



The Health Services Company Since 1964

AGENT PROFILE FORM

AGENT'S PROFILE - This form must accompany all applications for license/appointment.

Name as Licensed _____ Resident License # _____

Residence Address _____ Business Address _____

Date of Birth _____ Telephone Number _____

Social Security # _____
or Federal ID# (if Corp)

INVESTIGATION NOTICE

The undersigned hereby authorizes the Company to conduct an investigation concerning character, reputation and personal traits and releases those contacted and the Company from any liability with respect to the content of the information provided and resulting action by the Company including the sharing of such information or the termination of this agreement to represent.

SIGNATURE(S)

DATE SIGNED Rev.06/01