



Sponsoring Insurer/Agent Certification Form

1. Name of Applicant 1. Applicant Date of Birth

For a Temporary License:

2. Name of Sponsoring Insurance Company SENIOR LIFE INSURANCE COMPANY 2. NAIC Company Code 78662 3. Name of Supervising Agent 3. Georgia Resident License Number

For a Limited Subagent License:

4. Name of Sponsoring Agent N/A 4. Georgia Resident License Number N/A

Sponsor's Certificate

I have read the questions and answers given by this applicant herein, and have made a diligent inquiry and investigation relative to this applicant's character, identity, residence, experience and instruction. the findings of said inquiry and investigation enable me to certify as follows: (1) said answers are true to the best of my knowledge and belief; (2) I am satisfied that the applicant is trustworthy and qualified to act as our temporary agent or limited subagent and to hold himself or herself in good faith to general public as such temporary agent or limited subagent; (3) we desire that the applicant be licensed as indicated to represent us in the state of Georgia.

Name of insurance company if applying for temporary license or sponsoring agent if applying for limited subagent license SENIOR LIFE INSURANCE COMPANY Name and Title of company official for temporary license or name of sponsoring agent for limited subagent Robert Jones, Director of Licensing Department Signature of company official for temporary license or sponsoring agent for limited subagent license Signature: [Signature] Date: \_\_\_\_\_

Complete and attach this form to your online application.