NO FEE	(Company Pays)
COLORADO	NO FEE	NO FEE	
GEORGIA	\$21.00	\$21.00	
IDAHO	NO FEE	NO FEE	
ILLINOIS	NO FEE	NO FEE	
INDIANA	NO FEE	NO FEE	
IOWA	NO FEE	NO FEE	
KANSAS	\$ 5.00	\$5.00	
KENTUCKY	\$40.00	\$50.00	(Provide E&O Cert)
LOUISIANA	\$20.00	\$20.00	
MARYLAND	NO FEE	NO FEE	
MICHIGAN	\$5.00	\$5.00	
MINNESOTA	\$10.00	\$10.00	
MISSOURI	NO FEE	NO FEE	
MONTANA	NO FEE	NO FEE	
NEBRASKA	\$10.00	\$10.00	
NEVADA	\$15.00	\$15.00	
NEW MEXICO	\$23.00	\$23.00	
NORTH CAROLINA	\$20.00	\$20.00	(L&H License)
OHIO	\$20.00	\$20.00	
OKLAHOMA	\$40.00	\$40.00	
OREGON	NO FEE	NO FEE	
PENNSYLVANIA	\$15.00	\$15.00	
SOUTH CAROLINA	NO FEE	NO FEE	(Company Pays)
SOUTH DAKOTA	\$10.00	\$20.00	
TENNESSEE	\$15.00	\$15.00	
TEXAS	\$10.00	\$10.00	
UTAH	NO FEE	NO FEE	
VIRGINIA	\$12.00	\$12.00	
WASHINGTON	\$20.00	\$20.00	
WISCONSIN	\$ 7.00	\$24.00	
WEST VIRGINIA	\$25.00	\$25.00	

NS Credit Card or Debit Card Authorization (Visa or MasterCard Only)

Name _____ Date _____

Credit/Debit card billing address _____ City _____ St. _____ zip _____

Card number _____ Exp.Dt. _____ Sec.code _____

Authorized charge amount \$ _____ Signature _____

FAX COMPLETED FORM TO 1-775-256-3023

General Agent Center

COMMISSION ADDENDUM TO AGENT AGREEMENT

	1st Year	Renewal Yrs 2-10	Service Fee Yrs 11+
NATIONAL STATES INS. CO.			
MAS-1	30%	6%	6%
UAC-1 Accident Only	30%	6%	6%
UAS-1 Sickness & Accident	30%	6%	6%
ACC-1	30%	6%	6%

This Agreement is executed as of the date approved by GAC or the date producer is properly appointed, if later. This addendum will become part of your signed and approved agreement. Other products and carriers may be added or commissions adjusted on new business by addendum.

AGREEMENT ACCEPTED BY

APPROVED BY GAC

X

Producer's Signature

Date

By

Date

Print Name

* Is 9 month loan advance requested on above products sold on bank draft? _____ YES _____ NO (*check one*)
(*Advancing is a privilege and may be limited by qualifying factors*).

X

Producer's Signature

If Loan Advance is selected, 25% will be held in reserve to cover not takens, underwriting rejections or refunds for any reason. Reserves over \$500.00 will be paid out on a quarterly basis. A maximum of \$300.00 advance commission will be paid per application.



NATIONAL STATES INSURANCE COMPANY

General Agent Center

15575 N 79th Pl - #100 • Scottsdale, AZ 85260

Phone: (800) 366-2467 FAX: (800) 471-7996

E-Mail: Info@GeneralAgentCenter.com

Web Site: www.GeneralAgentCenter.com

AGENTS INFORMATION QUESTIONNAIRE

Please Type or Print Clearly

Date: _____

Personal Information

Name _____ (Last) _____ (First) _____ (Middle) _____ Nickname _____

Social Security Number _____ Birth Date _____ Spouse's Name _____

Home Address _____ Street _____ City _____ State _____ Zip _____

Home Phone Number () _____ Own Home _____ or Rent _____ How Long at Home Address _____

Previous Address - Last 5 Years

_____ Street _____ City _____ State _____ Zip _____

Business Address _____ Street _____ City _____ State _____ Zip _____

Business Phone Number () _____ FAX Number () _____

UPS Shipping Address (No P.O. Boxes) _____ Street _____ City _____ State _____ Zip _____

E-mail Address (for use to send Life Commission Statements electronically) _____

Insurance License Information

Are you presently licensed as an: Individual Partnership Corporation

Agency Name _____ Tax ID# _____

Commission can be assigned and checks made payable to an overriding agent. If so, indicate overriding agent name and number:

Overriding Agent Name _____ Overriding Agent Number _____

Indicate which states and how you wish to be appointed: (Attach copy of current license for each state)

State	License #	Life	Health	Resident	Non-Resident
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Insurance Experience

Please provide information about companies for whom you have sold or are selling Life or Health Insurance.

