MOUNTAIN LIFE INSURANCE COMPANY

P.O. Box 240
Alcoa, Tennessee 37701-0240
Phone: 800-888-6542 Fax: 865-970-2885 E-mail: licensing@mountainlife.com

AGENT APPLICATION

					DATE OF APPLICATION
NAME (Last)	(First)	(Middle)	(Suffix)	SEX	SOCIAL SECURITY NUMBER
PRESENT ADDRESS (Street Address)			(P.O. Box)		HOME PHONE NUMBER
(City)	(State)		(Zip)		LENGTH OF TIME AT ADDRESS
RESIDENT ADDRESS FOR THE PAST 5 YEARS (List Other Cities and States Resided In to Complete 5 Year History)					ARE YOU A U.S. CITIZEN? ☐ YES ☐ NO
NAME OF EMPLOYER					LENGTH OF TIME AT EMPLOYER
AGENT'S BUSINESS ADDRESS (Physical Street)	(City)	(State)	(Zip)		BUSINESS PHONE NUMBER
AGENT'S BUSINESS ADDRESS (P.O. Box)	(City)	(State)	(Zip)		FAX NUMBER
TITLE (POSITION)	E-MAIL ADDRESS			DATE OF BIRTH	STATE
OTHER NAMES USED (List any other names you have gone by and the reason for the change. i.e. marriage, divorce, etc.)					
HAVE YOU BEEN LICENSED IN ANY STATE DURING THE PAST 2 YEARS? ☐ YES ☐ NO IF YES, LIST STATE, YEAR, AND LINES LICENSED FOR AND LICENSE NUMBER:					
HAVE YOU EVER HAD AN INSURANCE LICENSE SUPENDED OR REVOKED BY ANY STATE? ☐ YES ☐ NO IF YES, PLEASE GIVE DETAILS.					
HAVE YOU EVER BEEN DISCHARGED OR BEEN REQUESTED TO RESIGN FROM ANY POSITION? ☐ YES ☐ NO IF YES, EXPLAIN CIRCUMSTANCES.					
HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES ☐ NO IF YES, GIVE DATES, EXPLANATIONS, AND DETAILS.					
HAVE YOU EVER HAD ANY OUTSTANDING LIENS OR JUDGEMENTS AGAINST YOU? (INCLUDING STATE OR FEDERAL TAX LIENS?) ☐ YES ☐ NO IF YES, PLEASE GIVE DETAILS.					
HAVE YOU EVER BEEN SUBJECT TO A BANKRUPTCY PROCEEDING? ☐ YES ☐ NO IF YES, PLEASE GIVE DATES, LOCATION AND A BRIEF DESCRIPTION OF CIRCUMSTANCES.					

IF ADDITIONAL SPACE IS NEEDED TO ANSWER ANY OF THE ABOVE QUESTIONS, PLEASE USE THE BACK OF THIS PAGE.

PLEASE READ AND SIGN BELOW

I understand that misrepresentation or omission of facts called for by this agent application will be sufficient cause for cancellation of any consideration for licensing or termination of my appointment, if I have already been appointed as an agent.

I agree to notify you immediately should I be convicted of a felony by any court whether by trial or a guilty plea.

I hereby authorize any school at which I have been enrolled to release the information contained in my school records to MOUNTAIN LIFE. I also authorize all of my employers prior to the date of this authorization to furnish MOUNTAIN LIFE with information concerning my work record.

It is further agreed that I waive any action against MOUNTAIN LIFE, or any school, or any of my previous employers, should the information furnished by them result in the rejection of my application for appointment as an agent of MOUNTAIN LIFE.

"I hereby acknowledge that I have read and understand the above statements. I also hereby swear or affirm that all answers and responses to questions or inquires contained in this application are true and correct and complete answers and responses herein are to be considered by MOUNTAIN LIFE in our decision upon this application and that I have read and am familiar with the qualifications for this license for which I am making this application and that I am withholding no information which would affect my qualifications for this license for which I am making application."

_____ _____
Signature of Applicant Date
SWORN TO and subscribed before me this _____ day of _____, _____

_____ _____ ____, _____
Notary Public My Commission Expires

Notary Stamp

MLIC-LIC-1003-APP **PLEASE RETURN ORIGINAL AND MAKE A COPY FOR YOUR RECORDS**