



Agent Agreement
(Independent Contractor)

LyfeBeast, LLC. (the “Company”) is an Arizona limited liability corporation with its primary offices at 7400 E. McCormick Parkway, Suite A100, Scottsdale, AZ 85258. The Company, by way of this Agreement, appoints the Agent designated below to serve as an independent contractor insurance sales representative (“Associate Agent”) of the Company affiliated with the Branch designated below commencing as of the Effective Date designated below pursuant to the terms and conditions of this Agreement.

For purposes of this Agreement, the following capitalized terms shall be defined as follows:

“Agent”

“Effective Date”

“Branch”

In consideration of the foregoing and the promises set forth below, the parties, intending to be legally bound, hereby agree as follows:

1. Recitals

WHEREAS, LyfeBeast, LLC. desires to engage Producer to solicit applications for Medicare Supplements, Medicare Advantage, Prescription Drug Plans (Plans), Annuities, and Life Insurance as specified in this Agreement; and

WHEREAS, Producer is an independent contractor who desires to solicit individuals for enrollment with Carriers that LyfeBeast, LLC. represents.

NOW, THEREFORE, in consideration of the foregoing recitals and the mutual covenants and agreements contained herein, the parties agree as follows:

- (a) Appointment. LyfeBeast, LLC. hereby appoints Producer to solicit applications for Medicare Supplements, Medicare Advantage, Prescription Drug Plans (Plans), Annuities, and Life Insurance as specified in this Agreement and subject to the terms and conditions herein. The Producer hereby accepts such appointment. LyfeBeast, LLC. may appoint other producers on behalf of LyfeBeast, LLC. without liability to the Producer. This Agreement is subject to approval by the Plans, as represented by LyfeBeast, LLC. for whom Producer will solicit applications.
- (b) General Agent’s Duty. LyfeBeast, LLC. duty is to pay a commission to the Producer upon procuring applications as specified in this Agreement. In the event the application of a prospect

is accepted by the Plans and approved for such coverage, LyfeBeast, LLC. shall pay Producer the compensation specified in this Agreement. LyfeBeast, LLC. shall not have an obligation or duty to provide client prospects to Producer.

(c) Producer's Duties. The Producer shall:

1. Prior to the solicitation of applications, successfully complete the certification and sales training course conducted by the Plans or its designee. Producer is also subject to periodic monitoring of their conduct and performance relating to the solicitation of the Plans' products to ensure compliance with Federal and State HMO statutes, Centers Medicare and Medicaid Services (CMS), the Plans and LyfeBeast, LLC. standards.
2. Use best efforts to offer the Plans' products, as represented by LyfeBeast, LLC., to individuals within qualified groups or to individuals in a non-discriminating manner per CMS guidelines and all insurance carrier guidelines.
3. Maintain proper records and accounts of business transacted under this appointment in such manner and form as required by LyfeBeast, LLC. and industry practice. Producer shall retain such books and records for at least a period of ten (10) years.
4. Give prompt and courteous service to the Plans' subscribers solicited by Producer and assist them in realizing the benefits provided by their policies or contracts and make every effort to keep such policies and contracts in force.
5. Promptly forward all applications and transmittals to LyfeBeast, LLC.
6. Conform to the rules and regulations of CMS, the Plans and LyfeBeast, LLC., including any changes made from time to time. These rules and regulations shall constitute a part of this Agreement.
7. Possess whatever licenses and regulatory approval that is necessary to perform the duties listed herein prior to the performance of said duties.
8. Promptly produce whatever licenses and regulatory compliance as required enabling Producer to perform Producer's duties under this Agreement and to act at all times within the scope of such licenses and regulations.
9. Complete, in a manner satisfactory to LyfeBeast, LLC. and the Plans, any training program as may be made available from time to time.
10. Perform all services as listed above and such other services as LyfeBeast, LLC. may require in accordance with LyfeBeast, LLC's or the Plans' rules and regulations.
11. Maintain all time Errors and Omissions Insurance (E&O) in the minimum amount of \$1 Million / \$1Million, or carrier specified minimum. Whichever is greater. LyfeBeast, LLC is not responsible to provide E & O Insurance to the Producer. Failure to maintain the appropriate licenses, E & O insurance will result in commissions either being held or forfeited.

(d) Limitation on the Producer's Authority.

