



3275 Bennett Creek Avenue  
Frederick, Maryland 21704  
(301) 279-4800  
(800) 638-8428

## AGENT OR AGENCY BIOGRAPHICAL INFORMATION FOR CONTRACT APPLICANT

This form must accompany all contracts submitted to Banner Life Insurance Company.

***Please print or type all information.***

### Section I - CONTRACT TYPE

**Please check only one.** Contract is for: ☐ individual - complete sections I, II, IV and V.  
☐ individual, but "doing business as" - complete all sections.  
☐ corporation - complete all sections.

### Section II - INDIVIDUAL APPLICANT OR CORPORATE PRINCIPAL REQUIRED INFORMATION

Social Security Number: \_\_\_\_\_ Sex: ☐ Male ☐ Female  
Required

Name: \_\_\_\_\_  
Last First Middle Initial

Date of Birth: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Month Day Year

Business Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street Suite Number City State Zip

Home Address: \_\_\_\_\_  
Street Apt. Number City State Zip

Home Phone: \_\_\_\_\_ Web Site Address: \_\_\_\_\_

☐ I am an officer of the below corporation.

### Section III - CORPORATE APPLICANT REQUIRED INFORMATION

Tax ID Number: \_\_\_\_\_  
Required

**INDIVIDUAL APPLICANTS  
DO NOT COMPLETE THIS SECTION.**

Corporate Name: \_\_\_\_\_

Corporate Phone: \_\_\_\_\_ Corporate Fax No.: \_\_\_\_\_

Corporate Address: \_\_\_\_\_  
Street Suite Number City State Zip

Corporate E-mail Address: \_\_\_\_\_ Web Site Address: \_\_\_\_\_

Primary Principal for Corporate Records: \_\_\_\_\_

Background information reported on page 2 should provide information for the primary principal and the corporation.

Additional Principals: \_\_\_\_\_

Office Manager or Primary Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Toll-Free Number for Client Calls: \_\_\_\_\_

**Please attach a copy of your license(s) for your state of residence and any other states where you plan to do business with Banner. Please complete the second page of this form as well.**

**Section IV - BACKGROUND INFORMATION REQUIRED FROM ALL APPLICANTS**

Please provide a detailed letter of explanation for any "yes" answers below. If this is a corporate application, the questions should be answered by the agency principal.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Do you have any unsatisfied judgements, garnishments or liens against you?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are you in debt to any insurance company?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you ever filed for or been declared bankrupt or insolvent either personally or in business?                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever been charged with, convicted of, or plead no contest to:  |                              |                             |
| a. any felony or misdemeanor?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. any violation of any state insurance regulations or statutes?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. any violation of federal or state securities or investment related regulations?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are you now or have you ever been the subject of any insurance or investment related customer complaint, investigation or proceeding? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you ever had your contract or appointment terminated or refused by any insurance or financial services company?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you ever had a license denied, revoked or suspended by any Securities and/or State Insurance Department?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Have you used any other names or aliases?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Remarks: \_\_\_\_\_

Current or previous employer: \_\_\_\_\_

Are you now or have you ever been contracted or otherwise associated with Banner Life? ☐ Yes ☐ No  
or William Penn? ☐ Yes ☐ No

If Yes, please provide details including agent # and agency name: \_\_\_\_\_

Do you have Errors and Omissions coverage? ☐ Yes ☐ No

If you are a general agent, does your E&O policy cover agent/broker activity? ☐ Yes ☐ No

E&O Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I hereby certify that all the information given to Banner Life by me is true and correct without any omissions of any kind. I hereby authorize Banner Life to conduct a background investigation on me, including a review of credit worthiness, now or at any time. I understand that information may be obtained through written correspondence, personal or telephone interviews with family, friends, neighbors, business associates or other acquaintances, companies I have worked for or with whom I have been contracted, and any other persons or organizations contracted to supply such information. I also understand and acknowledge that information received by Banner Life may be shared with the general agencies indicated below and I hereby expressly consent to the sharing of such information with the general agencies indicated below. I further hereby certify that if this application is approved, I will comply with all the terms and conditions of the Company's Agent/Agency Agreement, including, but not limited to, the terms and conditions therein relating to the Company's Privacy Policy. A photocopy of this authorization shall be as valid as the original.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section V - AGENCY HIERARCHY STRUCTURE**

**I certify that I have reviewed this candidate's information and recommend him/her for contracting.**

Please appoint \_\_\_\_\_ with commission addendum \_\_\_\_\_

who reports to BDGA (if any): Name \_\_\_\_\_ Code # \_\_\_\_\_

who reports to BEGA (if any): Name \_\_\_\_\_ Code # \_\_\_\_\_

who reports to BMGA (if any): Name \_\_\_\_\_ Code # \_\_\_\_\_

who reports to GA (required): Name \_\_\_\_\_ Code # \_\_\_\_\_

Signature of GA \_\_\_\_\_ Date \_\_\_\_\_

☐ **Assignment of Commission form attached. (Assignee must be appointed by Banner Life.)**