

Agency Data Sheet

The Paul Revere Life Insurance Company

To receive commissions in a timely fashion, please complete the information requested below.

Individual or Company Name

Individual name and SSN or agency name and Tax ID must match IRS records (W-9).

SSN or Tax ID # _____

Type of Agency (Check one)

Individual Corporation Partnership LLC

Date of Birth, if individual _____

DBA (DBA name) _____

Principals (Please list all principals)

President _____ Vice President _____

Secretary _____ Treasurer _____

Business Address (To receive U.S. mail)

Street Address (To receive FedEx)

Please provide complete address to include city, state and zip code.

P.O. Box _____

Street _____

City/State/Zip _____

City/State/Zip _____

Attn: _____

Attn: _____

Contact Information

Business () _____

Home () _____

Fax () _____

Cellular () _____

Email _____

Recruitment Method

Personal contact by: _____

Industry journals/publications

Direct mail

Newspaper ad _____

Other _____

Home office use only

Code _____ Eff Date (MM/DD/YYYY) _____ IPN _____ Contract Type _____

DDM/PAM _____ Code # _____ DGA/PSM _____ Code # _____

MGA/TSM _____ Code # _____

Licensing

Please attach a photocopy of the current resident license and any non-resident licenses for each licensed individual within the agency who will be soliciting business of securing applications for The Paul Revere Life Insurance Company.

Writing Agents

Please list all writing agents for Paul Revere. Each individual must complete an Agency Principal/Solicitor Information form. Duplicate as needed. I understand that the agency is responsible for notifying Paul Revere if any writing agents are added or terminated so that Paul Revere can maintain proper records and add or terminate appointments according to state department of insurance guidelines.

TO BE COMPLETED BY AGENCY PRESIDENT OR PARTNER

An Agency Principal/Solicitor Information form must also be signed by the president of the agency or partner.

Financial & Personal Background Information:

Have you ever gone through bankruptcy?

Are there any outstanding judgments against you?

Has your income ever been garnished, attached or assigned? Yes No

Have you ever been convicted of any crime OTHER THAN

(1) marijuana-related conviction that occurred more than two years ago;

and an offense for which you were referred to, and participated in, any

pretrial or posttrial diversion program? Yes No

Has your insurance license ever been refused, revoked or suspended by any state or has any administrative or

disciplinary action ever been taken against your license in any state? Yes No

Note: If you answered "yes" to any of the above, please include a written statement of explanation. If criminal, be sure to include the nature of the offense, the date and county. An affirmative response to this question will not result in your automatic disqualification.

The Agency Agreement, the Commission Schedule, and method of compensation (as earned) have been explained to me.

Signature of Agency President

Date (MM/DD/YYYY)

Hierarchy

Unit/area agency will be assigned to: _____
(Manager name) (Code number)

Paul Revere Signatures

Paul Revere Sales Manager

Date (MM/DD/YYYY)

Agency Principal/ Solicitor Information

This form must be completed by each licensed individual associated with the agency that will be soliciting or securing applications for The Paul Revere Life Insurance Company. Duplicate this form as needed. Fax a copy of the license to the home office with this signed document.

Principal/Solicitor Name: _____ Date of Birth: ____/____/____

Home Address: _____ SSN: _____

(Street)

(City)

(State)

(Zip)

AUTHORIZATION OF PRODUCER APPLICANT FOR INVESTIGATION UNDER THE FAIR CREDIT REPORTING ACT

I understand that The Paul Revere Life Insurance Company of Worcester, Massachusetts, hereafter referred to as "Paul Revere," and its affiliates may request a consumer report about me from a consumer reporting agency as part of their normal producer selection process, as well as during the term of an appointment as a Paul Revere producer. I release Paul Revere from all liability and responsibility for doing so. I authorize the procurement of a consumer report and understand it may contain information about my background, mode of living, credit history, character and personal reputation. This authorization, in original or copy form, shall be valid for this and future reports or updates that Paul Revere may request.

Statements made herein are representations on which Paul Revere may rely in considering my request for appointment as a producer for Paul Revere. This information is complete and accurate to the best of my knowledge and recollection. I authorize Paul Revere to release any information it obtains to any Paul Revere affiliate and to any person or entity recommending my appointment to Paul Revere. I understand and agree that any misrepresentation or omission of fact whenever discovered will be the basis for termination for cause of any such appointment and related contract(s).

If you are a resident of California, Minnesota or Oklahoma and wish to receive a free copy of your consumer report, please indicate by checking this box.

MARKET CONDUCT STATEMENT

This will certify that the Agency understands without limitation the contractual requirement that the agency shall not, without the prior written approval from Paul Revere, publish or distribute any advertising material, supplies or other printed or written material concerning Paul Revere or its products.

The agency understands that it is not authorized to represent Paul Revere or solicit or influence business on behalf of Paul Revere until notified by Paul Revere's home office that agency's contract and appointment have been completed.

WAIVER OF COMMISSION

I hereby waive any right I may have to receive any commission from The Paul Revere Life Insurance Company of Worcester, Massachusetts, on applications of insurance for said company secured by me as a solicitor/producer of

_____ (Name of Agency)

and I understand that my right to any commissions for obtaining such applications is with and from the above named agency.

Your signature confirms that:

- 1) All information provided by you in this document is correct and complete to the best of your knowledge and recollection;**
- 2) You authorize Paul Revere to request an investigative report as detailed above;**
- 3) You have read and agree to the terms of the Market Conduct Statement; and**
- 4) You have read and agree to the terms of the Waiver of Commission.**

Signed: _____ **Date:** _____

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Signed: _____ **Date:** _____



for what happens next®

**Division of The Paul Revere
Life Insurance Company**

Colonial Supplemental Insurance Division products are underwritten by:

The Paul Revere Life Insurance Company, Worcester, Massachusetts

Administrative office: Colonial Supplemental Insurance Division, 1200 Colonial Life Boulevard, Columbia, SC, 29210

www.colonial-paulrevere.com

Revised May 2005

97504



for what happens next®

**Division of The Paul Revere
Life Insurance Company**

Fair Credit Reporting Act Disclosure of Intent to Obtain a Consumer Report

The Paul Revere Life Insurance Company, hereafter referred to as “Paul Revere,” may obtain and use a consumer report from a consumer reporting agency about you when considering whether to contract or appoint you as a Paul Revere producer or, if you become a Paul Revere producer, when making other relevant decisions regarding your association with Paul Revere that directly affect you. These terms are defined in the Fair Credit Reporting Act (FCRA), which applies to you.

A consumer reporting agency is a person or business which, for monetary fees, dues or on a cooperative nonprofit basis, regularly engages, in whole or in part, in the practice of assembling or evaluating consumer credit information or other information on consumers for the purposes of furnishing consumer reports to third parties, such as Paul Revere.

A consumer report is any written, oral or other communication of any information by a consumer reporting agency bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living, which is used or collected, in whole or in part, for the purpose of serving as a factor in establishing the consumer’s eligibility for credit, employment, insurance or other purposes authorized by the FCRA.

You may request that Paul Revere provide you with a copy of the Federal Trade Commission’s (FTC) document entitled “Summary of Your Rights Under the Fair Credit Reporting Act.” You can find this document and more information about the FCRA on the Federal Trade Commission’s web site at www.ftc.gov. As a consumer, you are free to contact the FTC about your rights under the FCRA and to obtain more information.

Colonial Supplemental Insurance Division products are underwritten by: The Paul Revere Life Insurance Company, Worcester, MA Administrative office: Colonial Supplemental Insurance Division, 1200 Colonial Life Boulevard, Columbia, SC 29210 www.colonial-paulrevere.com