



Workplace Division

AMERICAN HERITAGE LIFE INSURANCE COMPANY
 1776 American Heritage Life Drive
 Jacksonville, Florida 32224-6688

WRITING AGENT FILE INFORMATION

Name	SS#	Date of Birth
Business Address (Street and/or PO Box)		Place of Birth
City, State, Zip		Business Phone
Home Address (Street and/or PO Box)		Home Phone
City, State, Zip		Email Address
Will be Writing Agent for:	Agent/Agency #	
Regional Recruiter Code:	Commission Level	
Companies You Currently Represent:		
LICENSE INFORMATION		
Currently Licensed () Yes () No	() Life Only () A & H Only () Life, A & H	
Resident State:	License #	
Non-Resident State:	License #	
Non-Resident State:	License #	
Non-Resident State:	License #	

COPY OF LICENSE(S) AND PROOF OF E & O COVERAGE ATTACHED.

Agent's Signature

Date

American Heritage Life Insurance Company

request for agent's license and acknowledgement of conditions

I hereby request that American Heritage Life Insurance Company ("AHL") make application to the Department of Insurance of the State(s) of _____ for the issuance of an insurance agent's license authorizing me to solicit applications for insurance on behalf of AHL.

I hereby agree that AHL's consent to the issuance of such a license is subject to, and I hereby agree to be bound by, each and all of the following conditions:

1. I shall be assigned to the General Agent listed below; and
2. AHL has no obligation to me for commissions, expense allowances or any form of compensation whatsoever in connection with the services performed and expenses incurred by me in the solicitation of applications for insurance issued by AHL, it being expressly understood that I am under direct contract with General Agent who has personally agreed to compensate me for such services; and
3. I have no contractual relationship with AHL and I am not, and I shall not hold myself out as, an employee, partner, joint venturer or associate of AHL; and
4. I shall comply with all rules, regulations and policies AHL, and the laws and regulations of the above state(s) relating to my activities in the solicitation of insurance; and
5. I shall not alter, modify, waive or change any of the terms, rates or conditions of any advertisements, receipts, policies or contracts of AHL in any respect; and
6. I shall promptly remit to General Agent or AHL any and all moneys or securities received by me on behalf of AHL as full or partial payment of first year or renewal premiums, or any other item whatsoever; and
7. I shall not obligate AHL nor incur expense in its behalf in any manner whatsoever; and
8. (a) I shall:
 - (1) use Confidential Information only for the purpose for which it was disclosed and only to solicit AHL applications for insurance pursuant to my license, and
 - (2) not disclose Confidential Information to third parties unless necessary to meet my obligations under this Request, and then only to a third party similarly bound by the same privacy standards, and

(3) continue to treat Confidential Information in this manner even after termination of my license to solicit AHL insurance applications, and

(4) comply with all applicable privacy laws and regulations, and AHL policies and procedures regarding Confidential Information.

(b) As used in this Request, Confidential Information includes all individually identifiable health information and other information about a person that:

- a person provides to obtain AHL insurance,
- results from an AHL insurance transaction, or
- is otherwise obtained in connection with providing AHL insurance, such as: identities, names, addresses, and ages of policyholders; types of policies; amounts of insurance; premium amounts; policy renewal dates; policyholder listings, claim information; any policyholder information subject to any privacy law; and information identified by AHL as confidential.

9. I have never been convicted of a felony. If I am ever convicted of a felony, I will immediately so advise AHL by written notice.

10. AHL may, without liability to me whatsoever, upon request of General Agent or upon its own initiative, cancel my license at any time.

IN WITNESS WHEREOF, I have affixed my signature this _____ day of _____, 20_____.

Applicant for Agent's License (Please Type)

Applicant's Signature

The foregoing applicant is hereby recommended for appointment as an agent assigned to my agent number, subject to the terms of my Producer Agreement with AHL and this Request. I understand and agree that all compensation due me from business submitted by this applicant shall be at the rates set forth in Commission Schedule E published after 12/31/02, which AHL may change from time to time.

General Agent (Please Type)

Date

General Agent's Signature

Agent Number

AUTHORIZATION FOR BACKGROUND INVESTIGATION

- I. I, _____, understand and hereby give my consent and authorization for an investigative report to be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment/professional license or credentials; financial/credit history; and/or criminal, civil, and/or driving record history. I hereby give my consent to and understand that American Heritage Life Insurance Company ("AHL") and/or such other independent investigation company as designated by AHL, may request information about any of the foregoing from public and/or private sources.
- II. IF APPLICABLE, Medical and worker's compensation information will only be requested in compliance with the Americans with Disabilities Act, 42 USCS § 12101 et seq., and any other applicable state or federal laws. In addition, if financial or credit history is investigated by a Consumer Reporting Agency requested to perform such investigation by AHL, such agency shall be required to comply with the Fair Credit Reporting Act, 15 USCS § 1681 et seq., and all other applicable federal or state laws. I will be informed if the considerations for which I am applying are denied because of information obtained from a consumer reporting agency, and I will be given the name of the agency providing that report.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original.
- IV. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by AHL or its designee to furnish the information described in Section I.

APPLICANT COMPLETE THE FOLLOWING:

Signature

Today's Date

Please print full name

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Please print other names you have used

Social Security Number Date of Birth

Home Address

City State ZIP

Driver's License Number and State

Name as it appears on License

Have you ever been convicted of a crime? No Yes If yes, please provide city and state of conviction and details of conviction.

INSERT A
CURRENT COPY
OR
PROOF OF INSURANCE
FOR YOUR

E & O
Coverage

HERE