



ACKNOWLEDGEMENT AND AUTHORIZATION FOR CONSUMER REPORTS

Coventry Health Care, Inc.

In connection with your application to become an authorized agent to sell insurance products offered by affiliates of Coventry Health Care, Inc., you understand that consumer reports or investigative consumer reports may be requested about you including information about your character, general reputation, personal characteristics and mode of living, employment record, education, qualifications, criminal record, driving record, credentials, and/or credit and indebtedness, and may involve personal interviews with sources such as supervisors, friends, neighbors, associates, public record or various Federal, State, or Local agencies. A consumer report containing injury and/or medical information may be obtained after a tentative offer of a contract to be an agent for Coventry has been made.

You hereby authorize the obtaining of such consumer reports and investigative consumer reports at any time after execution of this authorization. By signing below, you hereby authorize without reservation, any party or agency contacted by Coventry, or the consumer reporting agency acting on behalf of Coventry, to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your continued contractual relationship with Coventry. You also agree that a fax or photocopy of this authorization with your signature shall be accepted with the same authority as the original.

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box.

For California applicants only, if public record information is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information unless you check this box waiving your right to obtain a copy of the report.

Printed Name: _____

Signature: _____

Date: _____

Social Security #: _____

Current Address: _____

Other Names Used: _____

Include Maiden or Name Changes, No Direct Derivatives Ex: Susan vs. Sue, David vs. Dave, etc.

DL #: _____

State: _____

DOB: _____