



The United States Life Insurance Company in the City of New York

Member of American International Group, Inc.

Agent Licensing • Mailstop 4-Z • 3600 Route 66 • Neptune, NJ 07753

This form must accompany requests for appointment and/or license with our Company. In addition, if the applicant is a Company, Corporation or Partnership then the principal(s) must also complete an agent profile form in its entirety and supply a copy of his/her insurance license(s).

SECTION 1:

TPA Name: CaliforniaChoice Benefit Administrator's Inc

TPA Code: T4008

TPA Licensing Contact: Brian Andersen

TPA Telephone No.: 714-835-5006 ext 3393

USL/AIG/AGAC Contact: Maureen Gregersen

Telephone No.: _____

SECTION 2: How are you doing business? Corporation Partnership DBA or T/A Individual

A. Companies must complete both Company and Individual applicant information.

Company Name: _____

DBA (or T/A): _____

Tax Identification #: _____

Names of Agency Officers: _____

Phone No. _____ Fax No. _____

Email Address: _____

Address: _____

B. Individual: To be completed by Agency Officer/Principal(s):

Male Female

Last Name: _____ First Name: _____ Middle Initial: _____

Suffix and/or Prefix if applicable: _____ Social Security #: _____ Date of Birth: _____

Phone No. _____ Fax No. _____

Email Address: _____

Resident Address: _____

Business Address: _____

SECTION 3: Florida non-residents must specify the Florida counties in which you will be representing our company:

(Note: Florida appointment expenses will be paid in the three counties you are primarily representing our Company. Additional appointment expenses will be paid by the applicant.)

SECTION 4: List all states you wish to be appointed with our Company and attach legible copies of your license(s) for appointment processing: _____

SECTION 5: Authorization To Collect And Disclose Information: I authorize the Company to obtain or have prepared an investigative consumer report as defined under the Fair Credit Reporting Act and as described in the Notice given to me. I elect to be interviewed if an investigative consumer report is prepared in connection with the application. I understand that consumer reporting agencies may disclose the information collected only as set forth in the contract with a member company or organization. I acknowledge that I have received and carefully read the Fair Credit Reporting Act Notice in Section 6.

SIGNATURE OF APPLICANT

DATE

List your residence address for the past five years up to and including present date:

From (Mo/Yr) to (Mo/Yr)

Address

City, State, Zip

Phone No.

The insurance departments of various states require companies to investigate the competence, character, and financial background of agents. **If the answer to any of the following questions is "yes", please give full details under explanation. Use additional paper if needed.**

YES NO

1.	Do you have outstanding debt(s) with any insurance companies?		
2.	Do you currently have any outstanding and/or unsatisfied judgments or liens against you?		
3.	Have you ever made a compromise with creditors, filed a bankruptcy petition or been declared bankrupt or insolvent, either personally or in business?		
4.	Have you ever been charged with, been convicted of, or pleaded "nolo contendere" (no contest) to: a. any crime, whether a felony or misdemeanor, involving fraud, dishonesty, misrepresentation, mishandling of money (such as larceny, embezzlement, conversion, etc.)? b. any violation of a state insurance department regulation or statute?		
5.	Are you or your firm and/or your partner(s) or other principal(s) currently a party to any litigation or arbitration involving you or your firm's business activities?		
6.	Have you ever been the subject of an investment or insurance-related consumer-initiated complaint or proceeding?		
7.	Have you ever had an insurance license denied or revoked by any state or federal regulatory agency?		
8.	Are you the subject of any complaint, investigation or proceeding which could result in a "yes" answer to any of the above?		

EXPLANATION:

SECTION 6:

Fair CREDIT REPORTING ACT NOTICE

When the Company begins to process your application, it may ask for a consumer report from an independent Consumer Reporting Agency (CRA). All or part of that report may be an "investigative consumer report" as defined by the Federal Fair Credit Reporting Act ("Act").

The Company may use the report to confirm or supplement information on your application, including but not limited to your residential address, occupation, marital status, character, mode of living (except as may be directly or indirectly related to sexual orientation), economic status, reputation and driving record. The report may also include information about drug and alcohol use and criminal history and may be based on interviews with your friends, neighbors or associates, as well as a review of motor vehicle, business and court records.

You may formally request to be interviewed by the CRA in connection with the preparation of the report by placing a check mark in the box contained in Section 5 of this application.

The CRA may keep a copy of the report, and may disclose its contents to other users for whom they perform similar services, to the extent permitted by the Act. The Company may request later consumer reports, all or part of which may be investigative consumer reports, at a future renewal of your application.

Upon your written request, the Company will provide a written disclosure detailing the nature and scope of the investigation which has been or will be performed, along with the name, address and telephone number of the CRA which is preparing the report. This disclosure will be provided to you within 5 business days of the date your request is received by the Company, or from the date the actual report is requested by the Company, whichever is later. You are entitled to contact the CRA that prepared the report to obtain additional information about your rights under the Act.