



Applying to:

- Central Security Life Insurance Company**
- Western American Life Insurance Company**

P.O. Box 833879
Richardson, TX 75083-3879

APPOINTMENT DATA FORM

Mr. _____
 Name Mrs. _____
 Miss Last First Full Middle Date of birth Social Security Number

Agency or DBA name _____ Tax I.D. number _____

Mailing Address _____
 Street or Box Number City State County Zip Code

Residence _____
 Street City State County Zip Code

Length of time at present address _____ (if less than 3 years, give previous address) _____

Telephone _____
 Business Residence Mobile

Email _____ Full name of spouse _____ Date of birth _____

1. Have you ever been a respondent in a hearing or any other proceeding to determine if your insurance license should be refused, suspended, revoked, or renewal thereof denied, in this state or in any other state, district, or territory?
 Yes No If yes, give full details (Attach separate sheet) _____
2. Have you ever withheld any premiums belonging to any insurance company, its agent, or a policyholder?
 Yes No If yes, give full details (Attach separate sheet) _____
3. Are you presently indebted to any company for which you have been licensed? Yes No If yes, give full details (Attach separate sheet) _____
4. Do you understand that it is illegal to rebate, to misrepresent policy provisions, to withhold premiums or to misrepresent the standing or condition of any insurance company? Yes No (If you checked "no," please attach a written explanation.)
5. Have you ever been convicted of a felony in this state, district or territory? Yes No If yes, give details including date, name and location of court, and final disposition. _____

Note: The Company will obtain a background check on each agent applying for appointment. Therefore, please be sure the answers to all questions are accurate and complete.

I request appointment with your company.

I am enclosing my check for \$ _____ for my appointment fee.*

**Make check payable to the appointing company, either Central Security Life Insurance Company or Western American Life Insurance Company.*

Fair Credit Reporting Act Disclosure

This is to inform you that as part of our procedure for processing your application for contract, it is understood that an investigative consumer report may be made whereby information is obtained through personal interviews with third parties, such as business associates, financial sources, insurance companies you are currently or formerly contracted with, State and local authorities, friends, neighbors or others with whom you are acquainted. The report will include information as to your character, general reputation, personal characteristics, financial status, arrest and criminal records and mode of living, whichever may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation.

I understand that my authorization may be required to obtain my criminal and/or bankruptcy records, if any. I hereby grant that authorization. This authorization in original or copy form, shall be valid for this and any future reports or updates that may be requested.

Agent Signature _____ Date _____

Approved by:
Signature _____ Date _____