



**Zurich American Life
Insurance Company (ZALICO)**
Administrative Offices:
PO Box 64361
St. Paul MN 55164-0361
(800) 449-0523

Representative Application Corporate Licensing Data Sheet

PLEASE ANSWER ALL SECTIONS COMPLETELY. Note: General Agent and FINRA Broker/Dealer must be contracted before a representative may be appointed. Corporations must hold a valid corporate insurance license in all states, where applicable, in which the agent/representative will solicit business. A copy of the agent/representative's individual state license and FINRA Form U4 must be submitted with this application

Overnight deliveries can be sent to:
7805 Hudson Rd, Ste 180
Woodbury MN 55125

Section 1: Instructions

To avoid delay, enclose (when necessary)

1. Copy of current Life and Variable Annuity License for Agent resident state
2. Copy of current FINRA CRD Status Report
3. Original State Form is required in MA and OH

Section 2: Representative Information

Representative Name			
Business Street Address	City	State	Zip
Residence Street Address	City	State	Zip
Phone Number	Fax Number	E-Mail Address	
Social Security Number or Tax I.D	Place of Birth	Date of Birth	
National Producer Number (NPN)	CRD Number		

Section 3: General Agent/Broker Dealer Information

Name		Tax I.D. Number	
Broker/Dealer or General Agent Number	Phone Number	Fax Number	
Business Street Address	City	State	Zip

Section 4: Organization

Name of (check one) corporation partnership sole proprietorship

Name under which requested contract(s) to be held Tax I.D. Number

Street Address City State Zip

Business Telephone Number Fax Number Email Address

Section 5: Authorization

Has your firm ever been insolvent or filed suit for bankruptcy?
If “yes” explain on a separate sheet and attach.

Yes No

Has your firm’s license ever been revoked, suspended or cancelled?
If “yes” explain on a separate sheet and attach.

Yes No

Statements made herein are representations upon which Zurich American Life Insurance Company may rely when considering my/our request for appointment as its representative. This information is complete and accurate to the best of my/our knowledge and belief. I/we understand and agree that, if appointed, any material misrepresentations of fact may be the basis for termination for cause of such agency agreement.

I/we authorize an inquiry to be made for the purpose of obtaining information concerning business practices and ethics, credit history, and the financial status of my/our agency or broker/dealer member firm. I understand that all information will be held confidential.

Section 5: Code of Conduct Agreement

By signing below I acknowledge that I will make recommendations and present products consistent with the insurable needs and financial objectives of my clients; I will provide honest and accurate disclosure of information so that my clients can make an informed buying decision; I will establish and maintain trust of my clients by treating them with respect and by delivering them quality service; I will maintain the privacy of my clients by protecting the confidential information; I will refrain from disparaging competitors and agents; I will make every attempt to further my education and will maintain awareness of industry laws and company procedures; I will communicate any client concerns or complaints to the company in a timely manner and I will maintain a current license and valid appointment in all states in which I solicit the sale of ZALICO products to customers. Statements herein are representations upon which ZALICO may rely when considering my appointment request. This information is complete and accurate to the best of my knowledge and belief. I understand and agree that, if appointed, any material misrepresentation of facts may be the basis for

Signature

Title

Date

Return to Zurich American Life Insurance Company–Licensing Department, PO Box 64361, St. Paul MN 55164-0361