



TFR Free Book

Appointment Instructions

In order to complete your appointment request, please complete the following personal information packet (PIP). Upon receipt of your PIP, your information will be input into our online system called SureLC, which stores your information and carrier contracting forms. 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. The carriers also require an electronic approval so be sure to look for emails from Surancebay.com to complete your submission to the carrier.

Checklist:

- Questionnaire completed and signed
- Include letter of explanation for any questions answered yes
- Signed signature page
- Signed EFT form and void check (most carriers require EFT)
- Copies of your agent and/or agency state insurance licenses
- Copy of your E&O coverage
- Copy of NAIC state required Annuity or LTC CE
- Copy of Anti Money Laundering Completion
- I understand that before submitting business I may be required to complete carrier specific product training for Annuities, IUL, and Medicare.

Please send all documents to:

E-mail: fargo.licensing@simplicitygroup.com
Fax: 800.293.9897
Phone: 800.373.9807

Carrier Appointment Request

******IMPORTANT******

Most carriers now utilize just-in-time contracting. What does that mean?

Your contract will not be submitted until a client application is received. At that time the agent background and vector check will be completed. Please submit client information with this contracting paperwork and your contract will be processed immediately.

Annuity Product Training and Medicare Certification are still required prior to solicitation.

Carrier		Appointment process	E&O Required	Requires Add'l Paper or Link	Carrier		Appointment process	E&O Required	Requires Add'l Paper or Link	Carrier		Appointment process	E&O Required	Requires Add'l Paper or Link
	<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>			
Accordia Life (Global Atlantic)	<input type="checkbox"/>	JIT	N		Guarantee Trust Life	<input type="checkbox"/>	JIT	Y		North American- Annuity	<input type="checkbox"/>	JIT	Y	
Aetna/Silverscript	<input type="checkbox"/>	P	Y	L*	Guaranty Income Life	<input type="checkbox"/>	JIT	N		North American- Life	<input type="checkbox"/>	JIT	Y	
Aetna- ACI, ACC, AHIC, AHLIC, CLI ¹	<input type="checkbox"/>	JIT ^C	Y		Guggenheim	<input type="checkbox"/>	JIT	Y		OceanView Life & Annuity	<input type="checkbox"/>	JIT	Y	
AIG American General	<input type="checkbox"/>	JIT	Y		Humana	<input type="checkbox"/>	P	N	L*	Ohio State Life Ins Co	<input type="checkbox"/>	JIT	Y	
AIG GIWL	<input type="checkbox"/>	P	Y		Illinois Mutual	<input type="checkbox"/>	JIT	N		OneAmerica/State Life	<input type="checkbox"/>	BS	Y	
AIG Partners Group	<input type="checkbox"/>	JIT	Y	P*	Individual Assurance Company	<input type="checkbox"/>	P	N	L*	Oxford Life/Christian Fidelity	<input type="checkbox"/>	P	Y	L*
Allianz Life	<input type="checkbox"/>	P	Y		Investors Heritage- Annuity	<input type="checkbox"/>	P	Y		Pacific Guardian Life	<input type="checkbox"/>	JIT	Y	
Allianz Life - Preferred	<input type="checkbox"/>	P	Y		John Hancock	<input type="checkbox"/>	JIT ^B	Y		Pacific Life	<input type="checkbox"/>	JIT	Y	
American Equity	<input type="checkbox"/>	JIT	Y		Lafayette Life	<input type="checkbox"/>	JIT	Y		Pacific Life Lynchburg (Promise)	<input type="checkbox"/>	JIT	Y	
American National	<input type="checkbox"/>	JIT	Y		Legacy Marketing	<input type="checkbox"/>	JIT	Y		Penn Mutual	<input type="checkbox"/>	JIT	Y	
Americo- Life	<input type="checkbox"/>	JIT	Y		Liberty Bankers Life- Annuity	<input type="checkbox"/>	BS	N		Principal Life	<input type="checkbox"/>	JIT	Y	
Americo/Great Southern- Med Supp	<input type="checkbox"/>	JIT	Y		LifeShield National Ins Co ²	<input type="checkbox"/>	P	Y		Protective Life	<input type="checkbox"/>	JIT	Y	
Ameritas- Annuity (Legacy)	<input type="checkbox"/>	JIT	Y		Lincoln Financial- Annuity	<input type="checkbox"/>	JIT	Y		Prudential Life Ins- Life	<input type="checkbox"/>	JIT ^B	Y	
