

Social Security #: \_\_\_\_\_ Gender: \_\_\_\_\_ Email: \_\_\_\_\_

Resident State Insurance License #: \_\_\_\_\_ Resident Insurance State: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ ~~DOB~~ \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Driver's Lic. #: \_\_\_\_\_ DL State: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

**Residential Address (No PO Boxes)**

Start Date: \_\_\_\_\_

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zipcode: \_\_\_\_\_

**Doing Business As:**

Individual

Business Entity

Solicitor

**Complete only if DBA a Business Entity**

Business Name: \_\_\_\_\_ EIN: \_\_\_\_\_ Website: \_\_\_\_\_

Your Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Principal Name: \_\_\_\_\_ Principal Title: \_\_\_\_\_ Email: \_\_\_\_\_

**Corporate Address**

Start Date: \_\_\_\_\_

*City/State not needed*

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zipcode: \_\_\_\_\_

**Mailing Address:**

Use Address Below

Use Residence

Use Corporate

*City/State not needed*

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zipcode: \_\_\_\_\_

**Licenses**

Registered FINRA Rep?

Yes

No

If Yes, Broker/Dealer Name: \_\_\_\_\_ CRD#: \_\_\_\_\_ Completed Date: \_\_\_\_\_

Most recent Anti-Money Laundering Training (AML) with:

LIMRA

None

Other

If other, Provider Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Honors:

CLU

ChFC

CFC

CFP

MDRT

FLMI

NQA

Other: \_\_\_\_\_

**History**

**Employment** -- Please provide past 5 years of employment history:

**\*NOTE\* Attach additional info if needed**

From: \_\_\_\_\_ To: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_

Location: \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_

Location: \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_

Location: \_\_\_\_\_

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**Address History** -- Please Provide past 5 years of Address History:

**\*NOTE\* Attach additional info if needed**

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
*City/State not needed*

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
*City/State not needed*

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
*City/State not needed*

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

## Legal Questions for Contracting and Appointment Requests

Please answer the following questions. If you answer YES to any question, be sure to provide a full, detailed explanation including specific dates.

Name: \_\_\_\_\_

<b>Have you ever been charged or convicted of or plead guilty or no contest to any Felony, Misdemeanor, federal/state insurance and/or securities or investments regulations and statutes? Have you ever been on probation?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of or plead guilty or no contest to any Felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of or plead guilty or no contest to any Misdemeanor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of or plead guilty or no contest to a violation of federal or state securities or investment related regulation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of or plead guilty or no contest to a violation of state insurance department regulations or statutes?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been charged with any Felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been charged with any Misdemeanor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been on probation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Have you ever been or are you currently being investigated, have any pending indictments, lawsuits, or have you ever been in lawsuit with insurance company?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you currently under investigation by any legal or regulatory authority?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you been under investigation by any insurance company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been or are you currently involved in any pending indictments, lawsuits, civil judgments or other legal proceedings, civil or criminal? (you may omit family court)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been named as a defendant or codefendant in a lawsuit, or have you ever sued or been sued by an insurance company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Have you ever been alleged to have engaged in any fraud?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Have you ever been found to have engaged in any fraud?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Has any insurance or financial services company, or broker-dealer terminated your contract or appointment or permitted you to resign for reason other than lack of sales?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were you terminated/resigned because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of conduct?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were you terminated/resigned because you were accused of fraud or the wrongful taking of property?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Failure to supervise in connection with insurance or investment related statutes, regulations, rules or industry standards of conduct?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Have you ever had an appointment with any insurance company terminated for cause or been denied an appointment?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Does any insurer, insured, or other person claim any commission chargeback or other indebtedness from you as a result of any insurance transactions or business?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Has any lawsuit or claim ever been made against you, your surety company, or errors and omissions insurer arising out of your sales or practices, or, have you been refused surety bonding or E&amp;O coverage?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has a bonding or surety company ever denied, paid on or revoked a bond for you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled your coverage?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Has any state or federal regulatory body found you to have been a cause of an investment OR insurance-related business having its authorization to do business denied, suspended, revoked, or restricted?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

