

**Omission of any information will result
in a delay of commission.**

NOTE: No person is permitted to solicit, sell or procure an application for insurance until they have in their possession an insurance agent's license authorizing them to solicit, sell or procure applications for The Millennium Healthcare Group Plan, Inc. **Please attach a copy of insurance license AND E&O Insurance to application.**

PLEASE FAX BACK TO: (610) 222-9448

IDENTIFICATION: (Please print in ink or type. Do not abbreviate).

Name (Last, First, MI)				Sex: M F (circle one)
Social Security No.	Date of Birth	Place of Birth	Tax ID No.	Age:
Firm Name (Agency Name if applicable)			Send Mail To:	
Business Address	City	State	County	Zip
				Telephone Fax
Resident Address	City	State	County	Zip
				Telephone
Currently licensed by state of: License No.: Issued To:				
(attach a copy of home state license) (circle one): Individual Corporation Partnership Sole Proprietor				

BACKGROUND: (Use a separate page as needed. If YES to any questions 1-6, please attach details and dates).

- | | No | Yes | Month/Year |
|--|--------------------------|--------------------------|------------|
| 1. Have you ever had a bond declined or cancelled? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Have you ever been convicted for any offense other than a minor traffic violation?
your failure to disclose a felony conviction will result in an automatic denial. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Have you ever been cited, fined, suspended, revoked or refused a license by any state?
(if yes, give month and year) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. Have you ever been short in accounts with any employer? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. Do you owe any unpaid balance to any insurance company? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. Are you now employed by, or associated with to any degree, directly or indirectly,
a bank, savings and loan or other financial institution? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Please provide the carrier for your Errors & Omissions coverage, the policy number and name of the insured.

CERTIFICATION/AUTHORIZATION

I certify that I have answered all questions honestly and to the best of my knowledge.

Date: _____ Signature: _____

- Owner or Partner Corporate Officer Representative (Agent).

**Agent Data Sheet
Compensation Schedule
Exhibit A**

Broker Name: _____

Client Name: _____

Effective Date: _____

Admin Fee: _____

Signature of Broker	Print Name	Title	Date
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Signature of Millennium Officer	Date
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