



**NATIONAL GUARDIAN LIFE INSURANCE COMPANY  
AUTHORIZED REPRESENTATIVE / AGENCY / AGENT QUESTIONNAIRE:**

*Agents and Agencies are not permitted to solicit, sell or procure an application for insurance until they possess an insurance agent's license and authorization from National Guardian Life Insurance Company. Omission of any information below, will delay authorization from National Guardian Life Insurance Company and payment of commissions.*

NAME OF AUTHORIZED REPRESENTATIVE / AGENCY / AGENT		SSN:	DOB
NAME OF CORPORATION			
BUSINESS ADDRESS		CITY	STATE
MAILING ADDRESS (P.O. Box)		CITY	STATE
CONTACT NAME		EMAIL ADDRESS	PHONE ( )
PRINT NAMES AND TITLES OF ALL OFFICERS:			
ADDITIONAL STATE APPOINTMENTS:			
COMMISSION PAYMENTS PAID TO: AGENT AGENCY (Please circle one)			
<b>BACKGROUND: (Please explain, include dates, and "yes" answers on a separate sheet) Has Authorized Representative / Agency / Agent ever:</b>			
been appointed by National Guardian Life Insurance Company?			YES NO
had a complaint filed against you with an Insurance Department? State?			YES NO
been refused a bond?			YES NO
been the subject of any investigation or proceeding by any insurance jurisdiction?			YES NO
had any agency contract or company appointment canceled for cause (e.g., misrepresentation, misappropriation, etc.)?			YES NO
been suspended, expelled, fined, barred, censured or otherwise disciplined or found to have violated any law or rule by any party in the insurance industry?			YES NO
been refused a license to sell insurance or membership in any insurance organization or had a license suspended or revoked for cause by any jurisdiction?			YES NO
withdrawn any application or surrendered any license to avoid any disciplinary action or the denial of a license?			YES NO
been convicted of or pleaded no contest to any felony or misdemeanor, except for traffic offenses? If yes, give complete information and attach copy of court order.			YES NO
have any criminal charges pending against you?			YES NO
gone through bankruptcy, had salary attached or had any liens or judgments outstanding against you?			YES NO
been named a party in any lawsuit?			YES NO
Are you presently indebted to any insurer or any insurance company or managing general agent?			YES NO
Do you intend to sell insurance principally for the purpose of placing insurance on risks owned or controlled by you, your employer or your family?			YES NO

**# of years Authorized Representative/Agency/Agent has been in business?** \_\_\_\_\_ **# of years Agency/Agent has been at present address?** \_\_\_\_\_  
**CERTIFICATION / AUTHORIZATION** - I certify that I have answered all questions honestly and to the best of my knowledge

**DATE** \_\_\_\_\_ **SIGNATURE OF AUTHORIZED REPRESENTATIVE/AGENT:** \_\_\_\_\_