



UNDERWRITING  
SERVICES OF AMERICA

1500 State Street, 2<sup>nd</sup> Floor ~ San Diego, CA 92101

## Fast-Start

Name: \_\_\_\_\_  
*Last First Middle Initial*

Business Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City State Zip*

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City State Zip*

Send Mail to:  Home  Business If married, spouse's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Corporate Tax ID#: \_\_\_\_\_ Driver's License: \_\_\_\_\_ State: \_\_\_\_\_

DBA (If Applicable): \_\_\_\_\_

How long have you been employed as a Broker or Insurance Agent? \_\_\_\_\_

Which products are you licensed for?  Life  Variable Life  Annuities  Long Term Care  Disability

In which states do you plan to solicit business? \_\_\_\_\_

**Residence History (must cover at least 7 years):**

*Use additional sheets if necessary*

\_\_\_\_\_

*Address*

From: \_\_\_\_\_

\_\_\_\_\_

*City*

*State*

*Zip*

To: \_\_\_\_\_

\_\_\_\_\_

*Address*

From: \_\_\_\_\_

\_\_\_\_\_

*City*

*State*

*Zip*

To: \_\_\_\_\_

\_\_\_\_\_

*Address*

From: \_\_\_\_\_

\_\_\_\_\_

*City*

*State*

*Zip*

To: \_\_\_\_\_

**Employment History (must cover at least 7 years):**

*Use additional sheets if necessary*

\_\_\_\_\_

*Company*

*Supervisor*

From: \_\_\_\_\_

\_\_\_\_\_

*Address*

*Phone*

To: \_\_\_\_\_

\_\_\_\_\_

*Company*

*Supervisor*

From: \_\_\_\_\_

\_\_\_\_\_

*Address*

*Phone*

To: \_\_\_\_\_

\_\_\_\_\_

*Company*

*Supervisor*

From: \_\_\_\_\_

\_\_\_\_\_

*Address*

*Phone*

To: \_\_\_\_\_

Will any of your employees solicit business on your behalf?  Yes  No

***If yes, please list their names on a separate sheet of paper.***

Do you carry E&O Insurance?  Yes  No

If No, are you covered by your firm's E&O coverage?  Yes  No

***If yes to either, please attach proof of your insurance.***

Are you a member of the following?  MDRT  FORUM  Court of the Table  Top of the table

Do you want your name on convention standings, production and contest reports?  Yes  No

Do you or have you ever had any professional designations or memberships in industry organizations?

If so, list them: \_\_\_\_\_  None

### **BROKER-DEALER INFORMATION**

Broker/Dealer Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City* *State* *Zip*

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Tax ID: \_\_\_\_\_ CRD: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

NASD Series:  1  6  7  22  24 Other: \_\_\_\_\_ NASD# \_\_\_\_\_

Will NASD Registration be transferred to another company?  Yes  No

Are you Bonded?  Yes  No

Approximately what percentage of your first year commissions came from the following products in the past twelve months?

Individual Life \_\_\_\_\_

Annuities \_\_\_\_\_

Variable Products \_\_\_\_\_

What was your total annualized life premium paid for last year? \_\_\_\_\_

### **LEGAL INFORMATION**

Have you ever:

Been convicted of a felony since qualifying for license?  Yes  No

Had an application for insurance license declined by any insurance department?  Yes  No

Had an insurance license suspended or revoked by any insurance company?  Yes  No

Declared bankruptcy?  Yes  No

Had any outstanding judgements or liens (including state/federal tax liens)?  Yes  No

***Please provide dates and specifics for any "Yes" answers on a separate sheet.***

**SIGNATURE SECTION**

Please assist me in getting contracted with the following:

**Life Insurance Companies**

- Allianz
- American General
- American Mayflower (NY)
- American National
- AXA / MONY
- Banner
- Conseco
- Fidelity & Guarantee
- First Penn Pacific
- GenWorth / GE Capital
- Hartford
- Indianapolis Life
- ING Companies
- Jackson National
- Jefferson Pilot
- John Hancock
- Life of the Southwest
- Lincoln Benefit
- Lincoln Financial
- MetLife
- NACOLAH
- National Life
- Nationwide
- New York Life
- Penn Mutual
- Phoenix
- Principal
- Protective
- Prudential
- Standard Life
- Sun Life
- Transamerica
- Union Central
- United of Omaha
- US Life (AIG) NY
- US Financial
- West Coast Life

**Annuity Companies**

- Allianz
- American Equity
- American General
- American Investors
- American National
- Americo
- AmerUs
- Aviva
- AXA / MONY
- Equitrust
- F&G Life
- First Colony Life
- Great American Life
- ING Companies
- Integrity
- Jefferson Pilot
- Legacy
- Lincoln Benefit
- National Western
- North American
- RBC
- Standard of Oregon
- Sun Life / Keyport

**Disability Income Companies**

- Assurity
- Guardian
- Principal
- Standard
- Union Central

Have you ever had any affiliation with the requested companies?  Yes  No

***If yes, please provide specifics on a separate sheet.***

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

Please fax or email completed information, with copies of appropriate licenses and proof of E&O to:

**Underwriting Services of America**  
**Attention: Kirsten Kittelson**  
**Fax: 619-398-3656**  
**kkittelson@usoainc.com**

**If you have any questions regarding this form, please contact Kirsten Kittelson at:**  
**(888) 438-3184 ext. 112**