



AMERICAN NATIONAL INSURANCE COMPANY (ANICO)
AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS (ANTEX)
STANDARD LIFE AND ACCIDENT INSURANCE COMPANY (SLAICO)

P.O. BOX 1996, GALVESTON, TEXAS 77553 (409) 766-6041

AGENT APPOINTMENT APPLICATION

PERSONAL DATA SHEET

INDIVIDUAL:

Name _____ Soc. Sec. No. _____
Address 1 _____ License No. _____
Address 2 _____ Telephone No. _____
Address 3 _____ Date of Birth _____

BUSINESS:

Name _____ Soc. Sec. No. _____
Address 1 _____ License No. _____
Address 2 _____ Telephone No. _____
Address 3 _____ Fax No. _____

Should your contract be placed through an Agency or Broker who is already appointed with ANICO, ANTEX or SLAICO? If yes, please give name: _____

MGU: _____
P.C. No. _____

List all companies where you have been licensed and approved to represent during the past 5 years.

Company Name	City	State	Dates Effective		License Information		
			From	To	State	Type	Number

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Have you ever represented ANICO, ANTEX OR SLAICO? ☐ Yes ☐ No

Have you sold insurance through another name or through any agency in the last 5 years? ☐ Yes ☐ No

If yes, list name, company insurance was sold through, and applicable dates:

Have you ever been indicted or convicted of any crimes involving trustworthiness, honesty, etc...?

☐ Yes ☐ No

Have you ever filed for bankruptcy or been declared bankrupt? ☐ Yes ☐ No

Have you ever had your license revoked by a state or carrier? ☐ Yes ☐ No

If yes, please supply details:

Are you presently indebted to any insurance company or agency? ☐ Yes ☐ No

If yes, please supply specific information pertaining to the nature and amount of the debt.

TO WHOM	NATURE OF DEBT	AMOUNT	REPAYMENT TERMS

Have you had any federal, IRS, or state tax liens levied? ☐ Yes ☐ No

AUTHORIZATION

The person signing this form (Broker) hereby authorizes any insurance company, agency, or other organization to give American National Insurance Company, American National Life Insurance Company of Texas and Standard Life and Accident Insurance Company, or its designated representatives, any and all information pertaining to Broker's production; persistency, commissions; earnings; estimated future earnings; commission advances; loans; and debts including, but not limited to, any indebtedness that may have been charged to applicant's manager or agency or any indebtedness which may have been written off.

The Broker understands that the Company may, as part of its normal procedure, request that an investigative consumer report may be made whereby information is obtained through third parties such as past business associates, employers, financial sources, friends, neighbors, and others with whom the Broker may be acquainted. This inquiry includes information about character, general reputation, personal characteristics and mode of living, and any other information which may be applicable.

Broker has the right to make written request to the Company's Home Office within a reasonable period of time for additional, detailed information concerning the nature and scope of the investigation.

I, the Broker, have read and do understand the above statement. I understand that by signing this form, I authorize the Company to investigate my background, including my credit history.

SIGNATURE OF BROKER

DATE