



Contracting & Appointment Instructions

In order to complete your contracting request, please complete the following contracting questionnaire. We will then input this information into our contracting system, CSI Financial Group, which will store your information and carrier contracting forms. In the future, as you contract with new carriers, this stored information will be used to complete contracting paperwork on your behalf, increasing speed and efficiency.

The vast majority of our carriers participate in this system but if you do not see a particular carrier with whom you want to contract, please contact our contracting department and we will email you the paperwork. Our complete contact information is provided at the bottom of this page.

Once the questionnaire has been completed, you will also need to complete and sign the Signature Page, Disclosure Release, and EFT Authorization. Signing and submitting the Signature Page and Disclosure Release authorizes to submit your information through our online licensing program. Signing the EFT Authorization allows for carriers to direct deposit your commissions.

Please submit the following documents to our office:

- 1) Completed Questionnaire
- 2) Signed Signature Page
- 3) Signed Disclosure Release Page
- 4) Completed EFT Authorization Page (be sure to attach a copy of a voided check to this page)
- 5) A copy of your individual and/or corporation state insurance license(s)
- 6) A copy of your E&O coverage

These documents and any questions about the program should be directed to the Contracting Department.

Licensing and Contracting Contact Information:

Email: carter@csifg.com

Fax: (888) 316-6094

For any other questions or inquiries call: (888) 316-6040

Please select the carriers you would like to be appointed with.

Carrier Name	Appoint
Allianz Life Ins. Co. of North America	<input type="checkbox"/>
Allianz Preferred	<input type="checkbox"/>
American Equity	<input type="checkbox"/>
American General - AIG	<input type="checkbox"/>
American National	<input type="checkbox"/>
Americo	<input type="checkbox"/>
Assurity	<input type="checkbox"/>
Athene	<input type="checkbox"/>
Aviva (Athene)	<input type="checkbox"/>
AXA Equitable	<input type="checkbox"/>
Baltimore Life	<input type="checkbox"/>
Banner Life	<input type="checkbox"/>
EquiTrust	<input type="checkbox"/>
Fidelity & Guaranty Life	<input type="checkbox"/>
Fidelity Life Association	<input type="checkbox"/>
Foresters	<input type="checkbox"/>
Forethought	<input type="checkbox"/>
Genworth	<input type="checkbox"/>
Great American	<input type="checkbox"/>
Guggenheim	<input type="checkbox"/>
ING USA - VOYA Financial	<input type="checkbox"/>
John Hancock	<input type="checkbox"/>
Lafayette Life	<input type="checkbox"/>
Legacy Marketing Group	<input type="checkbox"/>
Liberty Bankers Life	<input type="checkbox"/>
Life of the Southwest	<input type="checkbox"/>
Lincoln Financial	<input type="checkbox"/>
Madison National Life	<input type="checkbox"/>
Minnesota Life	<input type="checkbox"/>
Monumental Life	<input type="checkbox"/>
Mutual/United of Omaha	<input type="checkbox"/>
Mutual Trust Life	<input type="checkbox"/>
National Guardian Life	<input type="checkbox"/>
National Western Life	<input type="checkbox"/>
Nationwide	<input type="checkbox"/>
North American Co.	<input type="checkbox"/>
One America	<input type="checkbox"/>
Oxford Life	<input type="checkbox"/>
Phoenix Life/PHL Variable	<input type="checkbox"/>
Principal Life Ins Co	<input type="checkbox"/>
Protective Life (West Coast Life)	<input type="checkbox"/>
Prudential	<input type="checkbox"/>
Reliance Standard	<input type="checkbox"/>
Sagicor	<input type="checkbox"/>
Sentinel Life	<input type="checkbox"/>
Transamerica	<input type="checkbox"/>

