

Capital Reliance Insurance Agency
4350 Executive Dr. Suite 210 • San Diego, CA 92121
Phone (800) 815-5622 • FAX (800) 815-6201

VALUE MED PLAN CONTRACTING

Contracting Checklist:

Agent's Appointment Application

Copy of Current License

W-9 Form

Resident State Appointment Fee Is Paid by The Carrier In Immediate Writing States

Non Immediate Writing States Require The Fee To Be Paid When Contracting and You Must Be Appointed Before Writing Business In:

Georgia	\$21.00
Pennsylvania	\$15.00
Utah	No Fee
Washington	\$20.00

Mail The Completed Forms To:

Capital Reliance
4350 Executive Dr. Suite 210
San Diego, CA 92121

Application To Sell Value Med Plan

Guaranteed Trust Life Insurance Company (GTL)
1275 Milwaukee Ave | Glenview, IL 60025
(For states not listed under UNL)

United National Life Insurance Company of America (UNL)
1275 Milwaukee Ave | Glenview, IL 60025
(AR-ID-IL-KS-MO-NE-NV-NM-ND-OK-SD-TX-UT-WV)

Contract / Appointment Application

Please Print or Type All Information

PERSONAL INFORMATION

1. Name _____
(Last) (First) (Middle Initial) SS#
2. Date of Birth _____ Place of Birth _____ Male Female
3. Spouse's Full Name _____
4. Home Address _____
5. Home Phone _____ Home Email _____
6. Business Address _____ FAX # _____
7. Business Phone _____ Business Email _____

CORPORATE INFORMATION

8. Company Name _____ Tax ID# _____
Company Insurance License # _____ (Copy Required)

LICENSING INFORMATION: All Agents must submit a copy of current license(s) (Resident & Non-Resident)

9. Type of License: Life A & H Broker
10. Have you ever been licensed with UNL or GTL? No Yes Prior Code # _____

BACKGROUND INFORMATION

11. Have you ever been investigated or fined by an Insurance Regulatory Authority? Yes No
12. Has your insurance license ever been suspended or revoked? Yes No
13. Have you ever pleaded guilty or "nolo contendere" to or been found guilty of a felony? Yes No
14. Have you ever had a bond canceled or declined? Yes No
15. Are you now the subject of any complaint, investigation or proceeding which could result in a "Yes" answer to any of the above questions? Yes No

If you answered "Yes" to any of the above questions, please attach a detailed explanation.

FAIR CREDIT REPORTING ACT (FCRA)

Public law requires that we advise you that a routine inquiry by accessing public records, may be made which will provide applicable information concerning your character, general reputation, personal characteristics, and mode of living. By signing below, you understand the above and authorize all persons and entities to release information about you they may have. You also acknowledge that you have read and understand the attached "Summary of Your Rights under the Fair Credit Reporting Act". Upon written request, additional information as to the nature and the scope of the report, if one is made, will be provided.

Signature of Applicant **X** _____ Date _____

Recruited by _____ Date _____

Value Med Plan

Exclusively Distributed By:



15575 N 79th Pl - #100
Scottsdale, AZ 85260
Phone: (800) 366-2467 • FAX: (800) 471-7996
www.GeneralAgentCenter.com



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