

VICTORSON ASSOCIATES INC.

321 Middle Country Road

Smithtown, NY 11787

631 265-7456 FAX 631 265-7054

E-mail vainc@victorson.com

www.victorson.com

IMPORTANT NOTICE

**You must be licensed
BEFORE
You may solicit business**

Please do not delay completing the enclosed licensing.

Please return everything to us as soon as possible.

**Should it become necessary to take an application before you are appointed
please do NOT date it.**

You cannot write business before you are appointed.



POST OFFICE BOX 3125, SYRACUSE, NEW YORK 13220-3125 (315) 451-2544

1 Print your FULL name: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			SOCIAL SECURITY NUMBER _____			Please Attach Recent Glossy Photo Suitable For Reprint
Last First Middle						
2 Your BUSINESS address:			2 Your RESIDENCE address:			3 Check box if you prefer no publicity in our magazine. <input type="checkbox"/>
Street Address _____			Street Address _____			
PO Box City State			PO Box City State			
County BUSINESS Phone # () _____			County RESIDENCE Phone # () _____			
4 Do you hold a current license for: <input type="checkbox"/> BROKER'S <input type="checkbox"/> LIFE & HEALTH <input type="checkbox"/> LIFE ONLY <input type="checkbox"/> HEALTH ONLY Do you have at least one year's Experience as a Licensed Health Insurance Agent? <input type="checkbox"/> Yes <input type="checkbox"/> No						
5 Date of Birth: ____/____/____ Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Place of Birth: _____ Spouse's Name: _____ Is your spouse licensed to sell Life or Accident & Health Insurance?						
6 Give the following information regarding all current and past appointments with life and/or health insurance companies:						
Name of Company MO./YR.	Address of Home Office	From _____ To _____	From _____ To _____	From _____ To _____	From _____ To _____	
_____	_____	From _____ To _____	From _____ To _____	From _____ To _____	From _____ To _____	
_____	_____	From _____ To _____	From _____ To _____	From _____ To _____	From _____ To _____	
_____	_____	From _____ To _____	From _____ To _____	From _____ To _____	From _____ To _____	
7 The following questions are asked because the answers are required by insurance departments: Have you ever been convicted of a felony? _____ (if so, enclose particulars) Have you ever been refused or had suspended or revoked and insurance license in any state? _____ (if so, enclose particulars) Do you owe an unpaid balance to any insurance company? _____ (if so, enclose complete information)						
AUTHORIZATION TO OBTAIN INFORMATION						
I AUTHORIZE ANY CONSUMER REPORTING Agency, or any other organization, or person having knowledge of my character, reputation and financial position to give First United American Insurance Company any and all such information. I understand that the information obtained by use of this authorization will be used by the Company to determine eligibility for agent appointments, and for other business purposes in connection with our relationship. I hereby release them from all liability for any damage that may ensue from furnishing this information.						
I understand that any information obtained will not be released by First United American Life Insurance Company to any person or organization except to persons or organizations performing business or legal services in connection with this application.						
I know that I may request to receive a copy of this authorization. I understand and agree that a photographic copy of this Authorization shall be valid as the original.						
I understand and agree that this Authorization shall be valid for two and one half years from date shown below.						
I also understand that I may request and receive a copy of this report.						
Date _____			_____ SIGNATURE OF AGENT APPLICANT			
—HOME OFFICE USE ONLY—						
Contract <input type="checkbox"/>	Copy of License <input type="checkbox"/>	Other _____				
State License Form <input type="checkbox"/>	License # _____					
List Code _____						

(Must be read and signed by each sub-Agent applicant)

TO: FIRST UNITED AMERICAN INSURANCE COMPANY

I understand that First United American Insurance Company does not compensate sub-Agents, that after I have become authorized to represent the Company, I may place business for the Company only through the General Agent (person or corporation) of the Company for whom I am designated as sub-Agent, that such General Agent alone will be accountable to me for my compensation in accordance with the contract or agreement that I have with such General Agent, and that the General Agent is not authorized to and cannot bind or obligate the company for my compensation or for the performance of any contract or agreement which such General agent may have with me.

I understand that First United American Insurance Company prohibits solicitation of business by anyone who is not authorized to represent the Company by the insurance Department of the jurisdiction in which the solicitation takes place, and I agree that I will not solicit for the Company until my authority to represent the Company has been secure from the applicable Insurance Department and is in my personal possession.

Witness:

✓ _____
(General Agent)

✓ _____
(Sub-Agent Applicant)

(General Agent Number)

Date



STATE OF NEW YORK
INSURANCE DEPARTMENT
AGENCY BUILDING ONE
EMPIRE STATE PLAZA
ALBANY, NY 12257

TO: All applicants for licenses/approvals to be issued under the
New York State Insurance Law

FROM: New York State Insurance Department, Licensing Bureau

SUBJECT: National Association of Insurance Commissioners
Privacy Notification

PRIVACY NOTIFICATION

The New York State Insurance Department will, absent your written objection which must be attached to this application, provide these tax identification numbers to the National Association of Insurance commissioners for inclusion in its Producer Database.

Signature

Date

**THIS FORM MUST BE SIGNED BY ALL SUB-LICENSEES IN ORDER TO PROCESS
YOUR APPLICATION. Attach to the back of the application.**

