



Hartford Life Insurance Companies  
 Individual Life Operations - Contracting  
**Mailing Address:**  
**PO Box 5085**  
**Hartford CT 06102-5085**  
**Fax 860.392.3346**

## APPLICATION FOR LIFE CONTRACT

### SECTION A: APPLICANT INFORMATION *(Complete only one.)*

#### Individual Application

First Name		Middle Name		Last Name	
SSN		Birth Date		Professional Designations	
Resident Address (No PO Box)			City	State	Zip
Resident Phone		Resident Fax		Cell Phone	
Business Mailing Address		Physical Business Address		City	State Zip
Business Phone		Business Fax		Email Address	

#### Agency Application *(An Application and Agreement for Appointment Only form must be completed for each officer.)*

Business Name			TIN		
If incorporated, indicate type of corporation: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLP					
Authorized Principal or Officer		Birth Date		SSN	
Business Address			City	State	Zip
Business Phone		Business Fax		Email Address	

### SECTION B: BACKGROUND QUESTIONNAIRE

For each of the questions below, if the answer is YES, please attach **a specific written explanation** with relevant dates and documentation, including certified copies of all court documents, pertaining to the question. **Failure to disclose any information** requested below will be cause for automatic rejection of this contracting appointment. *(Any pending business associated with this appointment request will also be rejected.)*

	<u>Yes</u>	<u>No</u>
1. Has any insurance company canceled your appointment and/or contract for cause?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had any administrative proceedings, fines, reprimands, or revocations/suspensions of your license or registration(s) by any state or federal regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been convicted of, plead guilty or nolo contendere to any criminal offense (including misdemeanor and felony traffic offenses)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you had a debt placed for collection, or a creditor write off a debt as uncollectible during the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you filed for bankruptcy, or debt reorganization (chapters 7, 11, 13) or had a judgment entered against you in connection with a debt during the past 7 years?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been or are you currently involved in any pending indictments, law suits, civil judgments or other legal proceedings (civil or criminal)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you currently subject to any tax liens or levies against you by the Federal Government (IRS) or any state regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION C: APPOINTMENT INFORMATION**

Type of Appointment <input type="checkbox"/> Individual <input type="checkbox"/> Agency	Resident State Insurance License #	NPN #
Indicate all states where appointment is being requested. Non-resident state appointments will be processed upon receipt of a new business application, except for restricted states (R).		
<input type="checkbox"/> All States	<input type="checkbox"/> Iowa	<input type="checkbox"/> Mississippi
<input type="checkbox"/> Alaska	<input type="checkbox"/> Idaho	<input type="checkbox"/> Montana
<input type="checkbox"/> Alabama	<input type="checkbox"/> Illinois	<input type="checkbox"/> North Carolina (R)
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Indiana	<input type="checkbox"/> North Dakota
<input type="checkbox"/> Arizona	<input type="checkbox"/> Kansas	<input type="checkbox"/> Nebraska
<input type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Hampshire
<input type="checkbox"/> Colorado	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New Jersey
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> New Mexico
<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> Nevada
<input type="checkbox"/> Delaware	<input type="checkbox"/> Maine	<input type="checkbox"/> New York
<input type="checkbox"/> Florida (R) (if no active appointment)	<input type="checkbox"/> Michigan	<input type="checkbox"/> Ohio
<input type="checkbox"/> Georgia (R)	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Oklahoma
<input type="checkbox"/> Hawaii	<input type="checkbox"/> Missouri	<input type="checkbox"/> Oregon
		<input type="checkbox"/> Pennsylvania (R)
		<input type="checkbox"/> Rhode Island
		<input type="checkbox"/> South Carolina
		<input type="checkbox"/> South Dakota
		<input type="checkbox"/> Tennessee
		<input type="checkbox"/> Texas
		<input type="checkbox"/> Utah (R)
		<input type="checkbox"/> Virginia
		<input type="checkbox"/> Vermont
		<input type="checkbox"/> Washington
		<input type="checkbox"/> Wisconsin
		<input type="checkbox"/> West Virginia
		<input type="checkbox"/> Wyoming

**SECTION D: FINRA INFORMATION**

Are you FINRA registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type of registration do you hold? <input type="checkbox"/> Series 6 <input type="checkbox"/> Series 7 <input type="checkbox"/> Series 63 <input type="checkbox"/> Other _____
Broker/Dealer Affiliation	Individual CRD #

**SECTION E: ERRORS AND OMISSIONS INFORMATION**

Do you have Errors & Omissions coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide Carrier Name.
Policy #	Indicate minimum coverage.

