



# Group Benefits Division Licensing Appointment Application

Agent jobs: \_\_\_\_\_  
Firm Jobs: \_\_\_\_\_  
Sub Producer jobs: \_\_\_\_\_

## SECTION A – TO BE COMPLETED BY AGENT (All Fields Are Required)

Full Legal Name	Date of Birth	SSN
Home Address	Business Phone	FAX #
City	State	Zip Code
Mailing Address (if different)	Email Address	
City	State	Zip Code

Commissions are payable to (check one): INDIVIDUAL AGENT  AGENCY(FIRM)

## SECTION B – TO BE COMPLETED IF COMMISSIONS ARE PAID TO AGENCY

**(Note: If commissions are paid to the Agency, state regulations and The Hartford's policy require that both the firm and the individual Agent be properly licensed and appointed.)**

Full Agency Name	Tax ID #
Business Address	Business Phone
City	State Zip Code

Licensed Officers Name (required only for AR, MI & SD - attach copy of license)	Title	SSN
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**\*\* ATTACH A COPY OF YOUR AGENT LICENSE(S) AND AGENCY LICENSE(S) (IF APPLICABLE) FOR STATES YOU WISH TO BE APPOINTED.**

### Agent - Please read and sign below:

In connection with determining your eligibility for an insurance agent or producer license and/or your eligibility to be appointed or sponsored as an agent of The Hartford, and to maintain such license and appointment, in one or more states, and in connection with employment-related decisions that may affect you, The Hartford will from time to time conduct background checks. Such background checks may include the ordering of "consumer reports" from a "consumer reporting agency" containing information on your criminal and credit history. These terms are defined in the Fair Credit Reporting Act.

### Authorization To Order Consumer Reports

I hereby certify that the information given is an accurate statement of fact. By signing below, I hereby voluntarily authorize The Hartford to conduct one or more background checks, including obtaining consumer reports relating to my criminal and credit history, and to use those reports in connection with any insurance agent or producer license or appointment I may have or seek, whether now or in the future, in any jurisdiction, and in connection with my employment. I hereby further voluntarily authorize The Hartford to disclose information in such reports, as well as information I may provide, to any insurance regulatory authorities. This is a continuing authorization.

I release The Hartford and the providers of such information from any and all liability for damage of whatever kind which may at any time result to me, my heirs or assigns, relating to the obtaining, use and disclosure of consumer report information as authorized hereby.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## SECTION C – TO BE COMPLETED BY HARTFORD LIFE

<u>PRODUCER CODE(S)</u>	<u>FIELD OFFICE #</u>	ASSIGN SUB PRODUCER CODE <input type="checkbox"/>	STATE(S) APPOINTED _____
1.)			
2.)		REQUESTING APPOINTMENT FOR: AGENT <input type="checkbox"/>	FIRM <input type="checkbox"/> SUB PRODUCER <input type="checkbox"/>

CHECK LINE OF BUSINESS:  GLH  SRH      CHECK APPOINTMENT COMPANY:  HL  HLA

REQUESTER: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_ DATE: \_\_\_\_\_