The Producer has no authority, nor shall Producer represent Producer as having such authority, to do any of the following:

1. Hold Producer out as an employee, partner, joint venture, or associate of LyfeBeast, LLC.
2. Hold Producer as an agent of the Plans as represented by LyfeBeast, LLC. in any other manner or for any other purpose than as specifically prescribed in this Agreement.
3. Alter, modify, waive, or change any of the terms, rates, or conditions of any policies or contracts or advertisements or other promotional literature of the Plans as represented by LyfeBeast, LLC. in any respect.
4. Distribute any Plan circular or promotional literature without the prior written authority of the Plans. Nor shall the Producer write any letters or any publications concerning the Plans without first obtain the written approval of the Plans.
5. Make any misrepresentations or incomplete comparison for the purpose of inducing a policyholder of any company to convert, lapse, forfeit, or surrender such policyholders' insurance therein.
6. Violate any of the State or Federal laws and regulations under which the producer is appointed to act on behalf of LyfeBeast, LLC.

(e) Relationship Between Producer and LyfeBeast, LLC. The Producer is acting as an independent contractor only, and not as an employee, partner, joint venture, or associate of LyfeBeast, LLC. The Producer may exercise his or her own judgement as to the time and manner of performance of his services except that the Producer shall conform to LyfeBeast, LLC's and the Plans' rules and regulations concerning solicitation. The Producer shall pay all expenses including licensing fee and bonding fees in connection with services as a producer and has no authority to incur any indebtedness on behalf of LyfeBeast, LLC.

(f) Licensing. The Producer hereby covenants, represents, and agrees that it is licensed to act as a transactor on behalf of LyfeBeast, LLC. as required by the state in which the Producer is licensed to do business as a resident agent, broker, or solicitor.

(g) Compensation. LyfeBeast, LLC. agrees to pay and Producer agrees to accept compensation provided at "street compensation levels" and the following terms:

1. The schedule of commissions may be changed at any time with respect to business written thereafter upon written notice from LyfeBeast, LLC. to the Producer.
2. The Producer shall have no claim for commissions on any business unless the Producer actually solicited and procured the application and Producer's name appears thereon. In the event that LyfeBeast, LLC.'s Agreement with the Plan is assigned to a successor General Agent, then upon written consent of the Plan the successor General Agent shall be substituted for and in place of LyfeBeast, LLC. under this Agreement and shall assume all liability for payment of the commissions hereunder. Such assumption shall release

LyfeBeast, LLC. herein from any and all liability therefore. It is agreed that the Producer shall in no event have any claims against the Plans as represented by LyfeBeast, LLC. for commissions under this Agreement.

3. It is the intent of this Agreement that the Plans as represented by the LyfeBeast, LLC. shall pay commissions directly to the Producer. LyfeBeast, LLC. is not obligated to pay commissions to the Producer except as specified in this Agreement. LyfeBeast, LLC. has no obligation to pay commission to Producer if not receive payment from the plan for any application Producer claimed for.

4. The Producer must be qualified all requirements by Federal, States and Plans (properly licensed by the state, authorized by the Plans, and so on) to receive commissions hereunder.

5. LyfeBeast, LLC. shall pay any commission accruing under this Agreement five (5) business days following receipt of commissions from insurance carrier if said commission is not paid directly to Producer.

(h) Termination and the Right to Commissions Thereafter. Either party upon at least thirty (30) days written notice may terminate this Agreement without cause. If the Producer is an individual, this Agreement shall terminate upon his death or total disability. "Total Disability" shall mean complete and permanent disability as determined by LyfeBeast, LLC. in its sole discretion. If this Agreement is terminated without cause or by reason of death or total disability, the Producer shall be entitled to commissions only in accordance with language referenced above and incorporated by reference herein. Cancellation shall become effective upon the mailing of the written notice of cancellation to the other party at the address provided at Article 19 of this Agreement. LyfeBeast, LLC. may terminate this Agreement for cause at any time without prior notice if the Producer shall:

1. Violate any provision of this Agreement;
2. Fail to conform to the rules and regulations of LyfeBeast, LLC. and the Plans;
3. Lose his or her license to transact business hereunder;
4. Fail to comply with the State or Federal laws or administrative regulations governing Medicare Advantage and Prescription Drug Plan products;
5. Cease soliciting or writing business on behalf of LyfeBeast, LLC.;
6. Improperly induces or attempts to induce any policyholder of Medicare Advantage or carriers represented by LyfeBeast, LLC. to discontinue premium payments on his or her policy or to change coverage;
7. Commit any fraud under this Agreement.

If LyfeBeast, LLC. terminates this Agreement for cause, no further commission shall be payable to the Producer after such termination except commissions which have accrued and were payable prior to such termination less any outstanding indebtedness to LyfeBeast, LLC.

(i) Breach After Termination. LyfeBeast, LLC. shall have the right to terminate all future payments of any sort under this Agreement in the event that the Producer or anyone acting on behalf of the Producer commits any of the following acts. This provision shall survive the termination of the other terms and provisions of this Agreement. This provision applies in the event the Producer does any of the following after this Agreement is terminated:

1. Improperly induces or attempts to induce any Plan' subscribers as represented by LyfeBeast, LLC. to cancel their policy.
2. Induces or attempts to induce after termination of this Agreement any employee of LyfeBeast, LLC. to leave its service or to cease soliciting or writing business LyfeBeast, LLC. or to reduce the volume of such business written.

