



Contracting Questionnaire

Authorized Representative /
Agency / Agent

National Guardian Life Insurance Company (NGL) • PO Box 1191 • Madison, WI 53701-1191
Phone 800.988.0826 • Fax 608.443.5042 • www.nglic.com

Agents and Agencies are not permitted to solicit, sell or procure an application for insurance until they possess an insurance agent's license and authorization from National Guardian Life Insurance Company. Omission of any information below will delay authorization from National Guardian Life Insurance Company and payment of commissions.

NAME OF AUTHORIZED REPRESENTATIVE / AGENCY / AGENT		SSN		DOB
NAME OF CORPORATION Adroit Health Group, LLC		TAX ID NUMBER		
BUSINESS ADDRESS PO Box 310	CITY McKinney	STATE TX	ZIP CODE 75070	PHONE
RESIDENTIAL ADDRESS (P.O. Box)	CITY	STATE	ZIP CODE	FAX #
CONTACT NAME		EMAIL ADDRESS		PHONE
PRINT NAMES AND TITLES OF ALL OFFICERS:				
ADDITIONAL STATE APPOINTMENTS				
COMMISSION PAYMENTS PAID TO: AGENT AGENCY (Please circle one)				
BACKGROUND: (Please explain, include dates, and "yes" answers on a separate sheet)				
Has Authorized Representative / Agency / Agent ever:				
been appointed by National Guardian Life Insurance Company?				<input type="checkbox"/> Yes <input type="checkbox"/> No
had a complaint filed against you with an Insurance Department? State?				<input type="checkbox"/> Yes <input type="checkbox"/> No
been refused a bond?				<input type="checkbox"/> Yes <input type="checkbox"/> No
been the subject of any investigation or proceeding by any insurance jurisdiction?				<input type="checkbox"/> Yes <input type="checkbox"/> No
had any agency contract or company appointment canceled for cause (e.g., misrepresentation, misappropriation, etc.)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
been suspended, expelled, fined, barred, censured or otherwise disciplined or found to have violated any law or rule by any party in the insurance industry?				<input type="checkbox"/> Yes <input type="checkbox"/> No
been refused a license to sell insurance or membership in any insurance organization or had a license suspended or revoked for cause by any jurisdiction?				<input type="checkbox"/> Yes <input type="checkbox"/> No
withdrawn any application or surrendered any license to avoid any disciplinary action or the denial of a license?				<input type="checkbox"/> Yes <input type="checkbox"/> No
been convicted of or pleaded no contest to any felony or misdemeanor, except for traffic offenses? If yes, give complete information and attach copy of court order.				<input type="checkbox"/> Yes <input type="checkbox"/> No
have any criminal charges pending against you?				<input type="checkbox"/> Yes <input type="checkbox"/> No
gone through bankruptcy, had salary attached or had any liens or judgments outstanding against you?				<input type="checkbox"/> Yes <input type="checkbox"/> No
been named a party in any lawsuit?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you presently indebted to any insurer or any insurance company or managing general agent?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you intend to sell insurance principally for the purpose of placing insurance on risks owned or controlled by you, your employer or your family?				<input type="checkbox"/> Yes <input type="checkbox"/> No

of years Authorized Representative / Agency / Agent has been in business? _____

of years Agency / Agent has been at present address? _____

CERTIFICATION / AUTHORIZATION - I certify that I have answered all questions honestly and to the best of my knowledge.

DATE _____ **SIGNATURE OF AUTHORIZED REPRESENTATIVE / AGENT:** _____