

## Guarantee Trust Life Insurance Company

### Contracting Guide for License Only Agent (LOA)

Please use the checklist and form completion guidelines below as a reference. Proper completion and submission of the necessary forms will help expedite the processing of your appointment.

**Commission or hierarchy questions should be directed to the Agency with which you are contracting.** You may contact the GTL Sales Support Department at (800) 323-6907 with any other questions.

**After completing the paperwork, forward to the Agency with which you are contracting.** They will add any information necessary prior to forwarding it to GTL.

Upon review and approval of your request for appointment, you will receive a welcome letter indicating your agent and/or agency code(s). Retain the welcome letter along with the GTL General Agent Agreement.

☐ **Contract/Appointment Application:**

List your legal name as shown on your resident license when completing all paperwork. Make sure to sign and date the Contract/Appointment Application form.

☐ **State Background Check Form: (GA and MS only)**

☐ **Insurance License(s):**

Submit a copy of your resident license and non-resident license(s) under which you will be submitting business. GTL will complete your appointment and pay your initial state appointment fee(s) upon receipt of your first submitted business, except as explained in the next paragraph.

Pre-appointment states only (PA): PA appointment fee is \$15 (\$30 Sept. through Dec.). Please make check for state appointment fee payable to GTL and mail along with all other appointment document to: Guarantee Trust Life Insurance Company, ATTN: Marketing Dept, 1275 Milwaukee Avenue Glenview, IL 60025



GUARANTEE  
TRUST  
LIFE

# GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue • Glenview, Illinois 60025

847-699-0600 • www.gtlic.co

## CONTRACT/APPOINTMENT APPLICATION

Please Print or Type All Information

### ► Personal Information

1. Name \_\_\_\_\_  
(Last) (First) (Middle Initial) SS#

2. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ ☐ Male ☐ Female

3. Drivers License # \_\_\_\_\_ (State) \_\_\_\_\_

4. Marital Status ☐ Single ☐ Divorced ☐ Married 5. Spouse's Full Name \_\_\_\_\_

6. Home Address: \_\_\_\_\_  
Street City State Zip

Home phone \_\_\_\_\_

(If less than 7 years, please provide previous address) \_\_\_\_\_

7. Business address: \_\_\_\_\_  
Street City State Zip

Business phone \_\_\_\_\_  
(Area Code) (Number)

Fax number \_\_\_\_\_  
(Area Code) (Number)

E-Mail address \_\_\_\_\_

### ► Corporation Information

8. Company Name \_\_\_\_\_ Fed. ID # \_\_\_\_\_

Company Insurance License # \_\_\_\_\_ (Copy Required)

Indicate other Principal Parties in Partnership or Corporation, list Officers of the Company:

Name \_\_\_\_\_ Title \_\_\_\_\_ SS # \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SS # \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SS # \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SS # \_\_\_\_\_

### ► Financial

9. Bank Name \_\_\_\_\_

Account # \_\_\_\_\_ Type of account \_\_\_\_\_

Have you or your company:

10. Declared bankruptcy? ☐ Yes ☐ No

11. Been a defendant in a lawsuit? ☐ Yes ☐ No

12. Any outstanding and/or unsatisfied judgments or liens against you? ☐ Yes ☐ No

13. Ever been involved in a business venture that failed? ☐ Yes ☐ No

14. Any outstanding debt(s) with any insurance company or companies? ☐ Yes ☐ No

If you answered "Yes" to any of the above, please attach a detailed explanation.

► **Licensing Information: All Agents must submit a copy of current license(s) (Resident & Non-Resident)**

15. Type of license: ☐ Life ☐ A&H ☐ Broker License # \_\_\_\_\_
16. How long have you been in the Life field? \_\_\_\_\_ A&H field \_\_\_\_\_
17. Have you ever been licensed with GTL? ☐ No ☐ Yes Prior Code # \_\_\_\_\_
18. Are you full-time in the insurance business? ☐ No ☐ Yes If not, state other business: \_\_\_\_\_
19. With which other insurance companies are you presently licensed/appointed? \_\_\_\_\_

► **Background Information**

20. Have you ever been investigated or fined by an Insurance Regulatory Authority? ☐ Yes ☐ No
21. Has your insurance license ever been suspended or revoked? ☐ Yes ☐ No
22. Have you ever plead guilty or "nolo contendere" to or been found guilty of a felony? ☐ Yes ☐ No
23. Have you ever had a bond canceled or declined? ☐ Yes ☐ No
24. Are you now the subject of any complaint, investigation or proceeding which could result in a "yes" answer to any of the above questions? ☐ Yes ☐ No

If you have answered "Yes" to any of the above questions, please attach a detailed explanation.