Producer Set-Up Packet

Social Security #: _____ Gender: _____ Date of Birth: _____

Email: _____ Resident Insurance: _____
Lic. # & State _____

Last Name: _____ First Name: _____ MI: _____

Phone: _____ Fax: _____ Cell: _____

Title: _____ Marital Status: _____ Maiden Name: _____

Driver's Lic. #: _____ DL State: _____

Residential Address (No PO Boxes) Start Date: _____

Line 1: _____ City/State: _____ Zip code: _____

Mailing Address (No PO Boxes) Start Date: _____

Line 1: _____ City/State: _____ Zip code: _____

Doing Business As:

Individual Indiv. Assigning Commission To Corp Business Entity Solicitor/LOA

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

Complete the following only if DBA a Business Entity / Individual Assigning Commission to Corporation:

EIN: _____ Business Name: _____

Website: _____ Phone: _____ Fax: _____

Your Title: _____ Principal Name: _____

Principal Title: _____ Email: _____

Company Type:

C Corp; S Corp; Trust; LLC; LLS; LLP; Partnership; Sole Proprietorship

Corporate Address (No PO Boxes) Start Date: _____

Line 1: _____ City/State: _____ Zip code: _____

Legal Questions for Contracting & 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: _____ Date: _____

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 and 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 regulation? YES NO

1d Have you ever been convicted of or plead guilty or no contest to a violation of state insurance department regulation or statute? 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 any Felony? YES NO

1g Have you ever been charged with any 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 indictments, 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

Legal Questions for Contracting & 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.

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 terminated/resigned because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of conduct? YES NO

5b Were you terminated/resigned 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 terminated for cause or been denied an appointment? 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 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? Or, have you ever had a claim filed against your surety company? YES NO

8b Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled your coverage? Or, have you ever had a claim filed against your E&O carrier? 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

Legal Questions for Contracting & 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.

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 ever 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? Have you ever been the subject of a consumer-initiated complaint? 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 Have you ever had any judgements, 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:

Date of Action:_____

Action:_____

Reason:_____

Explanation:

Date of Action:_____

Action:_____

Reason:_____

Explanation:

Licenses

AML Provider: LIMRA OTHER

Date Completed (must be within the last two years): _____

If other, attach Certificate of Completion.

If you need to update or complete AML training, please go to: www.limra.com

Are you a Registered Rep with FINRA? Yes No

If Yes, Broker/Dealer Name: _____ **CRD #:** _____

Please list any Honors you currently hold: _____

Employment History

***NOTE* Attach Additional Info If Needed**

Please provide past 7 years of employment history:

From: _____ **To:** _____

Company: _____ **Position:** _____

Location: _____

From: _____ **To:** _____

Company: _____ **Position:** _____

Location: _____

From: _____ **To:** _____

Company: _____ **Position:** _____

Location: _____

Address History

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

Please provide past 7 years of address history:

From: _____ **To:** _____

Line 1: _____ **City/State:** _____ **Zip:** _____

From: _____ **To:** _____

Line 1: _____ **City/State:** _____ **Zip:** _____

From: _____ **To:** _____

Line 1: _____ **City/State:** _____ **Zip:** _____

From: _____ **To:** _____

Line 1: _____ **City/State:** _____ **Zip:** _____

From: _____ **To:** _____

Line 1: _____ **City/State:** _____ **Zip:** _____

From: _____ **To:** _____

Line 1: _____ **City/State:** _____ **Zip:** _____

From: _____ **To:** _____

Line 1: _____ **City/State:** _____ **Zip:** _____

Electronic Fund Transfers (EFT)

Not required for LOA/Solicitor

Account Owner Name (Required): _____

Transit/ABA#: _____ Financial Institution Name: _____

Bank Account #: _____

Account Type: Checking Savings

Branch Address: _____

City/State: _____ Zip: _____

Branch 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:

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.**



CERTIFICATE OF INSURANCE – LIFE AGENT PROFESSIONAL LIABILITY/ERRORS & OMISSIONS

NOTE:

**If your E&O document looks like the example above, you MUST include both pages.
If BOTH pages of this document are not included, this Global Contract will be incomplete.**

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!

