

Producer Setup Packet



Thank you for requesting a carrier appointment through Brokers International.

If this is your first time contracting with us, please complete this form and the producer set-up packet in its entirety. If you have completed the SureLC contracting packet in the past and would like an additional carrier appointment, simply complete and return this form. **Not all available carriers are listed.** To view a complete list of carriers offered by Brokers International, visit our website BILTD.com.

Recruiting or Sales Support Associate who referred you: _____

Carriers: Indicate the core carrier appointments you would like below.

Life	Annuity	Specify Product Lines	Life	Annuity	Specify Product Lines
<input type="checkbox"/>		Allianz Life Insurance Company of North America	<input type="checkbox"/>	<input type="checkbox"/>	Lincoln Financial Group
	<input type="checkbox"/>	Allianz Preferred SM (Exclusive Sales Platform)	<input type="checkbox"/>		Lincoln Financial Group (MoneyGuard Product)
	<input type="checkbox"/>	American Equity Investment Life Insurance	<input type="checkbox"/>		Minnesota Life Insurance Company
<input type="checkbox"/>	<input type="checkbox"/>	American General Life Company		<input type="checkbox"/>	Mutual of Omaha Insurance Company
	<input type="checkbox"/>	American National Life Insurance Company	<input type="checkbox"/>	<input type="checkbox"/>	National Western Life Insurance Company
	<input type="checkbox"/>	Athene Annuity and Life Company	<input type="checkbox"/>	<input type="checkbox"/>	North American Company for Life and Health
<input type="checkbox"/>	<input type="checkbox"/>	EquiTrust Life Insurance Company		<input type="checkbox"/>	Oxford Life Insurance Company
	<input type="checkbox"/>	Fidelity and Guaranty Life Insurance Company		<input type="checkbox"/>	Phoenix Life Insurance
<input type="checkbox"/>	<input type="checkbox"/>	Global Atlantic Financial Company		<input type="checkbox"/>	Sentinel Security Life Insurance Company
	<input type="checkbox"/>	Great American Life Insurance Company	<input type="checkbox"/>	<input type="checkbox"/>	The State Life Insurance Company® (OneAmerica)
	<input type="checkbox"/>	Guaranty Income Life Insurance Company	<input type="checkbox"/>	<input type="checkbox"/>	Other:
	<input type="checkbox"/>	Liberty Bankers Life Insurance Company	<input type="checkbox"/>	<input type="checkbox"/>	Other:

Signature: _____ Date: _____

Agent Name: _____ Agent SSN: _____

Upline Name: _____ Commission Level: _____

Broker Dealer Name (if applicable): _____ Agent CRD #: _____

According to the agent's agreement with the above Broker Dealer, compensation should be paid:

- Directly to the BD shown above Directly to the agent

Please fax completed forms to contracting and licensing at 515.867.5846.

If you have questions, call our contracting and licensing team at 800.362.1097.

Social Security #*: _____ **Gender:** _____ **Date of Birth*:** __ / __ / __

Email*: _____ **Resident Insurance (Lic. # & State):** _____

Complete your name as it appears on your insurance license.

Last Name*: _____ **First Name*:** _____ **MI:** _____

Phone*: _____ **Fax:** _____ **Cell:** _____

Title: _____ **Marital Status:** _____ **Maiden Name:** _____

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

Address Information:

Residential Address (No PO Boxes)*

Street: _____ **City:** _____ **State:** _____ **Zip:** _____

Business Address

Street: _____ **City:** _____ **State:** _____ **Zip:** _____

Mailing Address (if different from Business Address)

Street: _____ **City:** _____ **State:** _____ **Zip:** _____

Doing Business As*: Individual Business Entity Solicitor/LOA

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

Complete the following only if contracting as a Business Entity:

EIN: _____ **Business Name:** _____ **Website:** _____

Your Title: _____ **Phone:** _____ **Fax:** _____

Principal Name: _____ **Principal Title:** _____ **Email:** _____

Company Type: Corporation Partnership LLC LLP

*Required Field

Legal questions for contracting and appointment requests

Name: _____

#	Question	Yes	No
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?	<input type="checkbox"/>	<input type="checkbox"/>
	A. Have you ever been convicted of, or plead guilty or no contest, to any Felony? B. Have you ever been convicted of, or plead guilty or no contest, to any Misdemeanor? C. Have you ever been convicted of, or plead guilty or no contest, to a violation of federal or state securities or investment related regulations? D. Have you ever been convicted of or plead guilty or no contest to a violation of state insurance department regulation or statutes? E. Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud? F. Have you ever been charged with a Felony? G. Have you ever been charged with a Misdemeanor? H. Have you ever been on probation?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
	A. Are you currently under investigation by any legal or regulatory authority? B. Have you been under investigation by any insurance company? C. 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). D. Have you ever been named as a defendant or co-defendant in a lawsuit, or have you ever sued or been sued by an insurance company?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3	Have you ever been alleged to have engaged in any fraud?	<input type="checkbox"/>	<input type="checkbox"/>
4	Have you ever been found to have engaged in any fraud?	<input type="checkbox"/>	<input type="checkbox"/>
5	Has any insurance or financial services company or broker-dealer terminated your contract or appointment or permitted you to resign for a reason other than lack of sales?	<input type="checkbox"/>	<input type="checkbox"/>
	A. Were you fired because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of conduct? B. Were you fired because you were accused of fraud or the wrongful taking of property? C. Failure to supervise in connection with insurance or investment related statutes, regulations, rules or industry standards of conduct?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6	Have you ever had an appointment with any insurance company denied or terminated for cause?	<input type="checkbox"/>	<input type="checkbox"/>
7	Does any insurer, insured, or other person claim any commission charge-back or other indebtedness from you as a result of any insurance transactions or business?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
	A. 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? B. 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?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
9	Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?	<input type="checkbox"/>	<input type="checkbox"/>

