



Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141
Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496
www.cinfin.com ■ 513-870-2000

LIFE APPOINTMENT APPLICATION

A. AGENT INFORMATION

PC/Life appointment Life appointment only

Full name (as it appears on residence license): _____
(First) (Middle) (Last)

Date of birth: _____ SSN: _____ Gender: Male Female

National Producer number (NPN): _____ Email: _____

Resident license state: _____ Resident license number: _____

Home address: _____

City: _____ State: _____ ZIP: _____

Home phone: (____) _____

Business name: _____ Website: _____

Business street address: _____

City: _____ State: _____ ZIP: _____

Business mailing address (if different than address above): _____

City: _____ State: _____ ZIP: _____

Business phone: (____) _____ Business FAX: (____) _____

Nonresident state(s) where appointment is requested (if applicable): _____

Counties in which appointment is requested (required in Florida) _____

Email address of case manager (underwriting contact): _____

B. AGENCY INFORMATION (IF NEW APPOINTMENT)

INDIVIDUALS DO NOT COMPLETE THIS SECTION

Agency Tax ID number: _____

Corporate name: _____

Corporate phone: (____) _____ Corporate fax: (____) _____

Corporate address: _____

Primary principal (for background report): _____

Resident license state: _____ Resident license number: _____

Nonresident state(s) where appointment is requested (if applicable): _____

Counties in which appointment is requested (required in Florida) _____

C. BACKGROUND INFORMATION REQUIRED FROM AGENT OR PRINCIPAL

Please provide a detailed explanation below for any "yes" answers. If this is a corporate application, the questions should be answered by the agency principal.

- 1. Has any state license you have held ever been suspended or revoked? Yes No
- 2. Have any complaints or regulatory actions ever been filed against you? Yes No
- 3. Are you currently under investigation by any Department of Insurance?..... Yes No
- 4. Are you in debt to any insurance company? Yes No
- 5. Have you ever been convicted of or pled no contest to any violation of federal or state securities or investment related regulation? Yes No
- 6. Have you ever been convicted of or pled no contest to any crime or are you currently under investigation for any crime?..... Yes No
- 7. Do you have any delinquent debts that cumulatively exceed \$10,000 or have you filed for or been discharged from bankruptcy in the past seven years?..... Yes No

Details to "yes" answers:

Are you now or have you ever been contracted or otherwise associated with The Cincinnati Life Insurance Company? Yes No

If "yes", please provide details, including agent # and agency name. _____

Do you have Errors and Omissions coverage? Yes No

If you are a general agent, does your E&O policy cover agent/broker activity? Yes No

E&O Carrier: _____ Policy number: _____

Effective date: _____ Expiration date: _____

D. APPOINTMENT AGREEMENT

The information you have provided in this application will be used and may be disclosed to third parties for licensing, appointment and agency management purposes. It may be disclosed to third parties for purposes such as continuing education, license verification, consumer reporting, and/or electronic appointment and termination transactions. Your signature below signifies your acceptance of our use and possible disclosure to process and maintain your appointments throughout the term of your appointment

Agent/Principal name: _____

Agent/Principal Signature: _____ Date: _____



**THE
CINCINNATI INSURANCE COMPANIES**

Mailing Address: P.O. BOX 145496
CINCINNATI, OHIO 45250-5496
(513) 870-2000

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

In the completion of this Electronic Funds Transfer Authorization, I, the undersigned, hereby authorize The Cincinnati Life Insurance Company (hereinafter "CLIC") to make deposits by automatic entry on the account for the purpose of payment of commissions.

