



Appointment Instructions

In order to complete your appointment request, please complete the following contracting packet. Upon receipt, your information will be input into our online system, which allows us to save your information. In the future, should you desire to be appointed with any additional carriers, we will use this information to complete contracting paperwork on your behalf, increasing speed and efficiency. By signing the forms you are attesting the information you are submitting is true and accurate and you authorize us to submit your information through the online system to the selected carriers.

Required Paperwork:

1. Completed Contracting Questionnaire
2. Completed Carrier Appointment Request form
3. Signed Signature Authorization form
4. Signed Credit Report Authorization form
5. Completed EFT form with copy of a void check
6. Copy of E&O Coverage
7. Submit Letter of Explanation for any yes answers and any Court Documents
8. Copy of Individual license(s)
9. Copy of Corporate license and Articles of Incorporation (if applicable)
10. Copy of Non-Resident Licenses and Fees payable to carrier (if applicable)
11. Copy of LTC Certificate (if applicable)
12. Anti-Money Laundering Training Requirements*
 - AML training was completed via LIMRA on ___/___/___ : or,
 - AML training was completed via an independent program (attached completion certificate)
 - I understand that once my contract has been processed by the home office I may also be required to complete the carrier specific training on the LIMRA website.

Remit Paperwork to:

E-mail: antmarchei@comcast.net

Fax: 800.293.9897

Questions Call
856.468.5678

Social Security #: _____ Email: _____

Last Name: _____ First Name: _____ MI: _____

Resident Insurance License #: _____ State: _____

Phone: _____ Fax: _____ Cell: _____ Gender: _____

Driver's Lic. # / State: _____ Title: _____ Marital Status: _____

Date of Birth: ____/____/____ Maiden Name: _____

Residential Address (No PO Boxes) Move In Date: ____/____/____
City/State Not Needed

Line 1: _____ Line 2: _____ Zipcode: _____

Mailing Address (No PO Boxes) Start Date: ____/____/____
City/State Not Needed

Line 1: _____ Line 2: _____ 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: ____/____/____
City/State Not Needed

Line 1: _____ Line 2: _____ Zipcode: _____

History

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

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

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

Company: _____ Position: _____

Location: _____

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

Company: _____ Position: _____

Location: _____

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

Company: _____ Position: _____

Location: _____

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: _____

From: ___/___/___ To: ___/___/___ ***City/State Not Needed***

Line 1: _____ Line 2: _____ Zipcode: _____

From: ___/___/___ To: ___/___/___ ***City/State Not Needed***

Line 1: _____ Line 2: _____ Zipcode: _____

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 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 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: _____

Date of Action: ___/___/___

Action: _____

Reason: _____

Explanation: _____

Date of Action: ___/___/___

Action: _____

Reason: _____

Explanation: _____

Date of Action: ___/___/___

Action: _____

Reason: _____

Explanation: _____

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: _____

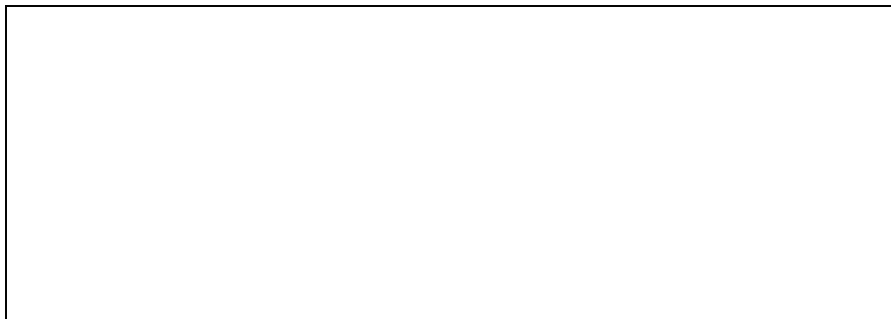
Signature Authorization

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.