



The Guardian Life Insurance Company of America
Agent Contracting & Licensing
81 Highland Avenue, Mail Station A259, Bethlehem, PA 18017

SUB-PRODUCER ADDITION FORM

Name of Sub-Producer (As it appears on insurance license): _____

Salutation Miss Mr. Mrs. Ms.

Social Security Number _____

Date of Birth _____

Gender Male Female

Resident & Business Information

Resident Address:

Street City State Zip Code/County

Telephone Number Cell Number

Business Address:

3000 Lento Boulevard Bethel Park PA 15102
Street City State Zip Code/County

412-835-9100 412-831-8667
Telephone Number Fax Number(s)

Corporate Affiliation

Corporation / Entity Name: ARMS Insurance Group, LLC

Corporation / Entity Tax ID Number: 46-5537206

Corporation / Entity Writing Code: _____

Appointment Requested

List State(s) in which to be appointed, include license number(s): _____

If Florida non-resident licensee, please list the county where you wish to be appointed: _____



FAIR CREDIT REPORTING ACT DISCLOSURE

Disclosure to the Consumer

As a routine part of our due diligence effort, Guardian Life Insurance Company intends to obtain an investigative consumer report on you. To ensure full compliance with the 1997 Fair Credit Reporting Act [Section 606(a)] and to facilitate easy access to all information necessary, please read and sign this form.

I, _____ (please print name),
_____ (please print social security number),
_____ (please print date of birth),

authorize all persons and entities (including but not limited to businesses, corporations, former supervisors, credit agencies, governmental agencies, law enforcement authorities, educational institutions, state insurance departments, FINRA, and all military services) to release all written and verbal information about me to Business Information Group (B.I.G.).

I also give my consent for The Guardian Life Insurance Company of America to review previous Uniform Application for Registration (U-4) and Uniform Termination Notice (U-5) information for employment, registration and disciplinary history through FINRA Web-CRD. I understand that a completed U-4 will be necessary for registration.

I specifically understand and authorize the procurement of an investigative consumer credit report and understand that in all likelihood it will contain information about my background, mode of living, character, general reputation, and personal characteristics.

I further understand that upon written request I will be given a list of the areas which will be researched and included in the investigative report into my background. I have read and understand the attached summary of my rights under the 1997 Fair Credit Reporting Act. This release, in original or copy form, is valid now or any time in the future. I release all parties from any claims or liability in connection with its review of the above information. I agree with all the provisions shown in this disclosure form and have been provided a copy of this document.

For Maine Applicants Only

Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.

For New York Applicants Only

You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

For Washington Applicants Only

If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law.

California, Minnesota, and Oklahoma Residents

I also understand that this document will be given full legal recognition under the laws of the States of California, Minnesota and Oklahoma.

Check if you wish to have a copy of the reports sent to your resident address.

Date

Signature of Broker

Print Broker Name