



**Group Benefits Division
Licensing Appointment Application**

Agent jobs:
Firm Jobs:
Sub Producer jobs:

SECTION A – TO BE COMPLETED BY AGENT (All Fields Are Required.)

Full Legal Name		Date of Birth	SSN
Home Address		Business Phone	FAX #
City	State	Zip Code	
Mailing Address (if different)			Email Address
City	State	Zip Code	
Commissions are payable to (check one): INDIVIDUAL AGENT <input type="checkbox"/> AGENCY(FIRM) <input type="checkbox"/>			

SECTION B – TO BE COMPLETED IF COMMISSIONS ARE PAID TO AGENCY

(Note: If commissions are paid to the Agency, state regulations and The Hartford's policy require that both the firm and the individual Agent be properly licensed and appointed.)

Full Agency Name		Tax ID #
Location Address	Mailing Address (if different)	Business Phone
City State Zip Code	City State	Zip Code
Licensed Officers Name (required only for AR, MI & SD - attach copy of license)		Title SSN
** ATTACH A COPY OF YOUR AGENT LICENSE(S) AND AGENCY LICENSE(S) (IF APPLICABLE) FOR STATES YOU WISH TO BE APPOINTED.		

SECTION C – TO BE COMPLETED BY HARTFORD LIFE

<u>PRODUCER CODE(S)</u>	<u>FIELD OFFICE #</u>	ASSIGN SUB PRODUCER CODE <input type="checkbox"/>	STATE(S) APPOINTED _____
1.)			
2.)		REQUESTING APPOINTMENT FOR: AGENT <input type="checkbox"/>	FIRM <input type="checkbox"/> SUB PRODUCER <input type="checkbox"/>
CHECK LINE OF BUSINESS: <input type="checkbox"/> GLH <input type="checkbox"/> SRH	CHECK APPOINTMENT COMPANY: <input type="checkbox"/> HL <input type="checkbox"/> HLA		
REQUESTER:	TELEPHONE #:	DATE:	



Hartford Life

Agent - Please read and sign below:

NOTICE OF BACKGROUND CHECK AND FAIR CREDIT REPORTING ACT DISCLOSURE

This notice is being provided to you by The Hartford pursuant to the Fair Credit Reporting Act ("FCRA"). As used herein, "The Hartford" means Hartford Financial Services Group, Inc., and its subsidiaries, affiliates, officers, employees, agents and representatives.

In connection with determining your eligibility for (i) an insurance agent or producer license, (ii) to be appointed or sponsored as an agent of The Hartford, (iii) for any other certification or authorization to produce business with The Hartford, and (iv) to maintain such license, appointment, certification or authorization in one or more states, The Hartford may conduct background checks. Such background checks may include the ordering of "consumer reports" from a "consumer reporting agency" containing information on your criminal and credit history. These terms are defined in the FCRA.

California, Minnesota and Oklahoma Resident Producers Only: If you would like to receive a copy your consumer report, if and when one is obtained, please check the box below.

I wish to receive a copy of any credit report concerning me which is used in connection with any insurance agent or producer license, appointment, certification, or authorization I may have or seek.

AUTHORIZATION TO ORDER CONSUMER REPORTS

By signing below, I hereby voluntarily authorize The Hartford to conduct one or more background checks, including obtaining reports relating to my financial/credit, criminal, driving and licensing history, and to use those reports in connection with any insurance agent or producer license, appointment, certification, or authorization I may have or seek, whether now or in the future, in any jurisdiction. This is a continuing authorization.

Signature _____ Date _____

Print Name _____

Social Security Number _____ - _____ - _____