

**Confidential Data Sheet
Prudential Appointment Application**



Licensee Information: (Check Type of Appointment Request)		<input type="checkbox"/> Individual	<input type="checkbox"/> Firm/Agency*	<input type="checkbox"/> Solicitor
Please select what product line you wish to sell or service:	<input type="checkbox"/> Group Life & Disability	<input type="checkbox"/> Long Term Care	<input type="checkbox"/> GVUL	<input type="checkbox"/> TOLI/COLI/BOLI
Last Name:	First Name:	Middle Name:		
AKA or Maiden Name(s):				
SS# or Tax ID:	Date of Birth:	Registered Rep's NASD CRD #:		
Resident License #:	E-mail Address:			
Commissions Address:				
(City)	(State)	(Zip)		
(Office Phone)	(Office Fax Number)			
Resident Address:				
(City)	(State)	(Zip)	(Phone)	
Has this been your residence for the past 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No", you must complete 7 year residency information including dates (month and year) at each residence.				
1 st Prior Resident Address:		From (MM/YYYY)	To (MM/YYYY)	
(City)	(State)	(Zip)	/	/
2 nd Prior Resident Address:		From (MM/YYYY)	To (MM/YYYY)	
(City)	(State)	(Zip)	/	/
3 rd Prior Resident Address:		From (MM/YYYY)	To (MM/YYYY)	
(City)	(State)	(Zip)	/	/
State(s) to be appointed in – attach copies of all licenses:				
Please list Florida counties (non-resident appointments only):				
E&O coverage:	Prudential Group Insurance requires a minimum of \$1 Million in Errors and Omissions (E&O) Insurance Coverage.			
	A. Coverage Amount \$	B. Policy Number	C. Carrier Name	

Choose Below:

<input type="checkbox"/> Firm/Agency:	Name:	Tax ID:
Commissions Address:		
Phone:	Fax:	
AND/OR		
<input type="checkbox"/> Broker/Dealer (For GVUL/TOLI/COLI/BOLI appointments only):		
Name:	Tax ID:	

IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS BELOW, A LETTER OF EXPLANATION MUST BE ATTACHED TO THIS FORM.

*For Firm/Agency appointments, the term "you" refers to the firm, and Question 2 and 7 are not applicable

1. Have you ever been subject to an insurance or investment related consumer initiated complaint or proceeding that alleged or found fraud, sales practice violation, forgery, theft, misappropriation or conversion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of, pled guilty or nolo contendere to, or are you currently under indictment for any criminal felony or misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you currently have any unsatisfied judgments or liens against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever filed for personal bankruptcy or been declared bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever had an insurance license or appointment or a securities registration suspended or revoked or been disqualified or disciplined as a member of any profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you currently party to any litigation or the subject of any investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever been permitted to resign, been discharged or terminated after you were accused of fraud, theft, or failure to supervise in connection with insurance or investment related activities or other wrong doing?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby:

- Release Prudential, its authorized agents and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above referenced sources.
- Certify that all of the information contained in this application is true and correct. I further understand that any falsification, misrepresentation or omission of information from this form may result in the withholding or withdrawal of any offer of appointment or the revocation of appointment by Prudential whenever discovered.
- Understand that I am obligated to report immediately any event that would change any of the information, in any manner, which I have provided in this application.
- Certify that I have not been convicted of crime that would disqualify me from association with Prudential under the Violent Crime Control Act and/or Employee Retirement Income Security Act.

Licensee's Signature	Licensee's Name (Please Print)	Date (mo/day/yr)
Signature and date are required on both pages of this form.		

*For a Firm/Agency or Broker/Dealer appointment request, an Officer must complete and sign this form on behalf of the Firm.

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DISCLOSURE STATEMENT UNDER THE FAIR CREDIT REPORTING ACT

By this document, The Prudential Insurance Company of America (the "Company") discloses to you that a consumer report regarding your credit history, criminal history and other background information and/or an investigative consumer report containing information as to your character, general reputation, personal characteristics, and/or mode of living, may be obtained from personal interviews or other sources in connection with your application for appointment or for any appointment purpose at any time during your appointment. The nature and scope of the information that Prudential may request include criminal, credit, education, employment, fingerprint, military and Department of Motor Vehicles records; social security number trace; regulatory reporting history; and address history. A consumer and/or investigative report will be ordered from Business Information Group, 1105 Industrial Highway, Southampton, PA 18966, 800-369-2612. Upon your written request, it will be confirmed to you whether an investigative report was requested with the name and address of the consumer reporting agency to whom such request was made and a complete and accurate disclosure of the nature and scope of the report.

ACKNOWLEDGMENT AND AUTHORIZATION UNDER THE FAIR CREDIT REPORTING ACT

In connection with my application for appointment with The Prudential Insurance Company of America, or any of its subsidiaries or divisions ("Prudential"), I authorize Prudential to procure consumer reports and/or investigative consumer reports for appointment purposes, including, without limitation, reports regarding my finances, credit worthiness, employment history, background, character, general reputation, personal characteristics, and/or mode of living. The nature and scope of the information that Prudential will be requesting and reviewing may include: criminal, education, employment, military, fingerprint and Department of Motor Vehicles records; social security number trace; regulatory reporting history; and address history. Prudential will be obtaining this report from Business Information Group at the address listed in the above Disclosure Statement.

I understand that this authorization shall remain on file and shall serve as a continuing authorization for Prudential to procure consumer reports and/or investigative consumer reports for appointment purposes at any time during my appointment by Prudential, to the maximum extent permissible by law. This authorization shall be valid in original, faxed or photocopied form. This authorization shall expire upon termination of my appointment with Prudential.

By signing this document immediately below, I authorize Prudential to procure the consumer and/or consumer investigative reports described on this page. I also acknowledge that I have received and read the Disclosure Statement contained on this page, and that I understand it.

Licensee's Name (Please Print)	Licensee's Signature	Date (mo/day/yr)
Signature and date are required on both pages of this form.		

*For a Firm/Agency or Broker/Dealer appointment request, an Officer must complete and sign this form on behalf of the Firm.

If *Appointed* in Minnesota, California or Oklahoma: Check here to receive a copy of the consumer report/investigative consumer report.
Massachusetts candidates may receive a copy of the report upon request.
New York candidates have a right to receive and inspect their reports by contacting the consumer reporting agency.

Requests for information on consumer reports obtained by Prudential as noted above should be sent to the following address:

Prudential Financial
Prudential Licensing and Registration Unit
Attn: Prehire Manager
One New York Plaza, 16th Floor
New York, NY 10292

Please return this form to Prudential Group Insurance either via mail or fax. Overnight mail or Direct mail to: 2101 Welsh Road, Attn: Producer Licensing & Compensation, 3 South, Dresher, PA 19025 OR Fax to (800) 619-1904.

Be sure to include copies of all licenses, Letter of Explanation (if applicable), 7 Year Residency Information (if applicable) and any other state specific appointment requirements (if applicable).