Company Name	Home Office Location (City and State)	Annualized Production	Persistency	During Period DATE-TO-DATE	Product Sold
			%	/ / to / /	
			%	/ / to / /	
			%	/ / to / /	

Bank Reference

Name of Bank _____ Bank Officer _____

Address _____ Phone Number _____

General Information

YES NO

- Have you ever had your Insurance License refused, suspended or revoked, been placed on probation, reprimanded or fined by any State Insurance Department? If yes, please explain _____
- Have you ever had a complaint filed against you or ever been investigated by a State Insurance Department or Securities Agency? If yes, please explain _____
- Have you ever been convicted, pled guilty, or no contest, or are you currently under investigation of a felony in any state? If yes, please explain and attach court records _____
- Have you ever had a bond cancelled or refused? If yes, please explain _____
- Has an Insurance Company ever cancelled or terminated your contract for reasons other than for lack of production? If yes, please explain _____
- Are you currently on, or ever received financing, annualization, advance commissions or authority to deposit applicant's checks in your own account with any Company? If yes, list Companies _____
- Do you have an outstanding debit balance with any Insurance Company, General Agent or Manager? If yes, list Companies and amounts _____
- Do you currently have, or in the past five years had, any civil judgements, garnishments or tax liens filed against you? If yes, please explain _____
- Have you ever filed for, or been declared bankrupt or insolvent, either personally or in business? If so, when _____, please explain _____
- Have you previously been, or are you now, an agent with this Company? If yes, please give dates and if active or terminated _____
- Do you carry an Errors & Omissions Policy? If yes, list Carrier's name, Policy # and amount of coverage _____

Statements of Understanding

Until such time I am properly Licensed, Appointed or Certified by the State Insurance Department, I will not (1) Solicit applications for Insurance for the Company, in any state or, (2) represent myself as an agent or an employee of the Company, in any way whatsoever.

Furthermore, I do understand that if I do solicit applications without an Appointment, I may be in violation, not only of Company regulations, but Insurance Department regulations for which severe fines can be levied, and I will be held solely and singularly liable for any claim incurred (or any other liability which may arise) on any application which may have been written in violation of any State Insurance Department regulations or the rules of the Company, and I understand that the Company may be bound to report all violations of State Insurance Department regulations as they occur. In addition, I understand until I am properly appointed, no supplies of any kind may be provided to me, by the Company, other than supplies marked "Sample" or "Specimen". I also understand, if fines are levied against the Company for any of my acts, I will be liable for the fines levied. I understand any omission or misrepresentation of fact, called for in this application is cause for immediate dismissal.

Print Applicant's Name

Applicant's Signature

Date

Consumer Authorization

To Whom It May Concern:

I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorization request. I understand this authorization is to be part of the written employment application which I sign.

I have been given a stand alone, consumer notification that a report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee.

Print Applicant's Name

Applicant's Signature

Date

Home Office Use

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Consumer Notification

This is used to inform you that a consumer report or an investigative report is being obtained from a consumer reporting agency for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee.

This report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living from public record sources or through personal interviews with your neighbors, friends or associates. You may also have a right to request additional disclosures regarding the nature and scope of the investigation.

Form CN

PRODUCER RESPONSIBILITY STATEMENT

This statement is to be signed by each producer upon completion of his or her study of the brochure, *Responsibilities To Clients and Company*. It is to be sent to the Agent's License Department, Home Office, National States Insurance Company, for retention with his or her contract.

This is to certify that I have read the brochure, *Responsibilities To Clients and Company* published by the National States Insurance Company in its entirety, and that I fully understand the importance of the subject matter in my relationship with my clients and my company.

(Print or type Producer's Name)

(Date)

(Producer's Signature)

General Agent Center - T22

Form RS-1 6/90



Agent Authorization Agreement for Automatic Deposits – EFT Credits

Producer Name: _____

**Producer FEIN/SSN: _____

*Producer E-mail Address: _____

*(For notification of funds availability)

** Commission earnings will be reported to the IRS under the FEIN (or SSN) of the license holder (as allowed under State licensing regulations).

Producer Signature: _____ Date: _____

I (we) hereby authorize **General Agent Center**, through **Home National Bank, Scottsdale**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my (our) _____ Checking or _____ Savings (check one) account indicated below. I (we) also authorize my (our) depository named below, to debit and/or credit the same to such account.

Name(s) on Account: _____
(Please print)

Signing Authority: _____
(Please Print)

Bank/Credit Union Information: **(Please attach a voided check or savings account slip)**

Bank Name: _____

Transit/ABA Number: _____

Account Number: _____

Authorized Account Signature: _____