

## Standard Security Life Insurance Company of New York Appointment Checklist

**The following documents must be provided for each carrier appointment:**

- Appointment Request form
- Resident agent and/or agency license
- Non resident agent and/or agency license
- Copy of the Declarations Page of current Errors and Omissions Policy

If policy is under the agency, the agent name must appear on the declarations page, or a note on company letterhead listing those covered, must be included.

**Completed paperwork should be mailed to:**

**Framework Health Plan  
Attention: Agent Contracting  
11910 Volente Road  
Austin, Texas 78726**

(800) 551-3424 or (512) 349-4760 (512) 349-4765 fax  
[info@frameworkhealthplan.com](mailto:info@frameworkhealthplan.com)

Confirmation of appointment will be sent via email.  
Please allow approximately 3 – 4 weeks for processing .



## REQUISITION FOR AGENT APPOINTMENT

Check Type: Agent \_\_\_\_\_ Agency \_\_\_\_\_ (Resident \_\_\_\_\_ Non-Resident \_\_\_\_\_ )

Agency or Agent License Number \_\_\_\_\_

IDENTIFICATION (please print or type)

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Social Security Number

\_\_\_\_\_  
Birth Date                      Place of Birth                      Age                      Sex M [ ] F [ ]                      Email

\_\_\_\_\_  
Firm Name (Agency Name Required)                      Tax I.D. No.

Business Address: \_\_\_\_\_  
Street                      City                      State

\_\_\_\_\_  
County                      Zip Code                      Telephone No.                      Fax No.

Residential Address: \_\_\_\_\_  
Street                      City                      State

\_\_\_\_\_  
County                      Zip Code                      Telephone No.                      Fax No.

Name/Address of General Agent: \_\_\_\_\_  
\_\_\_\_\_

### BACKGROUND Use separate page if needed

1. Do you carry Errors and Omissions Protection? Yes [ ] No [ ]
2. Have you ever been convicted or had a sentence imposed or suspended or been pardoned for conviction of, or pleaded guilty or nolo contendere to an indictment charging any crime:
  - (a) involving fraud, dishonesty or moral turpitude, or
  - (b) charging a violation of any disciplinary proceedings of any federal or state regulatory agency?
 Yes [ ] No [ ] If yes, give particulars:  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Has an application for bond ever been declined to you? Yes [ ] No [ ] If yes, for what reason? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Have you ever been refused any license applied for? Yes [ ] No [ ] If yes, what state(s) and why? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Has your appointment ever been terminated involuntarily by an insurance company for reasons other than lack of production?  
 Yes [ ] No [ ] If yes, give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Has your license ever been cited, suspended or revoked by any state(s)? Yes [ ] No [ ]

If yes, what state(s) and why? \_\_\_\_\_

7. Is any charge by any state currently pending against you or against the agency or any member of the agency? Yes [ ] No [ ]

8. Do you work for or are you under contract to any financial institution such as a bank, a savings and loan association, any subsidiary, affiliate or holding company of such financial institution? Yes [ ] No [ ]

If yes, please provide the name and address of the financial institution. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Are there any outstanding judgments or liens (including state or federal tax liens) against you? Yes [ ] No [ ]

10. Detail of your school or work history for last 5 years (most recent years first). Use separate page if needed.

From	To	Name	Address	Telephone No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PERSONAL REFERENCES**

11. List two persons who we have your permission to contact. We prefer life/health carriers and/or licensed agents. (No 800 numbers, please.)

a. Name	b. Name
_____	_____
Address _____	Address _____
Occupation _____	Occupation _____
Years Known _____	Years Known _____
Telephone _____	Telephone _____

**CERTIFICATION/AUTHORIZATION**

- 12. a. I certify, under penalty of perjury, that all answers and responses to questions or inquiries contained in this application are true, correct, and complete answers and responses. I further certify that I have read and am familiar with the sections of the insurance code in the state in which I am seeking appointment and that I am withholding no information that would affect my qualification for this appointment. I further certify that I am not prohibited by the Violent Crime Control and Law Enforcement Act of 1994 from engaging in the business of insurance or that I have obtained consent from the appropriate insurance regulator to do so.
- b. I also authorize the Insurance Company to order an investigative report as may be required. I understand that information for the report may be secured from financial sources, 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 that 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 \_\_\_\_\_

Return completed form to: **Framework Health Plan**  
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