

CONTRACT



SUB-AGENT APPOINTMENT APPLICATION

AGENCY INFORMATION			
AGENCY NAME: Healthy America			
AGENT INFORMATION			
Please Type or Print			
Name (First) (MI) (Last)	BUSINESS ADDRESS (street address required for shipping supplies)		
SSN	Address		
DOB (mm-dd-yyyy)	City		
E-mail Address	State ZIP		
Web Site Address	Phone		
Appointment States:	Fax		
QUESTIONS			
		YES	NO
Do you have any indebtedness with any agency or company? If Yes, give name:			
2 Have you been convicted of a felony in the last 10 years, or a misdemed years? (If "yes", please give brief detail in the notes section)	anor, other than a non-DUI traffic offense, in the last five		
Have you ever had your insurance agent's license or other professional licenses suspended or revoked, or are you now, or have you ever been the subject of a professional license or market conduct investigation or proceeding? (If "yes", please give details			
in the notes section) Are you now or have you ever been the subject of any lawsuit or investigation alleging the breach of trust or fiduciary duty, forgery, fraud or any other act of dishonesty? (If "yes", please give name an details in the notes section)			
NOTES			
CIONATURES			
SIGNATURES I understand that no contract other than an appointment exists or shall exist between myself and Imerica Life & Health Insurance Company (ILH) and			
that all commissions are payable by ILH to the Agency Listed in Part I above. All compensation and/or reimbursement for expenses due me, if any, for producing insurance business through my appointment with ILH is strictly and solely a contractual matter between the Agency listed in Part I above and myself; and under no circumstances whatsoever shall I have any legal claim against ILH for compensation, commissions, expenses, or any other payment. I also understand that ILH reserves the right to terminate my appointment. By signing below I also acknowledge Public Law 91-508 requirements that a routine inquiry may be made during initial or subsequent processing which will provide additional financial and personal background information, any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency, or any law enforcement agency. By signing this application, I hereby consent to the Company obtaining such information from time to time as it deems necessary through independent investigation and/or through a consumer report obtained from a consumer reporting agency. I hereby certify that the information provided herein is accurate and complete. **Assignment Disclaimer:** I understand that I will enter into a producer agreement with the Agency listed in Part I above, and that under the terms of that agreement, the Agency listed in Part I above shall receive all commissions from insurance business that I produce on behalf of ILH, and that under the terms of that agreement I shall assign any right I have, if any, in such commissions or reimbursements for expenses, to the Agency listed in Part I above.			
X			
Agent Signature I understand that I am solely responsible for this sub-agent. I will be responsible for training, providing supplies, and any correspondence from ILH. I understand that ILH reserves the right to terminate this sub-agent.			
X			
MGA Signature	Date		
X			
Signature Authorized Officer - ILH	Date		
HOME OFFICE USE ONLY			