

**LIFE INSURANCE COMPANY OF ALABAMA  
APPLICATION FOR CONTRACT**

(Please Print)

1. Full Name \_\_\_\_\_  
First Middle Last Nick Name

Spouse Name \_\_\_\_\_  
First Middle Last Nick Name

2. Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Social Security No. \_\_\_\_\_

3. Home Address \_\_\_\_\_  
Street City State Zip Code County

4. Business Street Address \_\_\_\_\_  
 (For UPS) Street  
City State Zip Code

If applicable:

P. O. Box Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

5. Telephone Number: Business ( ) \_\_\_\_\_ Residence ( ) \_\_\_\_\_  
 Cell Phone: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

↑ Perforated - Please Detach before completing form.

6. a. Agents License# \_\_\_\_\_ Licensed For: Life \_\_\_\_\_ Life / A & H \_\_\_\_\_ A & H Only \_\_\_\_\_  
 b. Are you currently covered by Errors & Omissions insurance  Yes  No If yes, attach a copy of your policy or proof of current coverage.

7. List present or previous Life Insurance Companies or other Employers:

NAME AND ADDRESS	FROM	TO
_____	_____	_____
_____	_____	_____

8. Commissions To Be Paid To, Check one:  Agent  Agency

9. Agency Name \_\_\_\_\_ Federal Tax Number \_\_\_\_\_

10. Name of Immediate General Agent or Regional Director \_\_\_\_\_  
Please Print

11. Under the Violent Crime Control and Law Enforcement Act of 1994, we are required to make a determination as to whether any agents of the company have been convicted of a felony involving dishonesty or a breach of trust, or have been convicted of any offense under the Violent Crime and Law Enforcement Act of 1994.

I have not been convicted of a felony.  I have been convicted of a felony. Information regarding the conviction is as follows:

Date of Conviction \_\_\_\_\_ Offense for which I was convicted \_\_\_\_\_

Court in which I was convicted \_\_\_\_\_

Sentence received for such conviction \_\_\_\_\_

As part of normal procedure for processing applications, a routine inquiry will be made. This inquiry typically concerns information on an applicant's criminal records, insurance license record, financial background, personal characteristics and mode of living. Further information on the nature and scope of this report is available to you upon written request.

I authorize Life of Alabama to obtain credit, criminal, insurance licensing, and other records or information concerning my character, general reputation, mode of living, personal characteristics, and other applicable data. Such information may be obtained through relatives, friends, associates, neighbors, financial sources, law enforcement agencies, Vector One (or other debit balance reporting services), or regulatory bodies. I acknowledge that I have received and read Life of Alabama's Guide to Market Conduct and Administrative Simplification Provisions of HIPAA. I further understand and agree that I am not permitted to write insurance until I receive written approval of this application from Life of Alabama.

\_\_\_\_\_  
 Signature of Company Representative Signature of Agent, General Agent or Director

**LIFE INSURANCE COMPANY OF ALABAMA  
APPLICATION FOR ADVANCE COMMISSION PAYMENTS**

1. List all companies from which you have received advance commission payments:

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2. Do you have any outstanding debit balances with any company?  Yes  No

If Yes, list all companies, the amount of each debit balance and the amount each of these accounts is currently earning:

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3. Have you ever had a contract canceled by any company or agency?  Yes  No

If so for what reason? Name of company or Agency?

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I understand that any advance commissions paid by Life of Alabama is not actual commission due until the premium upon which the advance is calculated is paid to the Company at the Home Office in Gadsden. Until such time as all premiums upon which these advance payments are based are paid to the Company, these advance payments constitute a loan and a debt due Life of Alabama upon which interest may be charged at the legal rate.

As security for the obligation of the undersigned to repay to the Company any and all such loans and debts arising from the advance payment of commissions by the Company to the undersigned, together with interest thereon as aforesaid, the undersigned does hereby assign and transfer to the Company any and all commissions now due or to become due in the future to the undersigned from the Company under the agent contract executed between the Company and the undersigned, or which may be executed in the future between the Company and the undersigned, and the undersigned authorizes the Company to apply any and all such commissions now due or to become due in the future, first to the accrued interest on such loans and debts, and next to the outstanding principal balance of such loans and debts, until the same is paid in full.

I also understand that at such time as my contract with Life of Alabama is canceled any outstanding debit balance plus any interest due that is not immediately paid to Life of Alabama may be reported to Vector One debit balance reporting service (or any other debit balance reporting agency being used by the Company) which reports such outstanding debit balances to its subscribers.

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Date

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Signature of Agent, General Agent, or Director

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Signature of Witness

**Life Insurance Company of Alabama**  
P. O. Box 349 ♦ Gadsden, AL 35902  
Phone: 256-543-2022 or 800-226-2371

**DECLINATION OF COVERAGE  
FOR AGENT ERRORS & OMISSIONS PROGRAM  
AND PROOF OF CURRENT COVERAGE**

NOTE: This document should be mailed back to the Home Office **ONLY IF YOU DO NOT WANT** to be automatically included in the Life Insurance Company of Alabama's Agents E & O Program.

**DECLINATION:**

**I understand and accept that:**

1. I could have enrolled under this Errors and Omissions Program if I had not decided to decline to do so, and therefore have returned this declination of coverage form.
2. I do not have Errors and Omissions coverage under this program and do not choose to participate in it.
3. I understand that if a claim arises, Business Risk Partners for Lloyds, the underwriting company will not assume my defense nor make any indemnity payments.

4. Details of my alternative E & O insurance coverage are noted below:

E & O Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Limits: \_\_\_\_\_

Deductible: \_\_\_\_\_

PRODUCER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AGENT #: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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P. O. Box 349 • Gadsden, AL 35902  
Phone: 256-543-2022 or 800-226-2371

**26. TERMINATION**

In the event of termination without cause, Agent or Agents' legal representative will continue to receive any vested first-year commissions and renewal commissions payable as they are earned as set forth in the Vested Commissions paragraphs 15 and 16. Agent will promptly account for and remit any monies then held on behalf of LICOA and immediately deliver to LICOA, all books, records, correspondence, supplies and other LICOA property. Agent will no longer act on the behalf of LICOA and will immediately pay, in cash, to LICOA any monies paid by LICOA to Agent for unearned advanced commissions or any other outstanding indebtedness.

**27. NON-WAVIER**

Forbearance or neglect of LICOA to insist upon the performance of any provision(s) of this Agreement at any time or under any circumstances shall not constitute a waiver of that provision(s) of this Agreement.

**28. ENTIRE AGREEMENT**

This Agreement, including the Commission Schedule which is incorporated in this Agreement by this reference and any supplements, shall become effective on the effective date specified and shall supersede any prior Agreements or understandings between Agent and LICOA. First-year commissions and renewal commissions provided for in such Agreement(s), if any, that may now be due or shall become due to Agent on business heretofore written are subject to the terms and conditions of this Agreement, provided that nothing herein shall be construed to affect or waive any claim of any kind of LICOA against an Agent under any Agreement.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

By \_\_\_\_\_  
Agent\*

By \_\_\_\_\_  
Agent\*

By \_\_\_\_\_  
General Agent or Regional Director

\*If the Agent is a partnership, each partner must sign individually and as a partner; if a corporation, only the president or properly designated corporate officer must sign.

**Home Office Use Only**  
  
By \_\_\_\_\_  
Authorized Company Official



Life Insurance Company of Alabama • PO Box 349 • Gadsden, AL 35902 • 800.226.2371 • www.licoa.com