NAME OF AGENCY _____

AGENCY CODE # _____

ADDRESS OF AGENCY _____

FEDERAL ID OR SOCIAL SECURITY NUMBER _____

CLIC is authorized to use automatic entry to deposit funds on the account indicated below:

SAVINGS ACCOUNT

CHECKING ACCOUNT

(Select One Account Type)

(Bank Account Number)

(Routing Number)

(Name of Bank and Name of Branch, If Any)

(Address of Bank or Branch)

**TO AUTHORIZE DEPOSIT OF FUNDS TO YOUR ACCOUNT, YOU MUST INCLUDE EITHER A
VOIDED SAMPLE CHECK OR DEPOSIT SLIP FROM YOUR ACCOUNT.**

X

(Signature of Authorized Agency Representative)

(Date)

Upon completion of this form, return it to the CLIC Life Field Services – Commissions Department, P.O. Box 145496, Cincinnati, OH 45250-5496

Disclosure

We (The Cincinnati Life Insurance Company) will obtain one or more consumer reports or investigative consumer reports (or both) about you for employment purposes. These purposes may include hiring, contract, assignment, promotion, re-assignment, and termination. The reports will include information about your character, general reputation, personal characteristics, and mode of living.

We will obtain these reports through a consumer reporting agency. Our consumer reporting agency is General Information Services, Inc. GIS's address is P.O. Box 353, Chapin, SC 29036. GIS's telephone number is (866) 265-4917. GIS's website is at www.geninfo.com.

To prepare the reports, GIS may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources.

You may inspect GIS's files about you (in person, by mail, or by phone) by providing identification to GIS. If you do, GIS will provide you help to understand the files, including trained personnel and an explanation of any codes. Another person may accompany you by providing identification.

If GIS obtains any information by interview, you have the right to obtain a complete and accurate disclosure of the scope and nature of the investigation performed.

The Federal Trade Commission provides a summary statement of your rights on its website at www.ftc.gov/credit.

Please sign below to acknowledge your receipt of this disclosure.

Signature

Date

Printed name

Authorization

Authorization: By signing below, you authorize: (a) General Information Services, Inc. ("GIS") to request information about you from any public or private information source; (b) anyone to provide information about you to GIS; (c) GIS to provide us (The Cincinnati Life Insurance Company) one or more reports based on that information; and (d) us to share those reports with others for legitimate business purposes related to your employment. GIS may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge receiving the Federal Trade Commission's "Summary of Your Rights under the Fair Credit Reporting Act." You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an applicant or employee with us.

Personal Information: Please print the information requested below to identify yourself for GIS.

Printed name:

First	Middle	Last	Maiden
-------	--------	------	--------

Other names used: _____

Current and former addresses:

_____	current	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
_____	_____	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
_____	_____	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip

Some government agencies and other information sources require the following information when checking for records. GIS will not use it for any other purposes.

Date of birth

Social security number

Driver's license number & state

Name as it appears on license

Report Copy: If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box: .

Signature

Date

THE CINCINNATI INSURANCE COMPANY

Authorization Pertaining to Consumer Reports Pursuant to the Fair Credit Reporting Act

This is a release for The Cincinnati Insurance Company and its subsidiary/affiliated companies to obtain a consumer report about me in connection with my application for a license and/or company appointment. I further release and hold harmless The Cincinnati Insurance Company and its subsidiary/affiliated companies, its directors, officers, and employees, and my employer from any liability arising from the procurement of a consumer report and the use of any information contained in such report.

I, _____, hereby authorize The Cincinnati Insurance Company and its subsidiary/affiliated companies to obtain such report from any consumer reporting agency. This authorization shall remain in effect throughout the term of my appointments.

Signature

Date

CLI-8514 (04/04)



6200 S. Gilmore Rd., Fairfield, OH 45014-5141

THE CINCINNATI LIFE INSURANCE COMPANY

P.O. BOX 145496, CINCINNATI, OHIO 45250-5496



AGENT AGREEMENT

Upon approval of an executed copy at its executive offices, The Cincinnati Life Insurance Company (Company), appoints _____, (the Agent) a licensed agent and independent contractor, as a Agent of the Company effective _____, 20____.

Purpose and Definition of this Agent Agreement

The purpose of this Agent Agreement between the Agent and the Company is to define the relationship between the Agent and the Company and to enumerate the obligations, duties, rights and responsibilities of each. This Agent Agreement terminates and supersedes any and all other agreements made between the Agent and the Company.

