

# BROKER

## Application for Appointment



PLEASE UPDATE THIS FORM AS APPROPRIATE.  
PLEASE PROVIDE A COPY OF "CURRENT" AGENT AND AGENCY  
LICENSES.

PLEASE RETURN THE UPDATED FORM AND LICENSE COPIES TO:  
ADMIN1@CRBENEFITS.NET OR FAX (717) 975-9303

**BROKER ID**

**TYPE CODE**

**Broker/Agent Information**  
**(Personal)**

**Agency Information**  
**(Business)**

**Payable Information**

**Make Commissions Payable to:**

Name:     
(Last) (First) (MI)

SSN / Tax ID:

Address 1:

Address 2:

City, State, Zip:

Office Phone:

Cell Phone:

Fax:

Email:

Resident State:

License Number:

License Expiration:

Accounts Payable Contact:

Purchasing Contact:

In business since:

EO Carrier:

EO Policy #:

Policy Expiration:

**ADDITIONAL BROKERS / AGENTS:**

<u>Last Name</u>	<u>First Name</u>	<u>Email</u>

**The following questions are applicable to the agent/agency/corporation/partnership and to each of the partners, members, and directors, officers or agents individually. TO THE BEST OF YOUR KNOWLEDGE:** Circle one:

- |   |     |    |
|---|-----|----|
| Are you currently charged with or have you plead guilty or no contest to, or been convicted of, any crime (excluding minor traffic offenses)?   | YES | NO |
| Are you now or have you ever been the subject of any lawsuit, claim, investigation or proceeding alleging breach of trust or fiduciary duty, forgery, fraud or any other act of dishonesty?                                 | YES | NO |
| Have you ever had your agent's license or registration suspended or revoked, or are you now, or have you ever been the subject of a professional license/registration or market conduct investigation, claim or proceeding? | YES | NO |
| Have you ever been involuntarily terminated or permitted to resign from employment or from an agent or representative appointment with any insurance or other financial services company other than for lack of production? | YES | NO |
| Has a bonding, surety or E O provider denied an application or claim, made payment for you or terminated coverage?  | YES | NO |
| Are you delinquent in any personal or business financial obligation, or does any insurance or financial services company hold a claim against you for commission debit balances?  | YES | NO |
| Are there any outstanding judgments, liens or claims against you, including delinquent tax obligations or bankruptcy? Bankruptcy Discharge Date: _____  | YES | NO |
| At any time during the past 10 years have you, or any business in which you were an owner, partner, officer or director been involved in any regulatory, civil or criminal matters not disclosed above?                     | YES | NO |

**If you answered "YES" to any of the questions above, please provide details and the current status. (Attach any pertinent documentation).**

In signing this application, I certify that I have not been convicted of any criminal felony involving dishonesty or breach of trust or been convicted of an offense under section 1033 of the Violent Crime and Law Enforcement Act of 1994. I further agree to immediately inform Capital Region Benefits, Inc., of any conviction of the types described in the preceding sentence. I agree to abide by the Disclosure Requirements mandated by the states in which I operate.

Applicant's Signature	Title	Date
<b><u>CAPITAL REGION BENEFITS AND CAPITAL ADMINISTRATORS, 3819 MARKET STREET, CAMP HILL, PA 17011 (717) 975-9300</u></b>		

