



15. A. Are you engaged in any business other than or in addition to selling insurance?  Yes  No  
 If Yes, please explain. \_\_\_\_\_
- B. Has an insurance company ever cancelled or terminated a contract with you for reasons other than lack of production?  Yes  No  
 If Yes, please explain. \_\_\_\_\_
- C. Have you ever had a complaint filed against you or been investigated by a state insurance department?  Yes  No  
 If Yes, please explain. \_\_\_\_\_
- D. Have you ever had an insurance license denied, revoked, suspended or had any disciplinary action taken against you by a state insurance department?  Yes  No  
 If Yes, please include attachments.
- E. Have you ever been refused a surety or fidelity bond?  Yes  No  
 If Yes, please explain. \_\_\_\_\_

16. Appointment sought for one or more of the following entities:

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| Union Security Insurance Company              | United Dental Care of Colorado, Inc.   |
| DentiCare of Alabama, Inc.                    | United Dental Care of Michigan, Inc.   |
| Union Security DentalCare of Georgia, Inc.    | United Dental Care of Missouri, Inc.   |
| UDC Ohio, Inc.                                | United Dental Care of New Mexico, Inc. |
| Union Security DentalCare of New Jersey, Inc. | United Dental Care of Texas, Inc.      |
| United Dental Care of Arizona, Inc.           | United Dental Care of Utah, Inc.       |

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I represent that the answers given in this application are true, correct and complete. I understand that any misrepresentations or misstatements may result in denial or revocation of appointment. I understand that the companies listed above may deny my request for appointment or rescind my appointment, in their sole discretion.

Applicant \_\_\_\_\_  
 SIGNATURE TITLE DATE