



# AGENT/AGENCY APPLICATION FOR APPOINTMENT

UniCare Life & Health Insurance Company  
 UniCare Health Insurance Company of the Midwest (IN and IL only)  
 UniCare Health Plans of the Midwest, Inc. (HMO only in IL/IN)  
 UniCare Health Insurance Company of Texas (Texas only)  
 UniCare Health Plans of Texas, Inc. (HMO only in Texas)

Pay commissions to:  
 agency William E. Smallwood II

writing agent \_\_\_\_\_  
 Please initial your selection.

Check here if you are a Farmers Agent

## Section 1. Agency Information (Please Print)

Please state name and address exactly as it appears on file with the IRS

COMPANY NO. <b>252, 253, 276, or 365</b>	MBU <b>ISG</b>	RSR#	RSM
PLEASE DESIGNATE STATE IN WHICH YOU ARE REQUESTING APPOINTMENT.		ARE YOU A RESIDENT OF THIS STATE?	PLEASE CHECK APPROPRIATE ITEM:
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER (Please identify)
<b>Full name of Agency</b> Please note that name and Tax I.D. must correspond. Incorrect information may result in a withholding tax of 31% on commissions.		Federal Employer Identification Number (Tax I.D. Number)	
<b>BUSINESS MAILING ADDRESS</b> 1827 Powers Ferry RD. STE. 2-200			

CITY Atlanta	STATE GA	ZIP CODE 30339
PHONE NO. ( 770 ) 226-8560	FAX NO. ( 770 ) 226-8790	E-MAIL ADDRESS WILL@AECL.US

## Section 2. Writing Agent Information

### Full name of Writing Agent

Please note that name and Tax I.D. must correspond. Incorrect information may result in a withholding tax of 31% on commissions.

Social Security Number that corresponds to legal name as provided

### BUSINESS MAILING ADDRESS

CITY	STATE	ZIP CODE
DATE OF BIRTH ( ) ( ) ( )	FAX NO. ( ) ( )	E-MAIL ADDRESS
PHYSICAL BUSINESS ADDRESS (If different from business mailing address)		

CITY	STATE	ZIP CODE
RESIDENT MAILING ADDRESS (IF APPLICABLE)		
RESIDENT CITY	STATE	ZIP CODE
RESIDENT PHONE NO. ( ) ( ) ( )	RESIDENT FAX NO. ( ) ( )	BENEFICIARY
BENEFICIARY RELATIONSHIP		Social Security Number that corresponds to legal name as provided
BENEFICIARY MAILING ADDRESS (IF APPLICABLE)		
BENEFICIARY CITY	STATE	ZIP CODE
		PHONE NO. ( ) ( )
		BENEFICIARY COUNTY

**Section 3. Writing Agent Qualifications**

1. HAVE YOU EVER BEEN CONVICTED OF A FELONY INVOLVING FRAUD OR DECEIT?  
 NO  YES If yes, explain: \_\_\_\_\_

2. HAS YOUR AGENT'S LICENSE EVER BEEN SUSPENDED, REVOKED OR TERMINATED?  
 NO  YES If yes, explain: \_\_\_\_\_

3. ARE YOU CURRENTLY INVOLVED IN AN INSURANCE DEPARTMENT HEARING?  
 NO  YES If yes, explain: \_\_\_\_\_

4. DO YOU CURRENTLY HAVE ERRORS AND OMISSIONS COVERAGE?  
 NO  YES Carrier Name: \_\_\_\_\_ Policy No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

5. DO YOU UNDERSTAND THAT REQUIREMENTS FOR MAINTAINING YOUR CONTRACT WITH UNICARE INCLUDE COMPANY AVERAGE PERSISTENCY, PROFITABLE LOSS RATIO AND PRODUCTION AS AGREED UPON WITH YOUR REGIONAL SALES MANAGER? (if applicable)  YES

