AGENT QUESTIONNAIRE
For License with SAFE Insurance Company

SAFE

INSURANCE COMPANY
A West Virginia Farmers' Mutual Since 1911

Pursuant to West Virginia Administrative Regulations, companies are required to make an investigation prior to submitting licensing\appointing forms to their office and request proof of same. Therefore, the following questions must be completed prior to agent appointment by the Company.

1. Name as it appears on license _____
   First Middle Last
2. Social Security # _____ Date of Birth _____
3. Residence Address: _____Telephone# _____
   P.O. Box & Street, City, State, Zip
4. Business Address: _____ Telephone# _____
   P.O. Box & Street, City, State, Zip
5. Are you currently licensed as an agent in any other state? ☐Yes ☐ No
   If YES: License # _____ Date Issued _____
6. Have you ever been previously licensed as a resident agent in WV or any other state? ☐ Yes ☐ No.
   I f YES: State(s) of _____ License # _____ Date Issued_____
7. 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
8. Are you familiar with the Unfair Trade Practices Act? ☐ Yes ☐No
9. 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
10. 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
11. 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
12. Do you understand that residence address changes MUST be reported to the Insurance Department (in writing) within thirty (30) days? ☐ Yes ☐ No.
13. Have you ever been penalized or fined, had a license denied, refused, suspended or revoked by the West Virginia Insurance Department or the Insurance Department of any other state? ☐ Yes ☐ No
14. 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
15. 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, 13, 14, and 15 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-7/03)

1017 SIXTH AVENUE * POST OFFICE BOX 2085 * HUNTINGTON, WEST VIRGINIA 25721