



Associated Insurance Service, Inc.
P.O. Box 2766
Huntington, West Virginia 25727-2766

AGENT QUESTIONNAIRE FOR LICENSE WITH COMPANY

Companies are required by the West Virginia Insurance Department to make an investigation of anyone they may appoint as an agent. A company must certify to the Department that the person is competent, financially responsible and suitable to represent the insurer.. Therefore, the following questions must be completed for our Company records.

- Name as it appears on license _____
 First Middle Last
- Social Security # _____ Date of Birth _____
- Residence Address: _____ Telephone# _____
 P.O. Box & Street, City, State, Zip
- Business Address: _____ Telephone# _____
 P.O. Box & Street, City, State, Zip
- Are you currently licensed as an agent in any other state? ____ Yes ____ No
If YES: License # _____ Date Issued _____
 Email: _____
- Have you ever been previously licensed as a resident agent in Ohio or any other state? ____ Yes ____ No.
If YES: State(s) of _____ License # _____ Date Issued _____
- Are you familiar with the Law on misrepresenting the terms of any existing or proposed insurance contract to the detriment of the applicant or insured? ____ Yes ____ No
- Are you familiar with the Unfair Trade Practices Act? ____ Yes ____ No
- Are you familiar with the law as to signing another person's name to an application for insurance or to any other document or fraudulently procured a forged signature to an insurance application or any other document, knowing such signature to be forged. ____ Yes ____ No
- Have you ever knowingly and willingly made or permitted a false or fraudulent statement or misrepresentation in or relative to an application for a policy of insurance? ____ Yes ____ No
- Does applicant understand that it is illegal to pay any person any part of the premium or share commissions with a policyholder or other person who is not a licensed individual? ____ Yes ____ No
- Have you ever been penalized or fined, had a license denied, refused, suspended or revoked by the Ohio Insurance Department or the Insurance Department of any other state? ____ Yes ____ No
- Have you ever been charged by an insurance agency or company with financial irregularities, or are you indebted to any insurance company for any overdue or unpaid money? ____ Yes ____ No
- Have you ever been indicted for, or convicted of, a felony or misdemeanor (exclude traffic violations)? __Yes__ No

NOTE:
Any "YES" responses to Questions 10, 12, 13, and 14 must be explained by furnishing, IN WRITING, a signed statement, outlining IN DETAIL the complete facts of the matter. The statement must include ALL incidents and the dates, names, and nature of each offense; the name and locality of the court(s), if any, involved; the disposition of each matter; and a CERTIFIED COPY of any legal record concerning each offense.

I declare the information provided in this questionnaire is true. I hereby assign my interest in any commission payable to the duly contracted agency shown on the declarations page of any policy issued.

APPLICANT'S SIGNATURE _____ DATE: _____ (Form AP-06/13)