

GAIN PRODUCER PROFILE

(Please fax the completed form to **512-251-1912 / 877-847-6426**)

Producer Name: _____

Company/DBA Name: _____

Home Address: _____

Phone Number: _____ Fax Number: _____

Business Address: _____

Phone Number: _____ Fax Number: _____

Preferred address for correspondence (please check one): HOME BUSINESS

Email address: _____

Social Security Number: _____ Date of Birth: _____

Insurance License Number and State: _____

Insurance Designations, if any: _____

Do you have E&O coverage for at least 1 million? YES NO If yes, mention carrier: _____

Do you have other insurance agents working with you who might be appointed under your hierarchy later?
YES NO If yes, how many: _____

Do you have any past or pending lawsuit/s or regulatory actions that might affect your getting contracted with insurance carrier/s? YES NO If yes, please provide details in a separate attached letter.

Do you owe money to any Insurance Company or Agency that is past due? YES NO

What do you mostly write? (Please check all that are applicable):

- | | | | |
|--------------------------------------------|-----------------------------------------|--------------------------------------------------------|---------------------------------|
| TERM <input type="checkbox"/> | UNIVERSAL LIFE <input type="checkbox"/> | WHOLE LIFE <input type="checkbox"/> | HEALTH <input type="checkbox"/> |
| DISABILITY INCOME <input type="checkbox"/> | LONG TERM CARE <input type="checkbox"/> | ANNUITIES <input type="checkbox"/> | P&C <input type="checkbox"/> |
| CRITICAL ILLNESS <input type="checkbox"/> | GROUP <input type="checkbox"/> | VARIABLE PRODUCTS/ SECURITIES <input type="checkbox"/> | |

-----Communication Authorization-----

Beginning July 1 2005, FCC regulations require us to obtain a written consent from all our clients enabling us to utilize fax or email communications. Without the express written consent, we will not be able to send you any form of communication by fax or email. The following authorization acknowledges that General Agents Insurance Network may send fax and or email communications to the number and or addresses listed below.

Select the method(s) of communication you want to allow (you may select both)

- Fax Fax Number _____
 Email Email Address _____

X _____

Authorization Signature _____ Date _____

This authorization will remain in effect and have no expiration date, unless revoked in writing

General Agents Insurance Network 100 W Pflugerville Parkway, # 106, Pflugerville, TX 78660
GAIN the Freedom to Sell the Best and Earn the Most at 512-989-2223 / 800-847-6426 TODAY!