

## Amalgamated Life Insurance Company AGENT PROFILE FOR APPOINTMENT

### Section 1

Name of Applicant/Entity \_\_\_\_\_

Tax Identification/SSN# \_\_\_\_\_ DOB \_\_\_\_\_

Names of license holding Officers (if applicable) \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Business Address \_\_\_\_\_

### Section 2

List all the states you wish to be appointed in by Amalgamated Life Insurance Company. Provide a current legible license certificate for each state listed.

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The Insurance Department of various states requires insurance companies to investigate the competence, character and financial background of agents. If your response to questions 1 through 8 is "yes", please give full details under explanation. Use additional paper if needed.

		YES	NO
1	Do you have outstanding debt(s) to any insurance companies?		
2	Do you currently have any outstanding and /or unsatisfied judgements or liens against you?		
3	Have you ever made a compromise with creditors, filed a bankruptcy petition, or have been declared bankrupt, or insolvent either personally, or in business?		
4	A. Have you ever been charged with, convicted of, or pleaded guilty to: any crime, whether a felony or misdemeanor, fraud, dishonesty, misrepresentation, and/or mishandling of money? B. Any violation of state insurance department regulation or statute?		
5	Are you, or your firm and/or partner(s) or principle(s), currently a party to any litigation or arbitration involving you or your firm's business activities?		
6	Have you ever been the subject of an investment or insurance-related consumer-initiated complaint or proceeding?		
7	Have you ever had an insurance license(s) or other licensee denied, suspended or revoked by any state or federal regulatory agency?		
8	Are you the subject of any investigation or proceeding(s) which could result in a "yes" answer to any of the above?		
9	Have you read the company's rules and procedures regarding Regulation 60, required by the New York Department of Financial Services?		
10	Have you read the company's Training Manual on Anti-Money Laundering required by the New York Department of Financial Services?		

Explanation \_\_\_\_\_

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### Section 3

Authorization to collect and disclose information: I authorize the company to obtain or have prepared an investigative consumer report as defined under the Fair Credit Reporting Act. I understand that consumer reporting agencies may disclose the information collected only as set forth in the contract with a member company or organization. I acknowledge that I have received and carefully read a copy of the Fair Credit Reporting Act Notice.

SIGNATURE OF AGENT/APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

Br-Prof-2021