Ameritas- FLX Series	<input type="checkbox"/>	JIT	Y		Lincoln Financial- Life	<input type="checkbox"/>	JIT ^A	Y		Prudential Life Ins- Annuity	<input type="checkbox"/>	JIT	Y	
Assured Life Association	<input type="checkbox"/>	JIT	Y		Manhattan Life Assurance (MAC)	<input type="checkbox"/>	P	N	L*	Reliance Standard	<input type="checkbox"/>	JIT	Y	
Assurity- Life, CI, DI, Health	<input type="checkbox"/>	JIT ^A	Y		Mass Mutual	<input type="checkbox"/>	P	Y	L*	Sagicor	<input type="checkbox"/>	P	Y	
Assurity- Annuity	<input type="checkbox"/>	P	Y		Medica	<input type="checkbox"/>	P	Y	L*	Sanford	<input type="checkbox"/>	P	Y	
Athene Annuity & Life	<input type="checkbox"/>	JIT	Y		Medico Corp	<input type="checkbox"/>	P	Y		SBLI of MA	<input type="checkbox"/>	JIT	Y	
Atlantic Coast Life- Annuity/RPM	<input type="checkbox"/>	JIT	Y		Minnesota Life (Securian)-Annuity	<input type="checkbox"/>	JIT	Y		Sentinel- Annuity/RPM	<input type="checkbox"/>	JIT	Y	
Atlantic Coast Life- MedSupp	<input type="checkbox"/>	JIT	Y		Minnesota Life (Securian)-Life	<input type="checkbox"/>	JIT	Y		Sentinel- Life, MedSupp ¹	<input type="checkbox"/>	JIT	Y	
Baltimore Life	<input type="checkbox"/>	JIT	Y		Mut of Omaha Cos- Life & Annuity	<input type="checkbox"/>	JIT	Y		SILAC	<input type="checkbox"/>	P	Y	L*
Banner (Legal & General)	<input type="checkbox"/>	JIT	Y		Mut of Omaha Cos- Msupp, DI, CI	<input type="checkbox"/>	JIT	Y		Symetra- Life	<input type="checkbox"/>	JIT	Y	
Blue Cross Blue Shield ND	<input type="checkbox"/>	P	Y		Mut of Omaha Cos- PDP	<input type="checkbox"/>	JIT	Y		The Standard	<input type="checkbox"/>	JIT	Y	
Blue Cross Blue Shield MN ¹	<input type="checkbox"/>	P	Y	P*	Mut of Omaha Cos- LTC	<input type="checkbox"/>	JIT	Y		Transamerica Life Ins Co ¹	<input type="checkbox"/>	JIT	Y	
Cigna- ARLIC, CHLIC, CNHIC, LOYAL	<input type="checkbox"/>	JIT	Y		Mutual Trust Life	<input type="checkbox"/>	JIT	Y		Trinity Life/Family Benefit	<input type="checkbox"/>	P	Y	
Delaware Life	<input type="checkbox"/>	JIT	Y		Nassau Life & Annuity	<input type="checkbox"/>	BS	Y		UCare	<input type="checkbox"/>	P	N	P*
Equitable (formerly AXA)	<input type="checkbox"/>	BS	Y		Nationwide	<input type="checkbox"/>	JIT	Y		United Healthcare	<input type="checkbox"/>	P	Y	L*
EquiTrust	<input type="checkbox"/>	JIT	Y		National Care Dental	<input type="checkbox"/>	JIT	Y	L*	United Life	<input type="checkbox"/>	JIT	Y	
F&G Annuities & Life	<input type="checkbox"/>	BS	Y		National General Acc & Health	<input type="checkbox"/>	JIT	Y	L*	United States Fire	<input type="checkbox"/>	JIT	Y	
Fidelity Life	<input type="checkbox"/>	JIT	Y		National Guardian Life	<input type="checkbox"/>	JIT	Y		Unity Financial ¹	<input type="checkbox"/>	JIT	N	
Foresters	<input type="checkbox"/>	JIT ^A	Y		National Life Group- LSW	<input type="checkbox"/>	JIT	Y	L*	Upstream Life	<input type="checkbox"/>	P	Y	
Forethought (Global Atlantic)- Ann	<input type="checkbox"/>	JIT	Y		National Western- Annuity	<input type="checkbox"/>	JIT	Y		Wellcare (Centene)	<input type="checkbox"/>	P	N	L*
Forethought (Global Atlantic)- LTC	<input type="checkbox"/>	JIT	Y		National Western- Life	<input type="checkbox"/>	JIT	Y		Western United Life (Manhattan)	<input type="checkbox"/>	P	N	L*
Gerber Life	<input type="checkbox"/>	JIT	N		New York Life- Annuity	<input type="checkbox"/>	JIT	Y		Zurich	<input type="checkbox"/>	JIT ^B	Y	
Great American	<input type="checkbox"/>	JIT	Y		New York Life- Life	<input type="checkbox"/>	JIT	Y						

* If a carrier doesn't participate in SureLC add'l info is required and will be emailed to you: L - online link P - paper contract Q - must prove qualification

** Exception if agent writing TermAccel eApp send in contract right away with client name, state signing and that agent is writing TermAccel eApp.

JIT - Just in Time: Appt with state is not submitted until business is received, please provide client information below and submit copy of app to SG.

