

**PRODUCER DATA SHEET**

Date \_\_\_\_\_

**PLEASE PRINT OR TYPE**
**PERSONAL**

 \_\_\_\_\_  
 First Middle Nickname Last Designations

 \_\_\_\_\_  
 Home Address City State Zip County

 \_\_\_\_\_  
 Social Security Number Date of Birth Home Phone Marital Status Spouse

**BUSINESS**

 \_\_\_\_\_  
 Name E-mail Address

 \_\_\_\_\_  
 Business Mailing Address City State Zip County

 \_\_\_\_\_  
 Business Street Address City State Zip County

 \_\_\_\_\_  
 Tax ID Number Business Phone Fax Number Years in Insurance

 Yes  No Have you ever been charged with, convicted of, or pled guilty or no contest to a felony or misdemeanor or are any such proceedings pending?  
 If yes, explain \_\_\_\_\_

 Yes  No Have you ever had an insurance license denied, suspended, or revoked by a state insurance department or been the subject of any disciplinary or administrative action, or fined or penalized or are any such proceedings pending?  
 If yes, explain \_\_\_\_\_

 Yes  No Do you have an outstanding debit balance with any insurance company?  
 If yes, explain \_\_\_\_\_

 Yes  No Have you ever filed for bankruptcy? If yes, what year? \_\_\_\_\_  Chapter 7  Chapter 11  Chapter 13

**ERRORS AND OMISSIONS (Attach a copy of your certificate)**

Agent Errors and Omissions insurance carrier \_\_\_\_\_

If you do not have a current carrier, you should complete our brochure. Errors and Omissions coverage is mandatory for all Shenandoah Life producers.

**LICENSING**

1. Attach a copy of your life and health licenses as applicable. NJ residents please sign and enclose your state's Child Support Addendum along with your license.
2. **Medicare Supplement Licensing:** We must have a record of your health line of authority if you plan to sell Medicare Supplement. If you are in NC, we must have a copy of your NC Medicare Supplement license.
3. Will you personally write business?.....  Yes  No
4. If you plan to recruit, in which states will the agents you recruit write business? \_\_\_\_\_

**ACCESS TO SOFTWARE / SHENANDOAH LIFE ELECTRONIC INFORMATION**

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- Yes
- 
- No I prefer to download Shenandoah Life software electronically from StarNet and do not want software mailed to me.
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- Yes
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- No I want immediate electronic access to my commission statement (available for printing from StarNet) - no paper copy will be mailed.