

Return to:
Avesis
 Attn: Broker Administration
 10324 S. Dolfield Road
 Owings Mills, MD 21117

FIDELITY SECURITY LIFE INSURANCE COMPANY
AGENCY/AGENT DATA SHEET
OMISSION OF ANY INFORMATION WILL RESULT IN A
DELAY OF APPOINTMENT AND PAYING OF COMMISSION

Agent # _____
 Date _____

NOTE: No person is permitted to solicit, sell or procure an application for insurance until he has in his possession an insurance agent's license authorizing him to solicit, sell or procure applications for Fidelity Security Life Insurance Company.

FOR AGENCY APPOINTMENT: (Required only if agency appointment is being requested)

Agency Name as shown on license: _____ FEIN: _____

Agency Address: _____

WEBSITE ADDRESS: _____

NOTE: A data sheet should be completed and attached for each licensed individual named on agency license.

FOR AGENT APPOINTMENT:

A. IDENTIFICATION: (Please print in ink or type - **Do Not Abbreviate**)

Name (Last, First, Middle)					Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Social Security Number	Date of Birth	Place of Birth	Tax I.D. No.		Age	
Firm Name (Agency Name if applicable)						Send Mail to:
Business Address					Telephone & Fax #	
Street	City	State	County	Zip	()	
Resident Address					Telephone & Fax #	
Street	City	State	County	Zip	()	
E-Mail Address:						
Currently Licensed By State Of:		License No.	Issued To:			
(attach a copy of home state license)			<input type="checkbox"/> Ind.	<input type="checkbox"/> Corp.	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor
What type of product(s) do you plan to sell for FSL? <input type="checkbox"/> Life <input type="checkbox"/> Health/Accident <input type="checkbox"/> Fixed Annuity						

B. BACKGROUND - Use separate page if neededIF YES TO ANY OF QUESTIONS 1-9, PLEASE ATTACH DETAILS AND DATES.

- | | Yes | No | Month/Year |
|--|--------------------------|--------------------------|------------|
| 1. Have you ever had ownership interest in a business venture which declared bankruptcy?
(If Yes, give month and year.) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Have you been a Judgment Debtor or ever declared personal bankruptcy? (If Yes, give month and year.) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Are you in good standing and full compliance with respect to state taxes or child support?
(If no, give details.) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. Have you ever had a bond declined or cancelled? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. Have you ever been convicted for any offense other than a minor traffic violation? Your failure to disclose a felony conviction will result in an automatic denial. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. Have you ever been cited, fined, suspended, revoked or refused a license by any state?
(If Yes, give state, month and year.) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 7. Have you ever been short in accounts with any employer? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 8. Do you owe an unpaid balance to any insurance company? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 9. Are you now employed by, or associated with to any degree, directly or indirectly, a bank, savings and loan or other financial institution? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 10. For Agents applying to sell individual cash value life insurance and/or annuities:
Have you completed Anti-Money Laundering training?
If yes: Attach copy of proof of completion or provide details. _____
If no: I hereby request that FSL enroll me in the AML training course offered by LIMRA International.
I am enclosing my check for \$7.50 made payable to "Fidelity Security Life Insurance Company". | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 11. Please provide the carrier for your Errors & Omissions coverage, the policy number and the name of the insured. | | | _____ |

12. List past and current companies you represent or have represented in the last 5 years.

From	To	Name	Street Address, City, State, Zip	Telephone No.
				()
				()

C. CERTIFICATION / AUTHORIZATION

- 13. a. I certify that I have answered all questions honestly and to the best of my knowledge.
- b. I also authorize Fidelity Security Life Insurance Company to order an investigative report as may be required. I understand that information for the report may be secured from financial resources, and/or public records, or personal interviews with third parties, such as family members, business associates and/or others with whom I am acquainted.

This inquiry may include information as to my character, general reputation, personal characteristics, mode of living or educational background. I understand I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of this information if I so desire. If I reside in CA, OK, or MN, I have the right to obtain a copy of my background report by notifying FSL in writing.

Date _____ Signature _____ Corporate Officer
 Representative (Agent)
 Date _____ Appointing Premier General Agent _____