



AGENCY INFORMATION

1. Agency Name:

2. Assurant Agency Business No. / Tax ID No.:

3. RSD Name:

INDIVIDUAL AGENT INFORMATION

4. Agent's Name (Full legal name):

Nickname (Optional):

5. Social Security Number:

6. Date of Birth:

7. Resident Address: (Required)

STREET

CITY / STATE / ZIP (9 DIGIT)

PHONE

8. Business Address: (Optional)

STREET or P.O. BOX

CITY / STATE / ZIP (9 DIGIT)

PHONE

FAX

E-MAIL

9. License Requirements – We require a copy of your personal health and life license for your resident state and each non-resident state in which you intend to operate. Fees associated with these appointments will be charged to your General Agency's commission account where permitted. Please send copies of the appropriate licenses with this application.

10. Are you now or have you ever used any name other than shown above?  Yes  No If yes, list names, dates and reason used: \_\_\_\_\_

11. Have you ever been appointed with Time Insurance Company (previously known as Fortis Insurance Company?)  Yes  No If yes, list agent numbers: \_\_\_\_\_

12. Name of Errors and Omissions Carrier: \_\_\_\_\_

Provide details to any "YES" answers for questions 13 – 15 on an attached sheet.

13. Have you ever had a professional license refused, revoked or suspended; or, has disciplinary action been taken against you by a regulatory agency?  Yes  No

14. Are you currently indebted to any insurance company or agency, or is there any dispute regarding your insurance accounts?  Yes  No

15. Have you ever pled guilty or no contest or been convicted of any violation of law other than minor traffic violations?  Yes  No

Products are underwritten and issued by:

Time Insurance Company

501 W Michigan  
Milwaukee, WI 53201



**16. List your residence address for past five years up to and including present date:**

FROM (MO / YR)	TO (MO / YR)	ADDRESS	CITY / STATE / ZIP	PHONE

**17. List all employers for past five years up to and including present date. Include dates, addresses, and positions:**

FROM (MO / YR)	TO (MO / YR)	NAME / ADDRESS	CITY / STATE / ZIP	PHONE

**IMPORTANT INFORMATION**

**Fair Credit Act** -- I hereby authorize and request any present or former employer, police department, financial institution, insurance company, department of insurance 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 appointment as an insurance agent. 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 authorized request. I understand this authorization is to be part of the written agent application which I signed and applies to all companies, including any affiliated or import companies with which Assurant Health has a relationship, and products I may sell through that application.

**Taxpayer Identification** --Internal Revenue Code Section 6109 requires us to obtain your correct Federal Taxpayer Identification Number (TIN). This information is required so that payments can be accurately reported to you on Form 1099-MISC. Failure to provide us with correct information may subject your account to backup withholding. If this occurs, we must withhold and pay to the Internal Revenue Service 31% of certain payments made to your account.

**Please Note:**

This application cannot be processed unless all questions have been answered and appropriate license copies are attached. Fees associated with appointments will be charged to your commission account where permitted.

**I represent that the answers given in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or misstatements may result in immediate cancellation of this appointment and the accompanying sales agreement. I grant full authorization to Time Insurance Company, Assurant Health and affiliated companies to communicate with me via fax, e-mail or any other electronic means at the numbers/address I have provided herein or at any number/address I subsequently provide to Time Insurance Company. I understand that such communications may qualify as advertisements under federal, state or local law and I consent to receive such advertisements. This authorization and permission shall remain effective until withdrawn by me in writing and received by Time Insurance Company.**

AGENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

GENERAL AGENT'S SIGNATURE \_\_\_\_\_

**Completed application can be faxed to Agent License and Contract Support at (414) 299-7516 or send to [MKELicensing@assurant.com](mailto:MKELicensing@assurant.com)**

**Company Use Only**

RSD's SIGNATURE / HOME OFFICE AUTHORIZATION	
Appointment Date	Agent Business No.

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**Time Insurance Company**

501 W Michigan  
Milwaukee, WI 53201

