

Salas Insurance Group

Agent/Broker Profile

AGENT PERSONAL CONTACT INFORMATION

Last Name:		First Name:		M.I.	Suffix
Social Security Number:		Driver's License Number:		Date of Birth	
Last Name (Spouse)		First Name (Spouse):		M.I.	Suffix
Street Address:		City	State	Zip	
Home Phone:		Cell Phone:	Work Phone:		
Email:	NPN:	What foreign languages do you speak if any?			

AGENT WORK ADDRESS

Street Address 1:		Street Address 2:	
City:	State:	Zip:	

Recruited By:	Phone:
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REFERENCES

1. Name:	Work/Cell Phone	Home Phone
2. Name:	Work/Cell Phone	Home Phone

LIST ANY INSURANCE AGENCY AFFILIATIONS FOR THE PAST 5 YEARS:

1. Name:	City/State	From:	To:
2. Name:	City/State	From:	To:

LIST CURRENT LICENSES AND THE CORRESPONDING STATE/S YOU ARE LICENSED IN:

License Type	Exp. Date	States/License#				
Life & Health						
Property & Casualty						
Series Licenses						

OTHER INFORMATION	Yes	No
Do you have Errors & Omissions, (E&O)?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, Name of Company:	Amount of Coverage	

BACKGROUND INFORMATION

	Yes	No
Excluding traffic violations and first offense DWI:		
Do you currently have any pending misdemeanor or felony charges (by indictment, information, or any other instrument) filed against you in Texas, in any other state or by the federal government?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of any misdemeanor or felony offense in Texas, in any other state or by the federal government?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had adjudication deferred on any misdemeanor or felony charges or offense in Texas, in any other state or by the federal government?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever served any period of probation for any misdemeanor or felony offense in Texas, in any other state or by the federal government?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or has any corporation, partnership, association or firm in which you were a director, officer, shareholder, manager, member or partner, ever been the subject of an administrative or legal action filed by Texas or any other insurance department, or financial regulatory agency?	<input type="checkbox"/>	<input type="checkbox"/>
Are you indebted to any policy holder, insurance or reinsurance company, insurance agency, general agent, managing general agency, premium finance company or court appointed liquidator for premiums collected or commissions retained, or have any claims or judgments been filed against you for retaining premiums or commissions?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had an agency contract or company appointment cancelled for cause (e.g., misrepresentation, misappropriation, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently the subject of any investigation or complaint that could result in a yes answer to the above questions?	<input type="checkbox"/>	<input type="checkbox"/>

I. New Broker Application/ Social Security Certification

- a. Under penalty of perjury, I hereby certify that I have personally answered each of the questions herein and that the answers are true and correct to the best of my knowledge.
- b. I certify that my Social Security number is correct as it appears in this application and that I am not subject to backup withholding.

II. New Broker Acknowledgement

- a. I understand that to be contracted to do insurance business I must obtain a state license. I understand that I will be responsible for all examination fees as well as the state testing and licensing fees.
- b. In addition, I acknowledge and understand that I am responsible for any fees pertaining to pre-licensing training and education.

III. Authorization for Release of Information

- a. I hereby authorize any insurance company, financial institution, consumer reporting agency, insurance department, employer, criminal justice agency, managing agent or individual having any information relating to my (applicant's) activities to release such information to Sonny Salas Agency, Inc. or to any other Sonny Salas Agency preferred Company. This information may include, but is not limited to, academic records, employment, arrest and conviction records, credit reports and personal history. This includes information as to my general reputation ethics, and character. I agree that an electronic image or photocopy of this authorization shall be as valid as the original.

IV. Errors and Omissions Insurance

- a. All broker/agents are required to carry E & O coverage.
- b. Here are a few companies that offer E & O. <http://www.napa-benefits.org/errors-and-omissions>
<http://www.lowcosteando.com/>

By signing this document, I have agreed to items I, II, III, and IV above and have truthfully answered all the questions on this document.

Applicant Signature

Date

Applicant Name Printed

Please attach a copy/copies of your licenses and E&O
