



**BACKGROUND INFORMATION: Respond to all questions for you personally and on behalf of any organization over which you have exercised or currently exercise control.** (Note: If you answer "Yes" to any question, then you must attach an explanation and related documents - e.g. orders, settlement agreements, Sec. 1033 waiver.)

- a. Have you ever applied for a contract with any of the AVIVA companies?  Yes  No  
*If Yes, then list the AVIVA companies and agent codes: \_\_\_\_\_*
- b. Do you have any new business pending? List AVIVA company: \_\_\_\_\_  Yes  No  
 Client name: \_\_\_\_\_ State: \_\_\_\_\_ Date of App.: \_\_\_\_\_
- c. Do you hold a securities license?  Yes  No  
*If Yes, who is your broker/dealer: \_\_\_\_\_*
- d. Have you ever had your insurance license, securities license, or other fiduciary license suspended or revoked, or have you ever had an application for an insurance license denied by an insurance department? *(other than for noncompliance with continuing ed. or renewal fee requirements)*  Yes  No
- e. Have you ever had a complaint filed, a regulatory inquiry/ investigation, an arbitration, or been sued by an insurance department, NASD, state securities office, attorney general or any other regulatory agency?  Yes  No
- f. Has any lawsuit or claim ever been made against you, your surety company, or errors and omissions insurer arising out of your sales or practices, or, have you been refused surety bonding or E&O coverage?  Yes  No
- g. Are you presently involved in any litigation or are there unsatisfied judgments or liens (including state or federal tax liens) against you?  Yes  No
- h. Have you been charged with or pled guilty to, nolo contendere to or been found guilty of any felony or of any misdemeanor involving dishonesty, breach of trust, or, are you now under indictment?  Yes  No  
*\*If you were convicted of any felony involving dishonesty or a breach of trust, then you must provide us with proof of written consent from the State Insurance Commissioner to work in the insurance business. (See 18 U.S. Code Sec. 1033).*
- i. Does any insurer, insured, or other person claim any commission chargeback or other indebtedness from you as a result of any insurance transactions or business?  Yes  No
- j. Have you ever been discharged from any employment or had an agent contract terminated for reasons other than low production?  Yes  No
- k. Have you filed for bankruptcy in the last 7 years?  Yes  No
- l. Do you agree that you will continually report any adverse action that may be taken against you in regards to Questions (d) through (k) to the Company's Legal Department within 5 days of such change?  Yes  No

**If you answered Yes to any questions (d) through (k), please attach an explanation and documentation for each.**

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ATTACH VOIDED CHECK).** I hereby authorize the AVIVA companies listed above and the financial institution named below to initiate credit entries to my account and to reverse any entries made in error. I understand that the company will give me prior notice of any such reversal. This authorization will remain in full force and effect until the AVIVA companies above have written notice from me of its termination in such time and in such manner as to afford the AVIVA companies a reasonable opportunity to act on it. *Note: commissions are only paid by electronic funds transfer (EFT) unless we agree otherwise. The Bank requires that the depositor's name to be the same as the licensed agent. Fill in your Account Info below.*

\*Depositor Name: \_\_\_\_\_

\*ABA Routing/Transit#: \_\_\_\_\_ \*Acct. #: \_\_\_\_\_

\*Name of Financial Institution: \_\_\_\_\_

**INDEPENDENT PRODUCER AGREEMENT:** By my signature below, I acknowledge that I have read the attached copy of the Independent Producer Contract and I understand this Application will form and become a part of my Contract. I agree to be bound by all of the terms and conditions of the attached Contract including any schedules, supplements, and amendments. I agree that, if appointed, any misrepresentation of facts herein provided will be grounds for termination of the Contract for cause at the sole discretion of the AVIVA companies. I am not appointed to represent the AVIVA companies listed above until and unless this Application is accepted by the companies and I am notified of such acceptance by AVIVA's confirmation letter. Upon acceptance of my application, the Contract shall consist of this Application, the Independent Producer Contract attached hereto, and any changes thereto the AVIVA companies make from time to time, as posted on the agent website or as AVIVA may notify me in writing. I represent and warrant that all information and answers to questions are true and complete.

Independent Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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