► **Employment History**

25. Current Employer: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_ Start Date \_\_\_\_\_
26. Prior Employer: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_ Start Date \_\_\_\_\_
27. Prior Employer: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_ Start Date \_\_\_\_\_

(Please provide 7 years of employment history. Attach additional information if necessary)

► **Education**

28. Highest Level of Formal Education ☐ Grammar School ☐ High School ☐ College ☐ College+
29. Professional Designations \_\_\_\_\_

**Fair Credit Reporting Act (FCRA)** — Public law requires that we advise you that a routine inquiry by accessing public records, may be made which will provide applicable information concerning your character, general reputation, personal characteristics, and mode of living. By signing below, you understand the above and authorize all persons and entities to release information about you they may have. You also acknowledge that you have read and understand the attached "Summary of Your Rights under the Fair Credit Reporting Act." Upon written request, additional information as to the nature and the scope of the report, if one is made, will be provided.

► **Signature of Applicant** \_\_\_\_\_ Date \_\_\_\_\_

► **This section is to be completed by the recruiting General Agent:** Sub Agent Code: \_\_\_\_\_

Recruiting General Agent Name \_\_\_\_\_ Code # \_\_\_\_\_

Pay Writing Agent's Commissions to: ☐ Recruiting GA Only or ☐ Applicant Only

Mail Policies to: ☐ Recruiting General Agent or ☐ Applicant (New General Agent)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Primary Product \_\_\_\_\_ 1<sup>st</sup> Yr. Commission Rate \_\_\_\_\_ %

## SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every Consumer Reporting Agency (CRA). Most CRAs are credit bureaus that gather and sell information about you — such as where you work and live, if you pay your bills on time, and whether you've been sued, arrested, or filed for bankruptcy — to creditors, employers, landlords and other businesses. The FCRA gives you specific rights in dealing with CRAs, and requires CRAs and certain other individuals or entities to provide you with a summary of these rights as listed below. You can find the complete text of the FCRA, 15 U.S.C. 1081 at the Federal Trade Commission's website (<http://www.ftc.gov>).

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take adverse action against you — such as denying an application for credit, insurance, or employment — must give you the name, address, and phone number of the CRA that provided the report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if an individual or company has taken adverse action against you because of information supplied by the CRA, if you request the report within sixty (60) days of receiving the notice of the adverse action. You are also entitled to one free report every twelve (12) months upon request, if you certify that (1) you are unemployed and plan to seek employment within sixty (60) days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you a fee of up to eight dollars to provide you a copy of your report.
- **You can dispute inaccurate or incomplete information with the CRA.** If you tell a CRA that your file contains inaccurate or incomplete information, the CRA must reinvestigate the items (usually within thirty [30] days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs to which it has provided the information of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any changes. If the CRA's investigation does not remove the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within thirty (30) days after you dispute its accuracy or completeness. However, the CRA is not required to remove data from your file that is accurate unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell a person or entity such as a creditor who reports to a CRA — that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you have notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven (7) years old, or ten (10) years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to those who have a need recognized by the FCRA usually to consider an application you have submitted to a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not report to your employer, or prospective employer, about you without your written consent. A CRA may not divulge medical information about you without your consent.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** You may sue a CRA or other party in state or federal court for violations of the FCRA.
- **You may have additional rights.** You may have additional rights under state law and you may wish to contact local consumer protection agency or a state attorney general to learn of your potential rights.

## **Authorization Form for Release of File Copies of Criminal History**

I hereby authorize Interstate Background Research, Inc. acting as an agent for \_\_\_\_\_ to receive any criminal history record information pertaining to me, which may be in the files of any state or any local criminal justice agency, or any law enforcement agency.

This request is valid for one (1) year from this date heron.

### **PART A: To be completed by EMPLOYEE:**

Employee Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Employee Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \*Gender: \_\_\_\_\_

Employee Full Name: \_\_\_\_\_

Employee Street Address: \_\_\_\_\_

Employee City, State and Zip Code: \_\_\_\_\_

Date of this request: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ \*\*SIGN HERE

### **THANK YOU**

\*May be deemed necessary to conduct a thorough criminal record search in accordance with the, "Code of Federal Regulations" Equal Employment Opportunity Commission Code 1625.5.

\* This request for your date of birth does not indicate discrimination; and the request in itself is not a violation of the Age Discrimination Act. Your date of birth is requested for a permissible purpose, under the code, and has been ruled a critical identifier for criminal and driving history information. Some states will not conduct a criminal search without the date of birth.