The provisions herein shall also be applicable to officers, partners, members and employees of the Agent.

This Agent agreement and all addenda attached hereto now or in the future constitute the entire agreement between the Agent and the Company. This Agent Agreement may not be modified, revised, altered, added to, or extended in any manner or superseded in any way without the written consent of both parties. However, the Company may change or discontinue any addenda that provide and detail specific commission or any remuneration, providing 30 days notice to the Agent. Such addenda changes shall be effective without the written consent of the parties. When this Agent Agreement is terminated, all addenda attached hereto are also terminated.

Agent and Company Relationship

The Company appoints the Agent, as an independent contractor for the purpose of procuring applications for insurance and annuities offered by the Company in jurisdictions in which both the Company and the Agent are licensed and Company products are approved. Additional authorizations and obligations of the Agent are described within this Agent Agreement. The Agent shall be free to exercise his/her own judgment as to the persons to whom the Agent will solicit applications and the methods, time and place of solicitation, and nothing contained herein shall be construed to create the relationship of employer and employee between the Company and the Agent.

A. AGENT

I. Authority of the Agent

The Agent shall have:

a) Applications—The authority to procure Company applications for insurance and annuities:

- 1) In territories where the Agent is licensed and appointed at the time of application and policy delivery.
- 2) For products offered by the Company at the time of the application.
- 3) For products of the Company approved by the applicable state at time of application.

II. Limitations of Agent Authority

The Agent shall have no authority to perform any activities on behalf of the Company not specifically granted in this Agent Agreement, including the following:

- a) Make, alter or discharge agreements**—The Agent shall not make, alter or discharge any agreement between the policyholder and the Company or any of the terms, rates or conditions of the Company's policies or agreements.
- b) Procure applications**—The Agent shall not procure applications for insurance or annuities on any products not offered by the Company or not approved in the governing state.
- c) Advertisements**—The Agent shall not use or refer to the Company in any advertisement except as provided below and within the limitations described below. The Agent:

- 1) May use materials referring to the Company and Company products and services in the Agent's advertising activities, including any information about the Company in the Agent's or any other Internet site, provided that the Agent has first secured the Company's written approval of the advertising materials, unless the materials used were prepared by the Company specifically for the use of its agents.
- 2) Shall not alter any materials prepared by the Company for the Agent without first obtaining the Company's written consent.
- 3) Shall not reproduce, display or use the Company's trademark, service mark, logo or other identifying symbols in any manner whatsoever without first obtaining the Company's written consent.
- d) **Suit**—Bring or defend any suit involving the Company without prior written consent of the Company.

III. **Privacy Responsibilities of the Agent**

The Agent agrees:

- a) Any information about our customers will be used only in accordance with the term of this Agent Agreement.
- b) Not to disclose confidential information that is personal and private to any applicant or policy- or account-holder of The Cincinnati Life Insurance Company or any of its subsidiary or affiliated companies, including but not limited to, customer names, addresses, telephone numbers, medical and financial information, property descriptions, policy limits and coverage types, billing and payment history, driving records and other loss information, without the applicant, policy- or account-holder's prior permission, except to the extent that such disclosure is, in our sole judgment, necessary to facilitate the processing or service of an account or claim, is part of the business of insurance, is required by state, federal or local law, regulation or subpoena, or is otherwise allowed by law.
- c) To use all reasonable efforts to ensure that any third party to whom the Agent makes a disclosure in furtherance of this agreement also complies with the terms of this Agent Agreement. The Agent also agrees that if any disclosure is made that is not in accordance with this Agreement, the Agent will notify the Company immediately of the disclosure.
- d) To use all reasonable efforts to maintain full compliance with the Gramm-Leach-Bliley Act (GLBA), the Health Insurance Portability and Accountability Act (HIPAA) and any other state or federal act designed to protect the personal information of your customers and our customers. The Agent agrees to distribute privacy disclosures to applicants and holders of our policies and accounts in accordance with such laws and as required by us. The Agent further warrants he/she maintains security safeguards to protect customer information that matches or exceeds standards for insurance agents.
- e) To make available all information to the Secretary of Health and Human Services, upon his or her reasonable request.