^A Exception if agent is doing eApp, submit contract with client name, state signing and that agent is doing eApp

^B First Application should be paper, eApp can be used after agent is appointed.

^C Does not process contracts during AEP.

BS - Business Strictly Required: Carrier will not hold contract. Business is required, please provide client information below.

P - Pre-Appointment Required: Requires agent number before business can be written. Also applies to pre-appointment states.

¹ All Resident appointment fees are paid by agent

² Resident renewal fees are paid by agent

I agree to be appointed with the carriers requested above: _____
Agent Signature Date

Client Name (if applicable) Carrier App Date

Producer Information Packet (PIP)

				Agency Name/Principal Name
DBA:	<input type="checkbox"/> Individual	<input type="checkbox"/> Business Entity	<input type="checkbox"/> Assign Commission to	<input style="width: 300px;" type="text"/>
Date of Birth (Month/Day/Year)	Sex	Social Security Number	NPN (National Producer Number)	
<input style="width: 150px;" type="text"/>	<input type="checkbox"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	
Drivers License Number	State		Expiration Date	
<input style="width: 300px;" type="text"/>	<input style="width: 50px;" type="text"/>		<input style="width: 150px;" type="text"/>	
Producer Legal First Name	MI	Last Name	Preferred First Name	
<input style="width: 150px;" type="text"/>	<input type="checkbox"/>	<input style="width: 150px;" type="text"/>	<input style="width: 100px;" type="text"/>	
Agency Name			Agency Tax ID	
<input style="width: 300px;" type="text"/>			<input style="width: 150px;" type="text"/>	
Title (President, VP, Owner, Partner, etc)		Email Address		
<input style="width: 150px;" type="text"/>		<input style="width: 300px;" type="text"/>		
Business Phone	Cell Phone	Fax		
<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>		
Resident Address	City	State	Zip Code	
<input style="width: 150px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 100px;" type="text"/>	
Business Address	City	State	Zip Code	
<input style="width: 150px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 100px;" type="text"/>	
Send all mail to:	<input type="checkbox"/> Business Address	<input type="checkbox"/> Home Address		

States to be appointed in: List Resident State First	Are you a Registered Rep with FINRA?		
<input style="width: 300px;" type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
AML Completion Date (need every 2 years)	AML Provider:	Other provider name	
<input style="width: 150px;" type="text"/>	<input type="checkbox"/> LIMRA <input type="checkbox"/> WEBCE <input type="checkbox"/> OTHER	<input style="width: 150px;" type="text"/>	
NAIC Annuity Training Completion Date	NAIC LTC Training Completion Date		
<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>		

E&O Carrier	Expiration Date
<input style="width: 300px;" type="text"/>	<input style="width: 150px;" type="text"/>
<input type="checkbox"/> This is this an Agency policy. (If individual name is not listed on policy please provide a letter from the E&O Carrier listing agents covered under agency policy.)	

Please provide copies of Licenses, AML, E&O and Training Certificates.

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:

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

Legal Questions

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1A	Have you ever been convicted of or plead guilty or no contest to any Felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1B	Have you ever been convicted of or plead guilty or no contest to any Misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1D	Have you ever been convicted of or plead guilty or no contest to a violation of state insurance department regulations or statutes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1E	Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1F	Have you ever been charged with a Felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1G	Have you ever been charged with a Misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1H	Have you ever been on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2A	Are you currently under investigation by any legal or regulatory authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2B	Have you been under investigation by any insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> 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).	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Have you ever been alleged to have engaged in any fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Have you ever been found to have engaged in any fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5A	Were you fired because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5B	Were you fired because you were accused of fraud or the wrongful taking of property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5C	Failure to supervise in connection with insurance or investment related statutes, regulations, rules or industry standards of conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Have you ever had an appointment with any insurance company denied or terminated for cause?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8A	Has a bonding or surety company ever denied, paid on or revoked a bond for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8B	Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled your coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> 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"/> Yes <input type="checkbox"/> No
11	Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Have you 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	<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	Are there any unsatisfied judgments, 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

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 Sunderland Group within 5 days of such change. Further, I understand that Sunderland Group may contact me when I need to answer carrier specific questions.

Signature: _____ Date: _____

Letter of Explanation

Question # _____ Date of Action: ____/____/____

Action: _____

Reason: _____

Explanation: _____

Question # _____ Date of Action: ____/____/____

Action: _____

Reason: _____

Explanation: _____

Question # _____ Date of Action: ____/____/____

Action: _____

Reason: _____

Explanation: _____

Question # _____ Date of Action: ____/____/____

Action: _____

Reason: _____

Explanation: _____

***NOTE* Use additional paper if necessary**

Employment History

Please provide past 5 years of address 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:

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

Address: _____ State: _____ Zip code: _____

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

Address: _____ State: _____ Zip code: _____

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

Address: _____ State: _____ Zip code: _____