6. DO YOU WANT YOUR NAME TO APPEAR ON COMPANY PUBLICATIONS?  
 NO  YES

7. ARE YOU FLUENT IN A FOREIGN LANGUAGE?  
 NO  YES If yes, please list: \_\_\_\_\_  SPEAK  READ  WRITE  YES

8. I ACKNOWLEDGE THAT I HAVE READ AND WILL ABIDE BY THE UNICARE AGENT CODE OF ETHICS.  YES

**Agent/Sub-Agent**

Please print name (as it appears on your Department of Insurance License)  
**X** \_\_\_\_\_

Agent/Sub-Agent Signature (as it appears on your Department of Insurance License)  
\_\_\_\_\_

Date  
\_\_\_\_\_

Agency  
*William E. Smallwood II*  
Please print name (as it appears on your Department of Insurance License) and Title  
**X** *William E. Smallwood II*  
Agency Signature (as it appears on your Department of Insurance License)  
\_\_\_\_\_

Date  
\_\_\_\_\_

*Christin Unruh-Thomas*

Christin Unruh-Thomas  
Regional Vice President, Sales

**Fair Credit Reporting Act:** Public law 91-508 requires that we advise you that a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information and scope of the report, if one is made, will be provided.

I understand that UniCare is not and shall not be liable to me nor shall liability to me be implied for any of the obligation owed to me by the agent/agency to which I am appointed. I understand that all commissions are payable to the agency/agent listed above. My compensation and/or reimbursement for expenses, if any, is strictly and solely a matter between the agency/agent listed above and myself; and under no circumstances whatsoever shall I have any claim against UniCare for compensation, commissions, expenses or any other payment. I agree to be bound by and to abide by the terms and conditions which exist under the agent agreement entered into between the agent/agency to which I am appointed and UniCare. UniCare shall have the right to enforce the agent agreement which exists between the agent/agency and UniCare as against me directly and may proceed against me directly. I understand that UniCare reserves the right to terminate my appointment. I agree that this Application for Employment and any subsequent appointment only pertains to the UniCare company or companies for which the agent/agency to which I am appointed has an Agent Agreement in effect.

I hereby authorize UniCare and/or its agent to make independent investigation of my background, references, character, past employment, education, criminal or police records including those maintained by both public and private organizations and all public records of the purpose of confirming the information contained on my Application and/or obtaining other information which may be material for my qualification for appointment.

I release UniCare and/or its agents and any person or entity, which provides information pursuant to this authorization from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

I, the applicant or individual on behalf of an agency applicant, acknowledges that I have personally read, understood and completed this application.

I certify that all information that I have provided is true and correct to the best of my knowledge.

If an agency is applying, the agency warrants that and certifies that the individual signing on the agency behalf is authorized by the agency to complete and sign this agreement.

I, the undersigned applicant or individual on behalf of an agency applicant agree to the following:

This agreement consists of this Agent/Agency Agreement and Application for Appointment, the attached Terms and Conditions to the Agent Agreement, and attached commission schedule(s).

I acknowledge that I have personally read, understood and completed this Agent/Agency Agreement and Application for Appointment, the attached Agent Agreement Terms and Conditions, and attached commission schedule(s) in their entirety. I agree to all terms and conditions.

<b>For Kentucky and Ohio Applicants only</b> (required statewide background investigation information)		
MAIDEN NAME OR OTHER NAMES USED	DRIVER'S LICENSE NUMBER	STATE OF LICENSE
Previous address if you have lived at your current address for less than 2 years.	CITY	STATE
RACE*	SEX*	DATE OF BIRTH*
		HOW LONG?

\* NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for agent appointment. UniCare is an equal opportunity employer and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National origin.

**Agent/Sub-Agent**

**Agency** *William E. Smallwood II*

Please print name (as it appears on your Department of Insurance License)

Please print name (as it appears on your Department of Insurance License) and Title

*William E. Smallwood II*

Agent/Sub-Agent Signature (as it appears on your Department of Insurance License)

Agency Signature (as it appears on your Department of Insurance License)

Date

Date