The Agent agrees that the privacy agreements and obligations described in this section shall, in all cases, survive the termination of this Agent Agreement.

IV. **Duties and Obligations the Agent**

The Agent shall be responsible to:

- a) **Applications and Forms**—Submit accurate and complete applications and any forms required by the Company.
- b) **Company Property**—Return to the Company such records, documents, application, papers, sales materials and property of every description belonging to or pertaining to the Company's business, whether paid for by the Agent or not, upon termination of the Agent Agreement or upon demand by the Company. Commission payments to the Agent, if any, will be withheld until the Company has received such property.
- c) **Conform to changes**—Conform to any changes made by the Company as it deems advisable in the conduct of its business.
- d) **Deliver policies**—Deliver policies on behalf of the Company, except:
 - 1) When the Agent has knowledge, directly or indirectly, that the health of the proposed insured has or may have materially changed since the time the application for such policy was completed. In such cases, the Agent shall immediately return the policy(ies) to the Company.
 - 2) When coverage has been rejected, canceled or postponed by the Company.
- e) **Initial premiums**—Collect initial premiums at the time of application or policy delivery. All monies collected by the Agent must be payable to the order of the Company and promptly remitted to the Company and shall always be the property of the Company.

f) **Refunds**—Return, to the applicant, any and all monies the Agent may have received on account of any application the Company rejects, cancels or postpones.

V. Indemnification Agreement

The Agent agrees to indemnify, defend and hold the Company harmless from any and all expenses, claims, costs, causes of action and damages resulting from any act or omission committed by or at the direction of the Agent, his or her Agents or any employee of either that is illegal, fraudulent, in contravention of applicable state or federal laws or regulations or beyond the scope of authority granted by the Company. This Indemnification Agreement shall survive the termination of this Agent Agreement.

B. COMPANY

VI. Rights of the Company

The Company:

- a) **Make changes**—May make such changes as it deems advisable in the conduct of its business or discontinue at any time issuing any of its forms, policy agreements or other instruments issued in the pursuance of its business, providing advance written notice to the Agent when possible.
- b) **Reject coverage**—Shall have the right to reject, cancel or postpone any coverage for insurance without specifying to the Agent the reason therefor.
- c) **Remove, alter and add products**—Shall have the right to remove, alter or add products at its discretion, providing no less than thirty (30) days notice to the Agent when possible.
- d) **Servicing Agent**—shall have the right to change the Agent of record on a policy or contract, without approval of the Agent, upon the Company's receipt of a written request from a policyowner. At such time, the Agent will be construed to have relinquished his/her right and obligation to further service the policy or contract. Future correspondence concerning the policyholder's policies or contracts in regard to a servicing agent will be directed as determined by the Company in accord with the policyowner's request. Agent Commission will be in accordance with the Agent Commission Addendum.

VII. Privacy Responsibilities of the Company

The Company agrees:

- a) **Disclosure to third parties**—Not to disclose to third parties, without your prior permission, any specific information about your agency, including customer lists and agency production figures, unless such disclosure is necessary to adjust a claim involving your agency, to publish results of promotions and/or contests; we are required to disclose such information by law, regulation or subpoena, or as otherwise set forth in this Agent Agreement.
- b) **Disclosure to non-affiliates**—Not to disclose to any non-affiliated person or organization confidential information that is personal and private to your customers, including but not limited to, customer names, addresses, telephone numbers, medical and financial information, property descriptions, policy limits and coverage types, billing and payment history, driving records and other loss information without your customer's prior permission, except to the extent that such disclosure is, in our sole judgment, necessary to facilitate the processing or service of an account or claim, is part of the business of insurance, is required by state, federal or local law, regulation or subpoena, or is otherwise allowed by law. Publicly available information, including but not limited to rating plans and policy forms filed with government regulators, is not subject to our non-disclosure agreement in this section.

