



AGENT APPLICATION

Applicant Information

Full Name: _____ Date: _____
Last First Middle

Mailing Address: _____
Street Address Suite/Unit#

City State ZIP Code

Physical Address: _____
Street Address Suite/Unit#

City State ZIP Code

Phone: _____ Email Address: _____

Cell: _____ Fax: _____

Date Available: _____ Social Security #: _____ Insurance License #: _____

How did you hear about FSIA?: _____

Are you currently contracted with any company? Yes No If yes, do you have a non-compete agreement? Yes No

Have you ever worked for FSIA? Yes No If yes, when? _____

Have you ever been convicted of a misdemeanor or felony? Yes No

If yes, explain: _____

Insurance Experience

Do you currently own or manage your own agency? Yes No Length of time: _____

Insurance Designations: _____ Years of insurance experience: _____

Have you ever had any Insurance Complaints, Incidents or E&O Claims? Yes No

If yes, please explain: _____

Do you have experience in? Personal Commercial Life / Health Financial Other

Level of Education: High School Some College College Degree Advanced Degree

Is your spouse or any family member a licensed agent? Yes No Comment: _____



References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer for a reference? Yes No



Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer for a reference? Yes No

Production History

Carrier	Written Premium	1 yr L/R	3 yr L/R	Personal Premium	Commercial Premium	Other Premium

Disclaimer and Signature

I certify and declare under penalty of perjury under relevant state and federal law that the information contained within this application and any information is complete, true and accurate. I acknowledge that falsification or omission of information may result in immediate cancellation, dismissal, or retraction of any offer of employment or business relationship. In consideration of Full Service Insurance Agency's (FSIA) review of my application for employment or relationship, I hereby voluntarily consent to and authorize FSIA and any affiliated companies or services for the purpose of verifying any information, bearing this release or copy thereof, to obtain a consumer report for employment purposes. I authorize all persons and organizations that may have information relevant to this research to disclose such information to FSIA or its authorized agents. I hereby release FSIA, Equifax, its authorized database vendors/agents and all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original. I understand that I have specific prescribed rights as a consumer under the federal Fair Credit Reporting Act (FCRA) and may have additional rights under relevant state law.

Signature: _____ Date: _____

Printed Name: _____