(j) No Waiver. The forbearance or neglect of LyfeBeast, LLC. to insist upon strict compliance by the Producer with any of the provisions of this Agreement whether continuing or not, shall not be construed as a waiver of any of LyfeBeast, LLC.'s rights or privileges herein. No waiver of any right or privilege of LyfeBeast, LLC. arising from any default or failure of performance by the provider shall affect LyfeBeast, LLC. rights or privileges in the event of a further default or failure of performance.

(k) Discretion. Whenever in this Agreement some action, report, or change must be taken or omitted by the Producer if required or deemed necessary by LyfeBeast, LLC., and whenever LyfeBeast, LLC. is given the option to require any act or omission by the Producer, or to take or not to take any action on the Producer's part (including the adoption and promulgation of rules and regulations), LyfeBeast, LLC. may act in its sole absolute discretion which shall be final and conclusive.

(l) Assignment. Neither this agreement nor any of the commissions, reimbursements or benefits under this Agreement may be pledged, assigned, or transferred by Producer either in whole or in part or in any manner without the prior written consent of the LyfeBeast, LLC.

(m) Entire Agreement. This Agreement constitutes the entire agreement between the parties. Any prior representations, statements, or agreements between the parties are merged in this Agreement. Any representation, warranty, promise, or condition not expressly incorporated shall not be binding upon either party to this Agreement.

(n) Amendment. Only a written instrument duly executed by the parties may amend this Agreement, which expresses by its terms and intention to modify this Agreement.

(o) Governing Law. This Agreement and its interpretation and enforcement shall be governed and controlled by the laws of the State of Arizona.

(p) Captions. The captions and sub-captions contained in this Agreement are for the purpose of convenience and shall not be construed as limiting or expanding the text.

(q) Indemnification. Agent shall indemnify and hold harmless the Company from any and all claims, demands, penalties, suits, or actions and from any and all losses, costs and expenses, including attorney fees, in connection therewith, arising out of or resulting from: (i) Agent's breach of any material term of this Agreement; (ii) any default in the performance of, or the negligent performance of, the obligations of Agent under this Agreement; (iii) violation by Agent of any Laws; or (iv) violation by Agent of the Policies and Procedures of the Company or the policies and procedures of its Insurance Carriers. In addition, Agent agrees to compensate the Company and take any reasonable actions, as approved in writing by a senior officer of the Company, to restore or offset any loss to the Company resulting from a default in the performance of any provision of this Agreement.

(r) Entire Agreement. This Agreement, including the schedules and exhibits hereto, supersedes and terminates all previous agreements, oral representations or understandings with respect to the subject matter hereof and constitutes the entire agreement between the parties with respect to the matters set forth herein. This Agreement can only be changed or modified by written consent, signed by the Agent and by a duly authorized senior officer of the Company.

(s) Construction. This Agreement shall be construed in accordance with the laws of the State of Arizona, without regard to principles of conflicts of law.

(t) Dispute Resolution. If a dispute arises out of or relates to this Agreement, or the breach thereof, Agent's employment with the Company, or the termination thereof, and if the dispute cannot be settled through negotiation, the parties agree first to try in good faith to settle the dispute by mediation administered by the American Arbitration Association ("AAA") under its Commercial Mediation Procedures before resorting to arbitration. All such disputes (other than claims in equity) that cannot be settled through negotiation or mediation shall be resolved by arbitration in accordance with the applicable Arbitration Rules of the AAA. This dispute resolution provision is governed by the Federal Arbitration Act, 9 U.S.C. § 1 et seq. and evidences a transaction involving commerce. The arbitration shall be held in Scottsdale, Arizona. The decision of the arbitrator shall be final and binding as to any matters submitted hereunder; provided, however, if necessary, such decision and satisfaction procedure may be enforced in any court of record having jurisdiction over the subject matter or over any of the parties to this Agreement. All costs and expenses incurred in connection with any such arbitration proceeding (including reasonable attorneys' fees) shall be borne by the party against which the decision is rendered, or, if no decision is rendered, each party shall bear its own costs and expenses. If the arbitrator's decision is a compromise, the determination of which party or parties bears the costs and expenses incurred in connection with any such arbitration proceeding shall be made by the arbitrator on the basis of the arbitrator's assessment of the relative merits of the parties' positions.

(u) Required Signatures. This Agreement shall not be effective unless and until it is executed by each of the Agent, LyfeBeast, LLC., and an authorized officer of the Company. Notwithstanding the date that each party signs this Agreement, the parties hereto agree that this Agreement shall be deemed to be effective as of 12:01 a.m. (Eastern Time) on the Effective Date set forth above.

