Return to	→ Avesis C/O P. Melton 3724 N. 3rd St., Ste 300 Phoenix, AZ 85012

FIDELITY SECURITY LIFE INSURANCE COMPANY
AGENT DATA SHEET

OMISSION OF ANY INFORMATION WILL RESULT IN A DELAY OF APPOINTMENT AND PAYING OF COMMISSION

Agent #_____
Date_____

NOTE: *No person is permitted to solicit, sell or procure an application for insurance until he has in his possession an insurance agent's license authorizing him to solicit, sell or procure applications for Fidelity Security Life Insurance Company.*

A. IDENTIFICATION: (Please print in ink or type - **Do Not Abbreviate**)

Name (Last, First, Middle)				Sex: ☐ M ☐ F
Social Security Number	Date of Birth	Place of Birth	Tax I.D. No.	Age
Firm Name (Agency Name if applicable)				Send Mail to:
Business Address Street City State County Zip			Telephone (include area code) ( )	
Resident Address Street City State County Zip			Telephone (include area code) ( )	
Currently Licensed By State Of: (attach a copy of home state license)	License No.	Issued To: ☐ Ind. ☐ Corp. ☐ Partnership ☐ Sole Proprietor		
What type of product(s) do you plan to sell for FSL? ☐ Life ☐ Health/Accident ☐ Fixed Annuity				

B. BACKGROUND - Use separate page if needed …..IF YES TO ANY OF QUESTIONS 1-9, PLEASE ATTACH DETAILS AND DATES.

	No	Yes	Month/Year
1. Have you ever had ownership interest in a business venture which declared bankruptcy? (If Yes, give month and year.)	☐	☐	
2. Have you been a Judgment Debtor or ever declared personal bankruptcy? (If Yes, give month and year.)	☐	☐	
3. Are you in good standing and full compliance with respect to state taxes or child support?	☐	☐	
4. Have you ever had a bond declined or cancelled?	☐	☐	
5. Have you ever been convicted for any offense other than a minor traffic violation?	☐	☐	
6. Have you ever been cited, fined, suspended, revoked or refused a license by any state? (If Yes, give state, month and year.)	☐	☐	
7. Have you ever been short in accounts with any employer?	☐	☐	
8. Do you owe an unpaid balance to any insurance company?	☐	☐	
9. Are you now employed by, or associated with to any degree, directly or indirectly, a bank, savings and loan or other financial institution?	☐	☐	

10. Please provide the carrier for your Errors & Omissions coverage, the policy number and the name of the insured._____

_____

11. List past and current companies you represent or have represented in the last 5 years.

From	To	Name	Street Address, City, State, Zip	Telephone No.
				( )
				( )

C. CERTIFICATION / AUTHORIZATION

12. a. I certify that I have answered all questions honestly and to the best of my knowledge.
    b. I also authorize Fidelity Security Life Insurance Company to order an investigative report as may be required. I understand that information for the report may be secured from financial resources, and/or public records, or personal interviews with third parties, such as family members, business associates and/or others with whom I am acquainted.

This inquiry may include information as to my character, general reputation, personal characteristics, mode of living or educational background. I understand I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of this information if I so desire.

Date_____ Signature_____

☐ Owner or Partner
☐ Corporate Officer
☐ Representative (Agent)

Date_____ Appointing Premier General Agent_____

D. REFERENCES

Personal References - List two persons whom we have your permission to contact. Do not use Spouse or Relatives.

a. Name:

_____

_____

Address City State Zip Years Known

b. Name:

_____

_____

Address City State Zip Years Known