

**Group Producer Agreement and Contract Application
for Individual with an Organization**



This contract application is being completed for an individual who is licensed only under a currently contracted organization.

1. Applicant's name <i>(Please print)</i>		2. Social Security number	3. Date of birth
4. Residential address		5. Business address	
Street		Street	
City	State	Zip	City State Zip
Home phone		Business phone	Fax Email
6. Corporation or Partnership with whom associated			Tax identification number
7. Send mail/supplies to address <input type="checkbox"/> No. 4 or <input type="checkbox"/> No. 5		8. Current license(s) held for state(s) of: NOTE: Photocopy of license(s) must be attached for each state listed.	
9. Are you an employee to the above named organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," complete questions 12–14. If "No," complete questions 10–14.			
10. List all employers and mailing addresses for the past 5 years, starting with your most current employer and working back. Attach an additional sheet if necessary.			
11. Educational background. Include industry courses which have been completed.			
12. Have you ever been convicted of or pleaded guilty or nolo contendere (no contest) in a domestic or foreign court to:			
A. A felony or misdemeanor involving investments or an investment related business, fraud, false statements or omissions, wrongful taking of property, bribery, forgery, counterfeiting, larceny or extortion? <input type="checkbox"/> Yes <input type="checkbox"/> No B. Gambling <input type="checkbox"/> Yes <input type="checkbox"/> No C. Embezzlement <input type="checkbox"/> Yes <input type="checkbox"/> No D. Any other felony <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," state the name of the court that had jurisdiction and the date of the conviction. Describe briefly the nature of the crime charged. Terms of sentence imposed.	
13. Have you or an organization over which you exercised management or policy control, ever been charged with any felony or charged with a misdemeanor specified in question 12 (A,B,C,D) in a domestic or foreign court? <input type="checkbox"/> Yes <input type="checkbox"/> No			
A. If "Yes," state the name of the court(s) that had jurisdiction and the date(s) of the conviction(s).			
B. Describe briefly the nature of the misdemeanor charged.			
C. Terms of sentence(s) imposed.			

14. Have you ever been a defendant in any proceedings brought by a state or federal administrative agency? Yes No

A. If "Yes," state the name of such agencies and the date of any such proceedings.

B. Resolution or any such proceedings including any administrative sanctions imposed.

15. A. Are you engaged in any business other than or in addition to selling insurance? Yes No

If "Yes", please explain. _____

B. Has an insurance company ever cancelled or terminated a contract with you for reasons other than lack of production?
 Yes No

If "Yes", please explain. _____

C. Have you ever had a complaint filed against you or been investigated by a state insurance department?
 Yes No

If "Yes", please explain. _____

D. Have you ever had an insurance license denied, revoked, suspended or had any disciplinary action taken against you by a state insurance department? Yes No

If "Yes", please include attachments.

E. Have you ever been refused a surety or fidelity bond? Yes No

If "Yes", please explain. _____

For Flat/Graded Commission Scales, appointment sought for one or more of the following entities:

- | | |
|---|--|
| Union Security Insurance Company | United Dental Care of Colorado, Inc. |
| DentiCare of Alabama, Inc. | United Dental Care of Michigan, Inc. |
| Union Security DentalCare of Georgia, Inc. | United Dental Care of Missouri, Inc. |
| UDC Ohio, Inc. | United Dental Care of New Mexico, Inc. |
| Union Security DentalCare of New Jersey, Inc. | United Dental Care of Texas, Inc. |
| United Dental Care of Arizona, Inc. | United Dental Care of Utah, Inc. |

For High/Low Commission Scales, appointment may be sought for:

Union Security Insurance Company

I represent that the answers given in this application are true, correct and complete. I understand that any misrepresentations or mis-statements may result in denial or revocation of appointment. I understand that the companies listed above may deny my request for appointment or rescind my appointment, in their sole discretion.

Applicant _____
SIGNATURE TITLE DATE

Insurance products are underwritten by Union Security Insurance Company (USIC) (Kansas City, MO) and administered by Sun Life Assurance Company of Canada (SLOC) (Wellesley Hills, MA). Prepaid dental products are provided by USIC and are administered by SLOC, and are provided by certain prepaid dental companies affiliated with SLOC in certain states.

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