**SECTION F: AUTHORIZATION FOR DIRECT DEPOSITS (Optional)**

I authorize Hartford Life and Annuity Insurance Company and Hartford Life Insurance Company ('Hartford') to initiate credit entries/deposits to my account with the Financial Institution designated below. Such credit entries shall reflect commission payments that are payable to me from Hartford. I also authorize Hartford to make any adjustments for any errors in transmission to my account by crediting and/or debiting the same to such account. This authorization is to remain in full force and effect until Hartford has received written notice from me of its termination in such time and in such manner as to afford Hartford and Financial Institution a reasonable opportunity to act on it or upon written notice from Hartford.

**PLEASE SUBMIT A COPY OF A VOIDED CHECK OR SAVINGS DEPOSIT SLIP.**

**Account Type:**     Checking     Savings

Financial Institution Name (Bank)	Routing #
Account Name	Account #
Signature of Applicant	Date

**SECTION G: AUTHORIZATION, CERTIFICATION AND SIGNATURE**

I authorize Hartford Life and Annuity Insurance Company or Hartford Life Insurance Company (Company) to request and obtain from a consumer reporting agency, an investigative consumer report in connection with my application and any circumstance that may arise while contracted. I understand that such report may include information as to my character, general reputation, personal characteristics, and mode of living which is obtained from document requests and personal interviews with my family, friends, neighbors, employees or business associates, financial sources or other with whom I am acquainted. I authorize all personal and entities (including, but not limited to, governmental agencies, law enforcement authorities, state insurance departments and credit agencies) to release any information to the Company, its licensed recruiting agents or a consumer reporting agency as it may relate to this Application for Appointment; and I release any person or entity so contacted from any liability with respect to the information provided. Company may release information in its files to its affiliates and/or recruiting agents. I understand that I have the right to request to be interviewed in connection with any investigative consumer report. Further, upon written request, I will be provided with information regarding the nature and scope of any consumer report and I may also obtain a copy of the report. I also understand that if necessary, more information may be required to complete, maintain, or close my file and I authorize the Company to obtain such information. I understand that Company will provide a summary of rights under the Fair Credit Reporting Act, which can be located at [www.ftc.gov/os/statutes/fera.htm](http://www.ftc.gov/os/statutes/fera.htm).

I certify that the information provided by me on this application is true and correct to the best of my knowledge and belief. I also acknowledge and agree that this Authorization shall remain valid during the term of my relationship with the Company. I understand that any false statement provided to the Company may be considered as sufficient cause for rejection of my application or for termination of my contract if such false statement is discovered subsequent to contracting. Further, I understand that I will not be considered contracted with the Company until a background check is completed and approved and a Sales Agreement is executed by the Company and me.

Further, under penalties of perjury, I certify that: 1. The Social Security Number of Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Applicant Signature	Date
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**TO BE COMPLETED BY THE RECRUITING OFFICE**

**SECTION H: CONTRACT SPECIFICATIONS**

Marketing Affiliation <input type="checkbox"/> SFO <input type="checkbox"/> Life Brokerage with SFO <input type="checkbox"/> HESCO		Product Line(s) <input type="checkbox"/> Life <input type="checkbox"/> Variable Life (HESCO only)	
Contract Type <input type="checkbox"/> Agent <input type="checkbox"/> General Agent / PPGA <input type="checkbox"/> IMO		Are you a P and C agent? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Hartford Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contract Name	Contract Rate(s) (first-year and renewal) _____% / _____%	Term Rate (if other than default) _____%	
Direct Up-line Name		Direct Up-line Agent Code(s)	
Hartford Field Office Name		Field Office #	
Field Office Contact		Email Address	

**SECTION I: RECRUITER ACCEPTANCE AND SIGNATURE \***

Recruiter Name	Title
Recruiter Signature	Date

*\*The recruiter acceptance and signature is required from the person who holds oversight responsibilities for the Agent listed above in Section A. These consist of an Account Executive, BGA, Field Office Manager, IMO, Life Brokerage Marketing, PPGA stand-alone, Regional Life Consultant or the Regional Marketing Specialist.*