### Legal Questions for Contracting and Appointment Requests

<b>Has any state or federal regulatory agency found you to have made a false statement or omission or been dishonest, unfair, or unethical?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Have you ever had any interruptions in licensing?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Has any state, federal or self-regulatory agency filed a complaint against you, fined, sanctioned, censured, penalized or otherwise disciplined you for a violation of their regulations or state or federal statutes? Have you ever been the subject of a consumer initiated complaint?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has any state, federal or self-regulatory agency filed a complaint against you, fined or sanctioned you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been the subject of a consumer initiated complaint?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Have you personally or any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition or declared bankruptcy?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you personally filed a bankruptcy petition or declared bankruptcy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition or been declared bankrupt either during your association or within five years after termination of such association?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the bankruptcy pending?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Are there any unsatisfied judgments, garnishments or liens against you?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Are you connected in any way with a bank, savings &amp; loan association, or other lending or financial institution?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Have you ever used any other names or aliases?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Do you have any unresolved matters pending with the Internal Revenue Service or other taxing authority?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you answered any questions YES, include an explanation including dates, actions and descriptions in the area below.

*\* Use additional paper if necessary. Be sure to include specific dates for ALL explanations.*

I attest that the information I have provided is true to the best of my knowledge. I acknowledge that if any information changes, I will notify my agency office within 5 days of such change. Further, I understand that my agency may contact me when I need to answer carrier specific questions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Signature Authorization**

PLEASE READ THIS AUTHORIZATION, SIGN IN THE BOX BELOW AND SUBMIT THIS FORM BY FOLLOWING THE INSTRUCTIONS PROVIDED ON THE COVER PAGE.

I, \_\_\_\_\_, hereby authorize SuranceBay, LLC and its general agency customers (the "Authorized Parties") to affix or append a copy of my signature, as set forth below, to any and all required signature fields on forms and agreements of any insurance carrier (a "Carrier") designated by me through the SureLC software or through any other means, including without limitation, by e-mail or orally. The Authorized Parties shall be permitted to complete and submit all such forms and agreements on my behalf for the purpose of becoming authorized to sell Carrier insurance products. I hereby release, indemnify and hold harmless the Authorized Parties against any and all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which they may sustain or incur as a result of carrying out the authority granted hereunder.

By my signature below, I certify that the information I have submitted to the Authorized Parties is correct to the best of my knowledge and acknowledge that I have read and reviewed the forms and agreements which the Authorized Parties have been authorized to affix my signature. I agree to indemnify and hold any third party harmless from and against any and all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which such third party may incur as a result of its reliance on any form or agreement bearing my signature pursuant to this authorization.

Please sign in the center of the box below.

PRODUCERIDXXX

### ELECTRONIC FUND TRANSFERS (EFT)

Account Owner Name (Required): \_\_\_\_\_

Transit/ABA #: \_\_\_\_\_

Account #: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Type:  Checking  Saving Phone: \_\_\_\_\_

By signing below I hereby authorize the Company to initiate credit entries and, if necessary, adjustments for credit entries in error to the checking and/or savings account indicated on this form. This authority is to remain in full effect until the Company has received written notification from me of its termination. I understand that this authorization is subject to the terms of any agent or representative contract, commission agreement, or loan agreement that I may have now, or in the future, with the Company.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attach copy of the check here for checking account or  
deposit slip for saving account:

**Credit Report Authorization Form**

I hereby authorize Surancebay, LLC, and its customers, which may include insurance providers and general agencies, (collectively, the "Authorized Parties") to review and/or verify any information provided by me or any third party pertaining to me, and to obtain and/or review additional information from any source, including through a consumer report and/or investigative consumer report, whereby information is obtained through credit reporting agencies, previous employers, and regulatory, state and local law enforcement databases and others, for purposes of establishing my eligibility for appointment and retention as an agent or representative of the Authorized Parties.

I further agree that this authorization to obtain a consumer report and other information about me shall be ongoing for any other legitimate purpose consistent with this Authorization Form as determined by the Authorized Parties.

In the event the undersigned resides in a state with a legal requirement to provide a free copy of certain consumer reports, Surancebay, LLC will instruct the applicable consumer reporting agency to send a copy of any such reports obtained hereunder to the address provided below.

The undersigned further waives any right or claim which the undersigned would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent. A copy of this authorization is as valid as the original.

Acknowledged and agreed to this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by:

X \_\_\_\_\_  
*Signature*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**[Replace this page with a copy of your E&O Insurance Certificate of Coverage]**