

COLUMBIAN FINANCIAL GROUP
Prospective Contracting Information

Name _____
First Middle Last

Date of Birth _____ **Social Security #** _____ Sex M F

Business Name _____ **Tax ID #** _____

Resident Address _____ (_____) _____
Address (street (If PO Box include street address) Resident Phone #

City State Zip County

Business Address _____ **Mailing Address** _____
(Street or P.O. Box) (Street or P.O. Box)

City State Zip City State Zip

Telephone # (_____) _____ **Cell #** (_____) _____

Fax # (_____) _____ **E-Mail** _____

I am interested in representing the Company as an:
 _____ Individual _____ Corporation _____ Partnership _____ Sole Proprietor

Are you currently licensed with Columbian? Yes No

- Have you or the business:**
1. Ever been licensed by Columbian? Yes No
 2. Ever had a license for any insurance company revoked or suspended? Yes No
 3. Ever been fined by an Insurance Department? Yes No
 4. Ever filed for Bankruptcy? Yes No
 5. Presently indebted to any insurance company, it's Managers or General Agents for an unpaid balance? Yes No
 6. Ever been refused bond? Yes No
 7. Have you ever been convicted of any criminal felony involving dishonesty or a breach of trust or any offense under the Federal Crime Act (18USCA 1033)? Yes No

 If "yes", give date, penal code section of conviction and disposition.

If you answered "Yes" to any of the above, provide details on a separate sheet.

If contract is for a Corporation please complete this section

List all principals having authority to execute contracts on behalf of the corporation

_____ Name	_____ Title	Check if Sub-Lic	L____	H____
_____ Name	_____ Title	Check if Sub-Lic	L____	H____
_____ Name	_____ Title	Check if Sub-Lic	L____	H____

NOTE: ATTACH LICENSE COPY FOR EACH STATE DESIRED
 *NC & OH Limited Licenses must include the applicable license application.

(Please Complete Reverse)

Notice of Intent to Obtain Consumer Reports

As a routine part of our due diligence effort, _____ (the Company) may obtain one or more reports regarding your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and/or mode of living from a consumer reporting agency. Such reports may be either “consumer reports” or “investigative consumer reports” under the Fair Credit Reporting Act, or both. If the Company plans to use any information in a consumer report in a decision not to retain you or to make any other adverse decision regarding you, it will provide you with a copy of the credit report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before it takes any adverse action. If any adverse action is taken against you based upon a consumer report, the Company will notify you that the action has been taken and that the consumer report was the reason for the action.

We cannot obtain consumer reports regarding you unless you consent in writing. If you agree that we may obtain consumer reports regarding your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and/or mode of living, please sign the Consent to Obtain Consumer Reports form

Consent to Obtain Consumer Reports

I have read the Notice of Intent to Obtain Consumer Reports provided to me by the Company.

I understand that, if I sign this consent form, the Company may obtain reports of my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and/or mode of living.

I hereby authorize the Company and its employees, agents, contractors, affiliates and subsidiaries to obtain reports of my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and/or mode of living.

I further authorize all persons and entities (including but not limited to former employers, businesses, corporations, former supervisors, neighbors, friends, colleagues, credit agencies, governmental agencies, law enforcement authorities, educational institutions, state insurance departments, the NASD, and all military services) to release all written and verbal information about me to IPC / Limra International, Inc. or another entity contracted by the Company to create a consumer report and/or an investigative consumer report on me. I release and agree to hold each harmless from all liability and responsibility for doing so.

[California-Only Language: I understand that I may request a copy of any consumer reports developed pursuant to this consent.]

I have read and understand the attached summary of my rights under the Fair Credit Reporting Act.

Signature of Applicant

Date

Name Printed

COLUMBIAN MUTUAL LIFE INSURANCE COMPANY
BINGHAMTON, NY 13902-1381

COLUMBIAN LIFE INSURANCE COMPANY
HOME OFFICE: CHICAGO, IL
Administrative Services Office: Binghamton, NY 13902-1381

Columbian Life Insurance Company is not licensed in every state.