

Allstate Workplace Division



New Agent Name: _____

States to be appointed in: _____
(Attach license copies)

Anti-Money Laundering (AML) Training Requirements:

AML training was completed through LIMRA on: ____/____/____

AML training was completed through an independent program on: ____/____/____ (Certificate Attached)

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Benchmark Insurance Group to obtain a consumer report or investigative consumer report about me. I further authorize any employer, insurance company, general or managing agent, school, financial institution, consumer reporting agency, criminal justice agency, regulatory authority or individual having information about myself- including without limitation information regarding my past and present employment, academic record, record of arrest, conviction and regulatory sanctions, credit worthiness, credit standing, credit capacity, character, general reputation, person characteristics and mode of living – to release such information to Benchmark Insurance Group or any consumer reporting agency that is preparing a consumer report of investigative consumer report about myself for Benchmark Insurance Group.

I HAVE READ AND UNDERSTAND THE REPORTING AND DISCLOSURE AUTHORIZATION FOR RELEASE OF INFORMATION SET FORTH ABOVE.

I AUTHORIZE THE RELEASE OF INFORMATION ACCORDING TO THE TERMS OF THE AUTHORIZATION FOR RELEASE OF INFORMATION SET FORTH ABOVE.

Signature of Agent: _____ Date: _____

Appointment Requirements:

- _____ Complete and sign Appointment Application
- _____ Complete and sign Agency Agreement
- _____ **REQUIRED:** Complete EFT form and attached a voided check copy
- _____ **REQUIRED:** Attach current copy of Resident State Life License (non-resident fees apply)
- _____ **REQUIRED:** Attach current copy of E&O declaration page

Pre-Appointment States: GA

Please return to:

Benchmark Insurance Group

1515 Mockingbird Ln.

Suite 820

Charlotte, NC 28209

800-998-9997

Fax: 704-527-7371

www.benchmarkigroup.com



Agent Contract Guarantee Agreement Form

Benchmark Insurance Group has agreed to guarantee the obligation(s) of the undersigned to repay loans, advances of commissions and/ or overpayment of commissions made by various insurance companies to the undersigned. In the event at any time in the future Benchmark Insurance Group pays any of the aforesaid obligations, the undersigned agrees to reimburse Benchmark Insurance Group for the sums paid by Benchmark Insurance Group and further agrees that Benchmark Insurance Group shall have the right and is hereby authorized to identified below as a non-exclusive method of receiving payment for said sums. The undersigned acknowledges that said sums may be charged at any time after Benchmark Insurance Group pays the obligation and acknowledges that payment by Benchmark Insurance Group may not be made for several years after the obligation is incurred by the undersigned. The undersigned hereby waives any statute of limitations with regard to sums owed by the undersigned to Benchmark Insurance Group and agrees that, in the event of nonpayment by the undersigned, Benchmark Insurance Group may report said obligation as unpaid to any credit bureau or reporting agency.

The undersigned agrees to immediately notify Benchmark Insurance Group in the event that any of the credit cards listed below are revoked, surrendered, terminated or credit is no longer available under said card. The undersigned further agrees to provide all updated information, including any replacement or expiration of said card. In the event that the undersigned contests any charge and the charge is deemed valid, the undersigned shall reimburse Benchmark Insurance Group for all costs and fees, including attorneys' fees, associated with such contest.

Because this authorization relates to an on-going guarantee of commercial obligations, the undersigned agrees that this authorization shall be irrevocable.

Date

Signature

Printed Name



AUTHORIZATION TO CHARGE SUMS TO CREDIT CARD Please initial one of the following:

I do not require commission loan advancement, and therefore am not providing credit card information below. I understand, however, that I am required to reimburse Benchmark Insurance Group for any sums paid as guarantee for obligations as detailed above.

I request commission loan advancement, and am providing two (2) credit card numbers below. I understand that the results of a Vector Check will directly impact the processing of my request of commission loan advancement.

Card One (Required)

VISA

Mastercard

Card number: _____ Security Code: _____

Expiration Date: _____ Name on Card: _____

Billing Address: _____

Cardholder Signature: _____

Card Two (Required)

VISA

Mastercard

Card number: _____ Security Code: _____

Expiration Date: _____ Name on Card: _____

Billing Address: _____

Cardholder Signature: _____



Agent Appointment Request

Workplace Division

The agent/agency below applies for appointment with American Heritage Life Insurance Company (“AWD”).
 Check here if appointment is ALSO with Concord Heritage Life Insurance Company (collectively, “AWD”).
 Check here if appointment is INSTEAD with Concord Heritage Life Insurance Company (“AWD”).

1. **Contract Name:** _____
Individual or Organization Holding Valid License

Check here if currently an **ENCOMPASS** agent.

2. Business Address: (Physical Address)	Mailing Address: (P.O. Box)
_____	_____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____

3. Telecommunication:

Phone: _____	E-mail: _____
Fax: _____	Mobile Phone: _____

4. For Organizations Only:

List the person in your organization authorized to act as its representative or principal. Attach a copy of the license for this person and a copy of the organization’s license, if applicable.

Name of Principal: _____	Principal’s Social Security No.: _____
Title of Principal: _____	Organization’s Tax ID No.: _____

5. For Individuals Only:

Nick name if applicable: _____	Social Security No.: _____ D.O.B.: _____
Home Street Address: _____	Phone No.: _____
City: _____ State: _____ Zip: _____	Spouse’s Name: _____

6. Companies Currently Representing: _____

7. Production For Past 12 Months: Written Premium: \$ _____ Paid Premium: \$ _____ Persistency: _____

8. May we use your name in AWD Publications? Yes _____ No _____

9. How do you wish policies mailed? To you _____ To Policyholder _____

10. Resident License Held (Attach copy and check for appointment fee)

State: _____ License No.: _____ Expiration Date: _____