The Company agrees that these privacy agreements and obligations described in this section shall, in all cases, survive the termination of this Agent Agreement.

C. MISCELLANEOUS

VIII. Assignment, Sale or Transfer—No sale, transfer or assignment of this Agent Agreement, in whole or in part, shall be valid without the consent of the Company, made in writing and signed and dated by an officer of the Company at its Cincinnati offices.

IX. Compliance—If any of the provisions of this Agent Agreement are in conflict with any applicable statute or regulation of the state in which you are located, such provision shall be deemed to be amended to conform to those statutes or regulations.

- X. Expense Assumption**—The Company shall not be responsible for any expenses incurred by the Agent, whether on the Agent's or the Company's behalf, unless prior written consent is obtained from the Company.
- XI. Severability**—If any provision of the Agent Agreement is held to be invalid, illegal or unenforceable, the holding shall not affect or impair, in any way, the validity, legality and enforceability of the remaining provisions of this Agent Agreement.
- XII. Waiver**—Neither the Agent nor the Company shall be deemed to have waived any right or obligation under this Agent Agreement or any addendum, schedule or agreement attached hereto unless such waiver is in writing and signed by both parties. No delay, omission or granting of consent on one or more occasions on the part of either party in exercising any right or enforcing an obligation shall operate as a waiver of such right or obligation or any other right or obligation on any other occasion.

D. TERMINATION

- XIII. Mutual Agreement:** This Agent Agreement may be terminated at any time by mutual agreement of the Agent and the Company.
- XIV. The Agent:** The Agent shall have the right to terminate this Agent Agreement at any time, providing written notice to the Company.
- XV. The Company:** The Company, upon thirty (30) days written notice to the Agent, or such longer period as is required by law, shall have the right to terminate this Agent Agreement:
- a) Vested Compensation payable**—with all vested commissions payable to the Agent for any reason whatsoever that are not prohibited by law except those reasons listed in the following "All Compensation forfeited" section. Such reasons include but are not limited to the Agent changing the form of legal entity under which the Agent does business, merging, adding or changing owners, selling, assigning or transferring the Agent produced business or rights of compensation due thereon, unless the Company is notified prior to such an event and the Company consents in writing.
 - b) All Compensation forfeited**—and thereupon all compensation and other claims whatsoever accruing under this Agent Agreement shall become forfeited to the Company, if any of the following occurs:
 - 1) The Agent's license is terminated for any reason.
 - 2) The Agent withholds or misappropriates any monies or property belonging to the Company.
 - 3) The Company has evidence of malfeasance, fraud, material misrepresentation, insolvency, abandonment, willful misconduct or any activity regarding the Company that exceeds the authority granted under this Agent Agreement. This applies to the Agent and the Agent's employees.

AGENT AGREEMENT

E. ACCEPTANCE and ADDENDA INCLUDED, if indicated

Addenda attached hereto and included herein:

The following checked addenda, or any revisions thereto, while this Agent agreement is in force, are made a part of this Agent Agreement:

Agent Commission Addendum

FORM NUMBER

Agent Commission Schedule

Joint acceptance of this agreement is required for it to be effective. This agreement shall be construed in accordance with the Laws of Ohio.

Intending to be legally bound, this Agent Agreement is accepted by and at:

COMPLETE ALL OF THE FOLLOWING

BY:

Print Agent Name

Signature of Agent (if entity, Authorized Representative)

Title, if signed by representative of an entity

AT:

City and State

ON:

Date

Check one:

Individual/Proprietorship

Corporation

Partnership

LLC

Other _____

Check one:

SS# or Tax ID#:

SS# or Tax ID#

Agent E-mail Address

Agency affiliation:

Agency/General Agent name

CLIC HEADQUARTERS USE ONLY

The Cincinnati Life Insurance Company approves this Agent Agreement if so completed below:

Agent Code #: _____

By: _____

David Burbrink

Vice President

Title

Date