[SIGNATURE PAGE FOLLOWS]

In witness whereof, each of the parties hereto have caused this Agreement to be executed as of the date set forth below.

LyfeBeast, LLC.

By: _____

Name: _____

Its: Managing Partner

Date: _____

Associate Agent:

By: _____

Name: _____

Its: _____

Date: _____

LyfeBeast, LLC.

By: _____

Name: _____

Its: _____


Date: _____



Life Health Annuities

Putting LYFE back in Insurance™

Contracting Cover Sheet

Are you registered or have you previously worked with SuranceBay?  ☐ Yes ☐ No
If YES, then provide this information and you do NOT need to complete contracting forms.

INDIVIDUAL

1. Name _____
2. SS# _____
3. DOB _____
4. Email Address _____

CORPORATION

1. Name _____
2. SS# _____
3. DOB _____
4. Email Address _____
5. Tax ID# _____

If you have NOT worked with SuranceBay before, then please complete ALL contracting forms.

PLEASE SELECT THE CARRIERS YOU WANT TO BE APPOINTED WITH:

Core Annuity Companies (choose at least 2)

- | | | |
|---|--|---|
| <input type="checkbox"/> American Equity | <input type="checkbox"/> Athene | <input type="checkbox"/> Equitrust |
| <input type="checkbox"/> F&G | <input type="checkbox"/> Forethought/Global Atlantic | <input type="checkbox"/> Legacy Marketing |
| <input type="checkbox"/> National Western | <input type="checkbox"/> North American/NACOLAH | <input type="checkbox"/> Group Phoenix Life |

Secondary Annuity Companies (choose at least 2)

- | | | |
|---|---|---|
| <input type="checkbox"/> Allianz | <input type="checkbox"/> American General/AIG | <input type="checkbox"/> American National/ |
| <input type="checkbox"/> Americo | <input type="checkbox"/> Great American | <input type="checkbox"/> ANICO Guggenheim |
| <input type="checkbox"/> Lincoln Financial Group/Moneyguard | <input type="checkbox"/> Oxford Life | <input type="checkbox"/> Royal Neighbors of |
| <input type="checkbox"/> Sagor | <input type="checkbox"/> Sentinel Security Life | <input type="checkbox"/> America Voya |

Life Companies

- | | | |
|--|--|--|
| <input type="checkbox"/> American General/AIG Life | <input type="checkbox"/> Allianz Life | <input type="checkbox"/> American National Life |
| <input type="checkbox"/> EquiTrust Life | <input type="checkbox"/> Lincoln/Moneyguard | <input type="checkbox"/> Minnesota Life/Securian |
| <input type="checkbox"/> National Western Life | <input type="checkbox"/> North American Life | <input type="checkbox"/> Life One America |
| <input type="checkbox"/> Oxford Life | <input type="checkbox"/> Sagor Life | |

If you do not see a carrier listed that you would like to use, please call our marketing team for more information.

Global Contract Instructions

1. Complete all items found below.

2. Return to LyfeBeast.

Required Documents:

- ☐ **Completed Producer Set-Up Packet (Global Contract) with all blanks and boxes completed as requested.**
- ☐ **Letters of explanation for "Yes" answered legal questions and supporting documentation.**
- ☐ **Anti-Money Laundering Training Certificate (Required for all vendors other than LIMRA).**
- ☐ **Current E&O Insurance Certificate. If issued through CNA, please provide both pages of certificate.**
- ☐ **Completed EFT and copy of voided check or letter from bank.**
- ☐ **Copies of current license(s), individual and corporate (if applicable). State**
- ☐ **Specific Training Certificate(s) for NAIC-Adopted States.**
- ☐ **Articles of Incorporation are needed along with both individual and corporate state licenses for contracting with National Western Life Insurance Company and Legacy Marketing Group as a corporation.**

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. #: _____ EXP DATE: _____ 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13	Have you ever had any interruptions in licensing?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14a	Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14b	Has any state, federal or self-regulatory agency filed a complaint against you, fined or sanctioned you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14c	Have you ever been the subject of a consumer-initiated complaint?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15a	Have you personally filed a bankruptcy petition or declared bankruptcy?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15c	Is the bankruptcy pending?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16	Have you ever had any judgements, garnishments, or liens against you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17	Are you connected in any way with a bank, savings & loan association, or other lending or financial institution?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18	Have you ever used any other names or aliases?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19	Do you have any unresolved matters pending with the Internal Revenue Service or other taxing authority?	<input type="checkbox"/> YES	<input type="checkbox"/> 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.

The CNA logo is displayed in a bold, italicized, sans-serif font.

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!

A large, empty rectangular box with a black border, intended for the user to sign in the center.

Send Form