

**GERBER LIFE INSURANCE COMPANY
PRODUCER'S INFORMATION QUESTIONNAIRE**
(PLEASE type or print clearly and complete all questions)

Home Office use only: Appr. _____ Eff. _____
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1. Producer is: General Agent Sub-Agent: If Sub-Agent, indicate General Agent _____

2. Producer licensed as: Individual Corporation Partnership

3. Name of Producer _____ Soc. Sec. # _____ - _____ - _____ Tax I.D. # _____
 Date of Birth _____ / _____ / _____ Married? Yes No If "Yes," name of spouse: _____

4. **Business Address:** _____ (Street Address) City _____
 Business County _____ State _____ Zip _____ Business Phone: () _____ FAX: () _____
 *Florida non-resident agents, list each county you will sell in: _____

5. **Residence Address:** _____ (Street Address) City _____
 County _____ State _____ Zip _____ Home Phone: () _____

INDICATE BY "X" IN BOX WHICH ADDRESS IS TO BE USED FOR MAILING PURPOSE. (NO P.O. BOX NUMBERS)

6. License Information: ENCLOSE COPY OF LICENSE FROM STATE(S) IN WHICH YOU WISH TO BE LICENSED. (Include Brokers License, if available)

7. If Partnership or Corporation, list all members to be appointed. (use back of form if necessary):

Name	Title or Position	Residence Address	Date of Birth

8. Main Life and/or Health Companies you now represent:
 1. _____ 2. _____ 3. _____ 4. _____

9. Have you ever had your insurance or securities license suspended or revoked? Yes No

10. Have you ever been investigated or fined by an Insurance Regulatory Authority? Yes No

11. Have you ever been convicted of a felony? Yes No In the future, I also agree that if I am ever convicted of a felony, I will notify you immediately.

12. Have you ever been short in account with any Insurance Company or Employer? Yes No

13. Has an application for bond ever been declined to you? Yes No
 If "Yes" for any of the above, please give complete details (use back of form if necessary): _____

14. Present employer (including military):

Name _____	Your Job title: _____	Date (Month/Day/Year) From: _____
Address _____ City _____ State _____ Zip _____		To: _____
Contact name to verify employment: _____	Contact's phone number: () _____	

Are they aware of this application? Yes No Satisfactory to contact? Yes No

15. Former employer (including military):

Name _____	Your Job title: _____	Date (Month/Day/Year) From: _____
Address _____ City _____ State _____ Zip _____		To: _____

16. Name and address of school last attended: _____
 Dates Attended: From _____ to _____ Major: _____

17. Bank Reference: _____

18. REFERENCES (not relatives): List two persons whom we have your permission to contact. We prefer licensed insurance agents as references, if possible.

Name _____	Address _____	Phone No. () _____
Name _____	Address _____	Phone No. () _____

NOTE: You must be licensed with Gerber Life Insurance Company, having in your possession, a copy of license or notification from Gerber Life Insurance Company advising that you are qualified to write business for the company, prior to any solicitation of business.

19. I certify that the answers to the above questions are true. I agree to comply with all the regulations of **Gerber Life Insurance Company** and the Insurance Department. I certify that I am free to contract with **Gerber Life Insurance Company**. I authorize the individuals or companies shown in this application to give to Gerber Life any business or personal information concerning me that they may have and I release said individual or company from all liabilities for any damage whatsoever for issuing this information.

20. **(NY Agents Only)** I have read New York Circular Letter No. 8 dated July 7, 1991 regarding Placement of Health Insurance Coverage With Unlicensed and Unauthorized Multiple Employer Welfare Arrangements, and agree to comply with its contents.

 Print Name Signature of Applicant Date

Please be advised that this information will be processed as quickly as possible. PUBLIC LAW 91-508 requires that we advise you that a routine inquiry may be made of your friends, neighbors and business associates during our initial or subsequent processing which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided.

IF YOU ARE PRESENTLY A FULL TIME AGENT WITH ANOTHER COMPANY, WE SUGGEST YOU CONSULT WITH YOUR MANAGER OR GENERAL AGENT