#	Question	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?	<input type="checkbox"/>	<input type="checkbox"/>
11	Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor?	<input type="checkbox"/>	<input type="checkbox"/>
12	Has any state or federal regulatory agency found you to have made a false statement or omission or been dishonest, unfair, or unethical?	<input type="checkbox"/>	<input type="checkbox"/>
13	Have you ever had any interruptions in licensing?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
	A. Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?	<input type="checkbox"/>	<input type="checkbox"/>
	B. Has any state, federal or self-regulatory agency filed a complaint against you, fined or sanctioned you?	<input type="checkbox"/>	<input type="checkbox"/>
	C. Have you ever been the subject of a consumer-initiated complaint?	<input type="checkbox"/>	<input type="checkbox"/>
15	Have you personally or any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition or declared bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
	A. Have you personally filed a bankruptcy petition or declared bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
	B. 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?	<input type="checkbox"/>	<input type="checkbox"/>
	C. Is the bankruptcy pending?	<input type="checkbox"/>	<input type="checkbox"/>
16	Have you ever had any unsatisfied judgments, garnishments, or liens against you?	<input type="checkbox"/>	<input type="checkbox"/>
17	Are you connected in any way with a bank, savings & loan association, or other lending or financial institution?	<input type="checkbox"/>	<input type="checkbox"/>
18	Have you ever used any other names or aliases?	<input type="checkbox"/>	<input type="checkbox"/>
19	Do you have any unresolved matters pending with the Internal Revenue Service or other taxing authority?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to any of these questions, 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 five 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

Use additional paper if necessary

Date of Action: __ / __ / ____

Legal Question Number: _____ Letter: _____

Action: _____

Reason: _____

Explanation: _____

Date of Action: __ / __ / ____

Legal Question Number: _____ Letter: _____

Action: _____

Reason: _____

Explanation: _____

Training and Licenses

AML Provider: LIMRA None Other Date Completed: __ / __ / ____

If Other, Provide Certificate of Completion

Are you currently securities licensed? Yes No Inactive

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

Which securities licenses do you hold? 6 7 24 26 63 65 66 N/A

How does your current B/D treat annuity production?

- Not allowed to sell fixed indexed annuities Supervised only
 Supervised, but run through the grid Treated as an outside business activity

Are you an IAR? Yes No

Do you own your own RIA? Yes No

Electronic Funds Transfer (EFT)

Account Owner Name (Required): _____

Transit / ABA #: _____

Account #: _____

Financial Institution Name: _____

Brand Address: _____

City: _____ State: _____ Zip Code: _____

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 savings account.

Employment History

From: ___ / ___ / _____ To: ___ / ___ / _____

Company: _____ Position: _____

Location: _____

From: ___ / ___ / _____ To: ___ / ___ / _____

Company: _____ Position: _____

Location: _____

Address History

From: ___ / ___ / _____ To: ___ / ___ / _____

Street: _____

City: _____ State: _____ Zip Code: _____

From: ___ / ___ / _____ To: ___ / ___ / _____

Street: _____

City: _____ State: _____ Zip Code: _____

From: ___ / ___ / _____ To: ___ / ___ / _____

Street: _____

City: _____ State: _____ Zip Code: _____

Business History

Total fixed annuity premium (annual): \$1 - \$999K \$1M - \$1.9M \$2M - \$4.9M \$5M+

Total life insurance premium (annual): \$1 - \$25K \$26K - \$99K \$100K - \$249K \$250K+

What types of business do you offer (check all that apply):

Fixed Annuities Life Insurance Variable Annuities Investment Advisory Business Securities

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

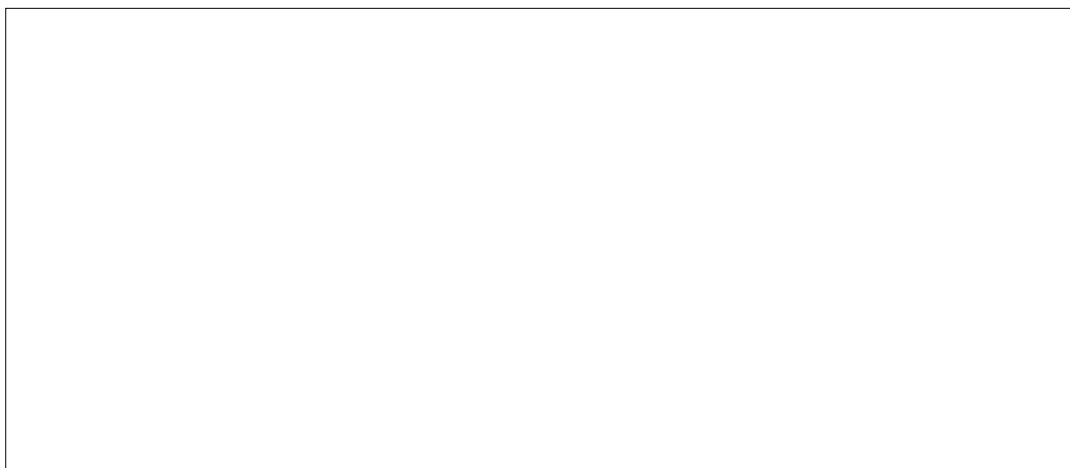
Signature Authorization

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