



AMERICAN NATIONAL INSURANCE COMPANY

HEALTH LICENSING, P. O. BOX 1996, GALVESTON, TEXAS 77553-1996

PERSONAL DATA SHEET

INDIVIDUAL:

Name _____ Soc. Sec. No. _____
 Address _____ License No. _____
 _____ Telephone No. _____
 _____ Date of Birth _____
 (Required)

BUSINESS:

Name _____ Soc. Sec. No. _____
 Address _____ License No. _____
 _____ Telephone No. _____
 _____ Fax No. _____

SIGNATURE OF BROKER

DATE

MGU _____

List **ALL** companies where you have been licensed and approved to represent during the past 5 years.

Company Name	City	State	Dates Effective		License Information		
			From	To	State	Type	Number

Have you ever represented American National Insurance Company? Yes No

Please attach a copy of the license in the State that you reside.

Please attach a copy of the license in the State that your business is being placed.

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Have you sold insurance through another name or through any agency in the last 5 years? Yes No
If yes, list name, company insurance was sold through and applicable dates. _____

Have you ever been indicted or convicted of any crimes involving trustworthiness, honesty, etcetera?
 Yes No

Have you ever filed for bankruptcy or been declared bankrupt? Yes No

Have you ever had your license revoked by a state or carrier? Yes No If yes, please supply
details. _____

Are you presently indebted to any insurance company or agency? Yes No If yes, please supply
specific information pertaining to the nature and amount of debt.

TO WHOM	NATURE OF DEBT	AMOUNT	REPAYMENT TERMS

Have you had any federal, IRS, or state tax liens levied? Yes No

AUTHORIZATION

The person signing this form (Broker) hereby authorizes any insurance company, agency, or other organization to give to American National Insurance Company (Company), or its designated representative, any and all information pertaining to Broker's production; persistency; commissions; earnings; estimated future earnings; commission advances; loans; and debts including, but not limited to, any indebtedness that may have been charged to applicant's manager or agency or any indebtedness which may have been written off.

The Broker understands that the Company may, as part of its normal procedure, request that an investigative consumer report may be made whereby information is obtained through third parties such as past business associates, employers, financial sources, friends and neighbors, and others with whom the Broker may be acquainted. This inquiry includes information about character, general reputation, personal characteristics and mode of living, and any other information, which may be applicable.

Broker has the right to make written request to the Company's Home Office within a reasonable period of time for additional, detailed information concerning the nature and scope of the investigation.

I, the Broker, have read and do understand the above statement. I understand that by signing this form, I authorize the Company to investigate my background, including my credit history. Furthermore, I have read and do agree to comply with the contents of the Producer's Code of Conduct and the Advertising Guidelines adopted by American National Insurance Company.

SIGNATURE OF BROKER

DATE