

Dear Valued Agent:

The following is instructions on getting you contracted.

To register and utilize our online contracting system **SureLC**, which is a program that will allow us to save your information in our system. In the future, should you desire to be appointed with any additional carriers, we will already have your information saved on file, allowing us to submit your additional contracting request(s) in a timely manner. In addition, you will have access to your Carrier and State License information and will have the ability to keep your information updated for future contracting needs. In five to ten minutes you can be completely set up to contract with any of our carriers. To use **SureLC**, you will need:

- Internet Connection & Adobe Reader version 9.2 or higher. The most recent version can be downloaded for free at <http://get.adobe.com/reader/>
- A scanner hooked up to your computer OR the ability to fax documents.

**Step One:** [Click here](#) to begin!

Once you are logged into SureLC choose the following drop downs:

- Producer Info (complete all applicable tabs) to setup your profile.
- Appointment Requests to request Carriers to be contracted with or simply email your agency office to request a new Carrier.

**Step Two:** Sign and upload all applicable documents to SureLC.

- Signed Signature Page (signing and submitting the Signature Page gives authorization to submit your information through SureLC).
- Signed EFT Authorization Page (be sure to affix copy of voided check to this page). Signing the EFT Authorization allows for carriers to direct deposit your commissions.
- A copy of your E&O coverage.
- If you answered yes to any background questions complete information on SureLC and submit any court documents that are applicable.
- A copy of Anti-Money Laundering completion certificate if taken through a Broker Dealer or CE Firm. If taken through LIMRA, no copy needed.

### **IMPORTANT**

If you have trouble uploading documents to SureLC, fax to 913-661-6010 Attn: Contracting or email to [annuityserviceindex@creativemarketing.net](mailto:annuityserviceindex@creativemarketing.net) and we will upload the documents for you.

Problems downloading SureLC, contact SureLC Support at 1-877-264-6888 or complete the attached contracting questionnaire forms and follow instructions above.

Social Security #: \_\_\_\_\_ Email: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Resident Insurance License #: \_\_\_\_\_ State: \_\_\_\_\_  
\_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_  
Residential Phone: \_\_\_\_\_ Gender: \_\_\_\_\_  
Driver's Lic. # / State: \_\_\_\_\_ Title: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Maiden Name: \_\_\_\_\_  
\_\_\_\_\_

**Business Address (No PO Boxes)** Move In Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
\_\_\_\_\_

**Residential Address (No PO Boxes)** Move In Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
\_\_\_\_\_

**Mailing Address (No PO Boxes)** Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
\_\_\_\_\_

AML Provider: LIMRA NONE OTHER Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*If Other, Provide Certificate of Completion.*  
\_\_\_\_\_

Are you a Registered Rep with FINRA? Yes No  
*If Yes, Broker/Dealer Name:* \_\_\_\_\_ *CRD #:* \_\_\_\_\_  
\_\_\_\_\_

Please list any Honors you currently hold: \_\_\_\_\_  
\_\_\_\_\_

**Doing Business As:** Individual Business Entity Solicitor/LOA  
\_\_\_\_\_

If DBA Solicitor/LOA, list who you are assigning commissions to: \_\_\_\_\_  
\_\_\_\_\_

**Complete the following only if DBA a Business Entity:**

EIN: \_\_\_\_\_ Business Name: \_\_\_\_\_ Website: \_\_\_\_\_  
Your Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Principal Name: \_\_\_\_\_ Principal Title: \_\_\_\_\_ Email: \_\_\_\_\_

**Corporate Address (No PO Boxes)** Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

**History**

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

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

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***

From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ ***City/State Not Needed***

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

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From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ ***City/State Not Needed***

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

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From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ ***City/State Not Needed***

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

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**Agent Beneficiary Info**

Beneficiary Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

May a Carrier publish your name in company publications?    Yes    No

    If no, is recognition (awards, conference) acceptable?    Yes    No

Broker/Dealer TIN: \_\_\_\_\_

MDRT Status:    Qualifying    Life    Court Of The Table    Top Of The Table

Commission Frequency:    Daily    Weekly    Bi-Weekly    Monthly

Is New Business being submitted?    Yes    No

Deliver client contracts to Agent (client otherwise):

Have you ever been expelled or disciplined by a professional organization such as NALU?    Yes    No

If you currently are, or ever have been FINRA registered, do you have any reportable events on your U-4 or U-5?

