

Producer Appointment Application

Chase Insurance Life and Annuity Company (CILAAC/"the Company")
 Chase Insurance Life Company (CILC/"the Company")
 Chase Insurance Life Company of New York (CILCONY/"the Company")
 Kemper Investors Life Insurance Company (KILICO/"the Company")
 Fidelity Life Association, A Mutual Legal Reserve Company (FLA/"the Company")

Administrative Offices:
 2500 Westfield Drive,
 Elgin, IL 60123-7836
 877/280-5102

PLEASE ANSWER ALL APPLICABLE SECTIONS COMPLETELY.

Section 1: Appointment Information

Appointment for: Individual Corporation Partnership Sole Proprietorship
 Type of appointment requested: Life Variable Annuity Variable Life
 State(s) to be appointed in: _____ (Attach copies of licenses)
 Type of license currently held (provide copies) Life Life A/H Variable Life Variable Annuity
Note: General Agent and Broker Dealer must be contracted before a representative is appointed. Corporations must hold a valid license in all states, where applicable, in which agents/representatives will solicit business. A copy of the agent/representative individual state license and NASD Form U4 must be submitted with this application.

Section 2: Producer Information

 Producer _____
 Producer Number Assigned by General Agent/Broker Dealer

 Business Street Address _____
 City _____
 State _____
 Zip

 Resident Street Address _____
 City _____
 State _____
 Zip

 Phone Number _____
 Fax Number _____
 E-Mail Address

 Social Security Number (Tax I.D. Number) _____
 Place of Birth _____
 Date of Birth

What is your primary business activity (check only one)
 Life Insurance Agent/Broker Financial Planner Registered Rep Property/Casualty Agent
 Qualified Plans (TSA, 401K, etc) Health Insurance Agent Other _____

Are you NASD registered? Yes No What series? _____

If yes, who is your Broker Dealer? _____

CRD Number: _____

Section 3: General Agent/Broker Dealer Information

 Name

 Business Street Address _____
 City _____
 State _____
 Zip

 General Agent Number _____
 Phone Number _____
 Fax Number _____
 E-Mail Address

Section 4: Background Information

Please attach details for any question answered yes.

- a) Has any insurance license held by you ever been refused, suspended, revoked or been the subject of any administrative action by this state or any other state? Yes No
- b) Have you ever filed for bankruptcy, been charged with, pled guilty or nolo contendere to, or been found guilty of felony or misdemeanor charges including motor vehicle infractions, or any crime involving moral turpitude, or had charges pending against you at any time Yes No
- c) Are you currently covered by Errors and Omission Insurance? Yes No
 Insurer _____ Coverage Amount \$ _____
 If you have ever made a claim, attach separate sheet with details.

Section 5: Employment History (Complete only if applying for appointment in Florida, Mississippi, Alabama, Georgia, Ohio or Pennsylvania.) History must cover past 5 years. Attach separate sheet if necessary.

From	To	Company Name	Position		
Contact Person		Street Address	City	State	Zip
From	To	Company Name	Position		
Contact Person		Street Address	City	State	Zip

Section 6: Code of Conduct Agreement

I have read the Company’s Ethics Guide found on the www.chaseinsurancecompany.com Information for Representatives page, and certify that I understand, and will comply with, the company’s policies, procedures, and code of ethical market conduct.

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 the 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 their 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 will notify the company of any violation of the ethical conduct code; and I will maintain a current license and valid appointment in all states in which I solicit the sale of the Company products to customers.

Statements made herein are representations upon which the Company may rely when considering my request for appointment. 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 herein provided may be the basis for termination.

Signature	Date
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Section 7: Consent to Request Consumer Report and/or Investigative Consumer Information

I understand that the Company may utilize the services of a consumer reporting agency as part of the procedure for processing my application for employment and/or application for appointment as a General Agent/Agent/Broker (circle one). I understand a consumer reporting agency may conduct an investigation and prepare a consumer report (which may include a financial credit check, criminal background check, state licensing/disciplinary check, employment/contract check and other information bearing on your credit and financial history) and/or an investigative consumer report which will include, among other things, information as to my credit background, character, general reputation, personal characteristics, mode of living, whichever are applicable. I understand such information may be obtained through person interviews with my neighbors, friends and associates, acquaintances or other persons who may have knowledge regarding such information.

I further understand that upon written request, subjects of an investigative consumer report have the right to: 1) receive a summary of their rights under The Fair Credit Reporting Act; and 2) receive a disclosure of the nature of scope of the investigation conducted.

I hereby consent to this investigation and authorize the Company or its representatives to procure a report on my background as stated above from a consumer reporting agency or any other source providing such information.

I agree the Company has the right to release any information revealed by this investigation to any State requiring it.

Driver’s License #: _____