

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.

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 _____

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