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

1	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 or statutes? Have you ever been on probation?	Yes	No
1A	Have you ever been convicted of or plead guilty or no contest to any Felony?	Yes	No
1B	Have you ever been convicted of or plead guilty or no contest to any Misdemeanor?	Yes	No
1C	Have you ever been convicted of or plead guilty or no contest to a violation of federal or state securities or investment related regulations?	Yes	No
1D	Have you ever been convicted of or plead guilty or no contest to a violation of state insurance department regulations or statutes?	Yes	No
1E	Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud?	Yes	No
1F	Have you ever been charged with a Felony?	Yes	No
1G	Have you ever been charged with a Misdemeanor?	Yes	No
1H	Have you ever been on probation?	Yes	No
2	Have you ever been or are you currently being investigated, have any pending indictment, lawsuits, or have you ever been in a lawsuit with an insurance company?	Yes	No
2A	Are you currently under investigation by any legal or regulatory authority?	Yes	No
2B	Have you been under investigation by any insurance company?	Yes	No
2C	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	No
2D	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	No
3	Have you ever been alleged to have engaged in any fraud?	Yes	No
4	Have you ever been found to have engaged in any fraud?	Yes	No
5	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?	Yes	No
5A	Were you fired because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of conduct?	Yes	No
5B	Were you fired because you were accused of fraud or the wrongful taking of property?	Yes	No
5C	Failure to supervise in connection with insurance or investment related statutes, regulations, rules or industry standards of conduct?	Yes	No
6	Have you ever had an appointment with any insurance company denied or terminated for cause?	Yes	No
7	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?	Yes	No

8	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&O coverage?	Yes	No
8A	Has a bonding or surety company ever denied, paid on or revoked a bond for you?	Yes	No
8B	Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled your coverage?	Yes	No
9	Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?	Yes	No
10	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?	Yes	No
11	Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor?	Yes	No
12	Has any state or federal regulatory agency found you to have made a false statement or omission or been dishonest, unfair, or unethical?	Yes	No
13	Have you had any interruptions in licensing?	Yes	No
14	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?	Yes	No
14A	Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?	Yes	No
14B	Has any state, federal, or self-regulatory agency filed a complaint against you, fined or sanctioned you?	Yes	No
14C	Have you ever been the subject of a consumer initiated complaint?	Yes	No
15	Have you personally or any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition or declared bankruptcy?	Yes	No
15A	Have you personally filed a bankruptcy petition or declared bankruptcy?	Yes	No
15B	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	No
15C	Is the bankruptcy pending?	Yes	No
16	Are there any unsatisfied judgments, garnishments or liens against you?	Yes	No
17	Are you connected in any way with a bank, savings & loan association, or other lending or financial institution?	Yes	No
18	Have you ever used any other names or aliases?	Yes	No
19	Do you have any unresolved matters pending with the Internal Revenue Service or other taxing authority?	Yes	No

**If you answered any questions YES, provide an explanation that includes dates, actions, and descriptions. Attach additional paper if necessary.**

**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: \_\_\_\_\_

# LETTER OF EXPLANATION

Date of Action: \_\_\_/\_\_\_/\_\_\_

Action: \_\_\_\_\_

Reason: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Date of Action: \_\_\_/\_\_\_/\_\_\_

Action: \_\_\_\_\_

Reason: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Date of Action: \_\_\_/\_\_\_/\_\_\_

Action: \_\_\_\_\_

Reason: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

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Date of Action: \_\_\_/\_\_\_/\_\_\_

Action: \_\_\_\_\_

Reason: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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. Please use BLACK ink.



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:

# Replace this page with a copy of your E&O Insurance Certificate of Coverage

IMPORTANT: E & O Certificate must list your full name as the insured.  
Please refer to the following examples.

CORRECT:

My Insurance Agency Inc.

**Joe Agent**

123 Main Ave

City, State, 12345

INCORRECT:

My Insurance Agency Inc.

123 Main Ave

City, State, 12345

If individual name is not listed correctly please provide a letter from the E&O  
Carrier listing agents covered under agency policy.