

**GERBER LIFE INSURANCE COMPANY  
PRODUCER'S INFORMATION QUESTIONNAIRE**  
(PLEASE type or print clearly and complete all questions)

<b>Home Office use only:</b> Appr. _____ Eff. _____
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1. Producer is:  General Agent  Sub-Agent: If Sub-Agent, indicate General Agent \_\_\_\_\_

2. Producer licensed as:  Individual  Corporation  Partnership

3. Name of Producer \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Tax I.D. # \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Married?  Yes  No If "Yes," name of spouse: \_\_\_\_\_

4.  **Business Address:** \_\_\_\_\_ (Street Address) City \_\_\_\_\_  
 Business County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_  
 \*Florida non-resident agents, list each county you will sell in: \_\_\_\_\_

5.  **Residence Address:** \_\_\_\_\_ (Street Address) City \_\_\_\_\_  
 County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

**INDICATE BY "X" IN BOX WHICH ADDRESS IS TO BE USED FOR MAILING PURPOSE. (NO P.O. BOX NUMBERS)**

6. License Information: ENCLOSE COPY OF LICENSE FROM STATE(S) IN WHICH YOU WISH TO BE LICENSED. (Include Brokers License, if available)

7. If Partnership or Corporation, list all members to be appointed. (use back of form if necessary):

Name	Title or Position	Residence Address	Date of Birth

8. Main Life and/or Health Companies you now represent:  
 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

9. Have you ever had your insurance or securities license suspended or revoked?  Yes  No

10. Have you ever been investigated or fined by an Insurance Regulatory Authority?  Yes  No

11. Have you ever been convicted of a felony?  Yes  No In the future, I also agree that if I am ever convicted of a felony, I will notify you immediately.

12. Have you ever been short in account with any Insurance Company or Employer?  Yes  No

13. Has an application for bond ever been declined to you?  Yes  No  
 If "Yes" for any of the above, please give complete details (use back of form if necessary): \_\_\_\_\_

14. Present employer (including military):

Name _____	Your Job title: _____	Date (Month/Day/Year) From: _____
Address _____ City _____ State _____ Zip _____		To: _____
Contact name to verify employment: _____	Contact's phone number: ( ) _____	

Are they aware of this application?  Yes  No Satisfactory to contact?  Yes  No

15. Former employer (including military):

Name _____	Your Job title: _____	Date (Month/Day/Year) From: _____
Address _____ City _____ State _____ Zip _____		To: _____

16. Name and address of school last attended: \_\_\_\_\_  
 Dates Attended: From \_\_\_\_\_ to \_\_\_\_\_ Major: \_\_\_\_\_

17. Bank Reference: \_\_\_\_\_

18. REFERENCES (not relatives): List two persons whom we have your permission to contact. We prefer licensed insurance agents as references, if possible.

Name _____	Address _____	Phone No. ( ) _____
Name _____	Address _____	Phone No. ( ) _____

**NOTE: You must be licensed with Gerber Life Insurance Company, having in your possession, a copy of license or notification from Gerber Life Insurance Company advising that you are qualified to write business for the company, prior to any solicitation of business.**

19. I certify that the answers to the above questions are true. I agree to comply with all the regulations of **Gerber Life Insurance Company** and the Insurance Department. I certify that I am free to contract with **Gerber Life Insurance Company**. I authorize the individuals or companies shown in this application to give to Gerber Life any business or personal information concerning me that they may have and I release said individual or company from all liabilities for any damage whatsoever for issuing this information.

20. **(NY Agents Only)** I have read New York Circular Letter No. 8 dated July 7, 1991 regarding Placement of Health Insurance Coverage With Unlicensed and Unauthorized Multiple Employer Welfare Arrangements, and agree to comply with its contents.

\_\_\_\_\_  
 Print Name Signature of Applicant Date

Please be advised that this information will be processed as quickly as possible. PUBLIC LAW 91-508 requires that we advise you that a routine inquiry may be made of your friends, neighbors and business associates during our initial or subsequent processing which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided.

**IF YOU ARE PRESENTLY A FULL TIME AGENT WITH ANOTHER COMPANY, WE SUGGEST YOU CONSULT WITH YOUR MANAGER OR GENERAL AGENT**