



SANKATY LIGHT
BENEFITS

Sankaty Light Benefits, Inc.
1700 South First Avenue Unit 25F
Iowa City, IA 52240

APPLICATION FOR BROKER APPOINTMENT

ExecSelect™

Producer Name: _____ SSN: _____

DOB: _____

Home Address

Street, City, County, State, Zip

Business Address

Street, City, County, State, Zip

Mailing Address *(If different from above)*

Street, City, County, State, Zip

Home Phone: _____ Work Phone: _____ Fax: _____

Email Address: _____

The underwriter pays commission to: *(mark one)* Agency Individual

Name of agency for corporate appointment or commissions to firm

(SUBMIT COPY OF AGENCY LICENSE(S) and INDIVIDUAL LICENSE(S))

Federal Tax ID#: _____

List of state(s) where producer wants to be appointed: _____

Agent License Number(s): _____

Agency License Number(s): _____

Please read and answer each of the following questions: Attach a written explanation, including date of the event and date of discharge, for any YES answers. If anything occurs, which results in a change to any of your answers, you must notify Sankaty Light, in writing, within 30 days of the occurrence.

1. Are you now or have you ever been the subject of any complaint, investigation, or proceeding by any Insurance Department, the SEC or any federal or state regulatory agency? Yes No
2. Have you ever been convicted of or pleaded guilty or nolo contendere to a felony or misdemeanor other than a traffic offense? Yes No
3. Are you currently, or have you ever been involved in a bankruptcy (personal or any business in which you had control or an ownership interest), pending litigations in which you are a defendant, had a salary garnished or had liens or judgments against you? Yes No
4. Are you currently, or have you ever been the subject of any customer complaint or complaint or proceeding by any securities, insurance or commodities regulatory body or organization? Yes No
5. Have you ever had your contract, appointment or employment arrangement terminated or have you been permitted to resign from any insurance company or other financial services employer for any reason other than low production? Yes No
6. Are you currently, or have you ever been refused a license to sell insurance or been refused membership in any Insurance Department? Yes No
7. Are currently a party or in the past ten years, have you been a party to any lawsuit, arbitration or civil litigation? or Yes No

By signing below, I am applying for appointment as a broker/agent for the Sankaty Light Key Employee Health Care Cost Reimbursement Plan and I certify that the foregoing answers are true and correct to the best of my knowledge, information and belief. I also give underwriter permission to investigate as necessary to verify this information and to share the information with parties recruiting and recommending my appointment unless I direct you otherwise. This authorization, in original or copy form, is valid now or any time in the future.

Signature of Applicant

Date

Acceptance by Sankaty Light Benefits

Date



Sankaty Light Key Employee Healthcare Cost Reimbursement Program *ExecSelect* is underwritten by United States Fire Insurance Company, 5 Christopher Way, 2nd Floor, Eatontown NJ, 07724.