



David A. Crofts & Associates Inc.

LIFE • HEALTH • GROUP • INVESTMENTS
AUTO • HOME • BUSINESS

422 Montague Ave. Suite 7 • Greenwood, SC 29649-1961

Please return, by FAX or mail to:

David A. Crofts & Associates, Inc.

422 Montague Avenue, Suite #7

Greenwood, SC 29649

800-803-7873 -or- 864-223-8788

Fax: 864-229-7392

Please note that most areas which require signatures are pointed out with markers such as these:



REQUISITION FOR AGENT APPOINTMENT

Check Type: Agent _____ Agency _____

IDENTIFICATION (please print or type)

Last Name First Name Middle Name Social Security #
Birth Date _____ Place of Birth _____ Age _____ Sex M [] F []

Firm Name (Agency Name Required) _____ Tax I.D. No. _____

Business Address: _____
Physical Address City State
County Zip Code Telephone No. Fax No.

Resident Address: _____
Physical Address City State
County Zip Code Telephone No. Fax No.

Email Address: _____

List the carrier(s) you want to be appointed with: Madison National Life Insurance Company, Inc. [X]

List the state(s) in which you are licensed and want to be appointed in:

State _____ License # _____; State _____ License # _____;
State _____ License # _____; State _____ License # _____;
State _____ License # _____; State _____ License # _____;

Name of Manager/Administrator/General Agent: _____

BACKGROUND - Use separate page if needed

1. Do you carry Errors and Omissions Protection? Yes [] No []

Have you ever been:

- (a) convicted of any criminal felony, involving fraud, dishonesty or a breach of trust
- (b) convicted of an offense under the Violent Crime Control and Law Enforcement Act of 1994; or
- (c) subject to disciplinary proceeding of any federal or state regulatory agency?

Yes [] No [] If yes, provide explanation:

2. Are you bonded? Yes [] No []

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 license ever been cited, suspended or revoked by any state(s)? Yes [] No []
If yes, what state(s) and why? _____

6. Has your appointment ever been terminated involuntarily by an insurance company for reasons other than lack of production? Yes [] No [] If yes, give details:

7. Is any charge by any state currently pending against you or against the agency or any member of the agency? Yes [] No [] If yes, give details:

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 [] If yes, give details:

CERTIFICATION/AUTHORIZATION

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.

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 along with copies of your current license(s) to:

[INSERT MANAGER/ADMINISTRATOR/GENERAL AGENT CONTACT INFORMATION]