

Capital Reliance Insurance Agency

4350 Executive Drive Suite 210 • San Diego, CA 92121

Phone (800) 815-5622 • FAX (800) 815-6201

VALUE HEALTH PLAN CONTRACTING

Contracting Checklist:

- Agent's Profile Form**
- Copy of Current License**

Appointment Fee Is Paid By The Carrier

MAIL THE COMPLETED FORMS TO:

Capital Reliance

4350 Executive Dr. Suite 210

San Diego, CA 92121

Fill Out Completely To Sell Value Health Plan offered to Members of VBA, Inc.



Agent's Profile - To be used for agents affiliated with MM/GAC

The United States Life Insurance Company in the City of New York
 Member of American International Group, Inc.
 Agent Licensing • Mailstop 4-Z • 3600 Route 66 • Neptune, NJ 07753

This form must accompany requests for appointment and/or license with our company. In addition, if the applicant is a Company, Corporation or Partnership then the principal(s) must also complete an agent profile form in its entirety and supply a copy of his/her insurance license(s).

Name: _____	MM/GAC	Code: _____	T1129
Licensing Contact: _____	GAC	Telephone No.: _____	1-800-366-2467

SECTION 1: How are you doing business? Corporation Partnership DBA or T/A Individual

A. Companies must complete both Company and Individual applicant information.

Company Name: _____
 DBA (or T/A): _____
 Tax Identification #: _____
 Names of Agency Officers: _____
 Phone No. _____ Fax No. _____
 Email Address: _____
 Address: _____

B. Individual: To be completed by Agency Officer/Principal(s):

Male Female
 Last Name: _____ First Name: _____ Middle Initial: _____
 Suffix and/or Prefix if applicable: _____ Social Security #: _____ Date of Birth: _____
 Phone No. _____ Fax No. _____
 Email Address: _____
 Resident Address: _____

 Business Address: _____

SECTION 2: Florida non-residents must specify the Florida counties in which you will be representing our company:

 (Note: Florida appointment expenses will be paid in the three counties you are primarily representing our company. Additional appointment expenses will be paid by the applicant.)

SECTION 3: List all states you wish to be appointed with our company and attach legible copies of your license(s) for appointment processing:

SECTION 4: Authorization To Collect And Disclose Information: I authorize the company to obtain or have prepared an investigative consumer report as defined under the Fair Credit Reporting Act and as described in the Notice given to me. I elect to be interviewed if an investigative consumer report is prepared in connection with the application. I understand that consumer reporting agencies may disclose the information collected only as set forth in the contract with a member company or organization. I acknowledge that I have received and carefully read the Fair Credit Reporting Act Notice in Section 5.

X

SIGNATURE OF APPLICANT

DATE

List your residence address for the past five years other than that which is listed in Section 1 B:

From (Mo/Yr) to (Mo/Yr) Address

City, State, Zip

Phone No.

The insurance departments of various states require companies to investigate the competence, character, and financial background of agents. **If the answer to any of the following questions is "yes", please give full details under explanation. Use additional paper if needed.**

YES NO

1.	Do you have outstanding debt(s) with any insurance companies?		
2.	Do you currently have any outstanding and/or unsatisfied judgements or liens against you?		
3.	Have you ever made a compromise with creditors, filed a bankruptcy petition or been declared bankrupt or insolvent, either personally or in business?		
4.	Have you ever been charged with, been convicted of, or pleaded "nolo contendere" (no contest) to: a. any crime, whether a felony or misdemeanor, involving fraud, dishonesty, misrepresentation, mishandling of money (such as larceny, embezzlement, conversion, etc.)? b. any violation of a state insurance department regulation or statute?		
5.	Are you or your firm and/or your partner(s) or other principal(s) currently a party to any litigation or arbitration involving you or your firm's business activities?		
6.	Have you ever been the subject of an investment or insurance-related consumer-initiated complaint or proceeding?		
7.	Have you ever had an insurance license denied or revoked by any state or federal regulatory agency?		
8.	Are you the subject of any complaint, investigation or proceeding which could result in a "yes" answer to any of the above?		

EXPLANATION: _____

SECTION 5:

FAIR CREDIT REPORTING ACT NOTICE

When the Company begins to process your application, it may ask for a consumer report from an independent Consumer Reporting Agency (CRA). All or part of that report may be an "investigative consumer report" as defined by the Federal Fair Credit Reporting Act ("ACT").

The Company may use the report to confirm or supplement information on your application, including but not limited to your residential address, occupation, marital status, character, mode of living (except as may be directly or indirectly related to sexual orientation), economic status, reputation and driving record. The report may also include information about drug and alcohol use and criminal history and may be based on interviews with your friends, neighbors or associates, as well as a review of motor vehicle, business and court records.

You may formally request to be interviewed by the CRA in connection with the preparation of the report by placing a check mark in the box contained in Section 4 of this application.

The CRA may keep a copy of the report, and may disclose its contents to other users for whom they perform similar services, to the extent permitted by the Act. The Company may request later consumer reports, all or part of which may be investigative consumer reports, at a future renewal of your application.

Upon your written request, the Company will provide a written disclosure detailing the nature and scope of the investigation which has been or will be performed, along with the name, address and telephone number of the CRA which is preparing the report. This disclosure will be provided to you within 5 business days of the date your request is received by the Company, or from the date the actual report is requested by the Company, whichever is later. You are entitled to contact the CRA that prepared the report to obtain additional information about your rights under the ACT.



Assignment of Commissions

For valuable consideration, receipt of which is hereby acknowledged, the Assignor (Name of Agent or Agency) _____ hereby absolutely and irrevocably assigns to (Name of Agent or Agency) _____ (hereinafter called the "Assignee"), all rights and interest to commissions on all policies due or to become due from General Agent Center (hereinafter called the "Company") under the Assignor's Contract with the Company dated _____ provided, however, that such commissions shall be subject to all the terms of said Agreement.

Assignor hereby directs the Company to pay the aforesaid commissions to the Assignee, and releases the Company from any and all liability to the Assignor by reason of payment of such commissions.

Assignor Signature

TIN/SS Number

Printed Name

Date

ACCEPTANCE OF ASSIGNEE

Assignee hereby accepts assignment of the above described commissions and agrees to be bound by the terms and conditions of the above referenced Agreement as they affect the above described commissions.

Assignee Signature

TIN/SS Number

Printed Name

Date

COMPANY ACCEPTANCE

The Company hereby accepts assignment of the above described commissions.

Marc K. Malin
President, GAC

Date