



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. 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 future carriers at your request. We can only submit contracts with your authorization.

Required Paperwork:

1. Complete the following PIP
2. Copy of a Void Check for EFT
3. Copy of E&O Coverage
4. Submit Letter of Explanation for any yes answers and any Court Documents
5. Copy of Individual license(s)
6. Copy of Corporate license and Articles of Incorporation (if applicable)
7. Copy of Annuity Certificate of Completion (if applicable)
8. Anti-Money Laundering Training Requirements*

Anti Money Laundering training was completed on ___/___/___ (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.

*If you have not met your AML training requirement or need to complete the carrier specific training, please visit www.sunderlandgroup.com for the LIMRA training links under Compliance.

Remit Paperwork to:

E-mail: licensing@sunderlandgroup.com

Fax: 800.293.9897

Questions Call
800.373.9807

Producer Q-1(a) Packet

USE HIGH RESOLUTION SCANNER OR HIGH QUALITY FAX

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

Driver's Lic #: _____ State: _____ Resident Ins. License: _____

Last Name: _____ First Name: _____ MI: _____

Phone: _____ Fax: _____ Cell: _____

Title: _____ Marital Status: _____ Maiden Name: _____

Email: _____

Residential Address (No PO Boxes) *REQUIRED

Start Date: ____/____/____

Address: _____ City: _____ State: _____ Zip code: _____

Mailing Address (No PO Boxes) *REQUIRED

Start Date: ____/____/____

Address: _____ City: _____ State: _____ Zip code: _____

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: _____

Your Title: _____ Phone: _____ Fax: _____

Principal Name: _____ Principal Title: _____ Email: _____

Company Type:

Corporation

Partnership

LLC

LLP

Corporate Address (No PO Boxes)

Start Date: ____/____/____

Address: _____ City: _____ State: _____ Zip code: _____

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

for contracting & appointment requests

Please answer the following questions. If you answered any questions **YES**, provide an explanation that includes dates, actions, and descriptions. Attach additional paper if necessary.

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	<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 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.

SIGN
&
DATE

Signature: _____

Date: _____

Letter of Explanation

Date of Action: ___/___/___

Action: _____

Reason: _____

Explanation: _____

Date of Action: ___/___/___

Action: _____

Reason: _____

Explanation: _____

Date of Action: ___/___/___

Action: _____

Reason: _____

Explanation: _____

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

Licenses

Are you a Registered Rep with FINRA? Yes No

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

AML Provider: LIMRA NONE OTHER Date Completed: ___/___/___

If Other, Provide Certificate of Completion.

Reminder: Please log in or check with your AML provider for any refresher courses that haven't been completed within the past year.

NAIC Suitability: Completed: Date: ___/___/___ Not Completed

LTC Training: Completed: Date: ___/___/___ Not Completed

[Please provide NAIC Suitability &/or LTC training certificate if completed]

Agents being contracted in the NAIC states must complete training prior to submitting business.

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: _____



**Replace this page with copy of your
Errors & Omissions Insurance
Certificate of Coverage**

Need E&O Coverage?

Find it on our website:

<http://www.sunderlandgroup.com/EandO.aspx>

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.

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:

Agent's Declaration and Background Authorization

1. I have attached certain contracts and appointment paperwork and request that Sunderland Group LTD. a North Dakota corporation, process these documents so that I may be appointed as an agent or general agent directly by one or more insurance carriers. I hereby certify that my answers on the attached documents are true and complete.
2. It is also understood that I, not Sunderland Group LTD., jointly or severally, will be responsible for any and all commission charge-backs. If litigation is necessary to collect any debit balances, reasonable attorney fees and collection costs plus interest at the highest rate allowable by state law will also be awarded to the prevailing party.
3. I fully understand I am not authorized to represent myself (or my agency) as an employee or representative of Sunderland Group LTD., nor do I hold Sunderland Group LTD., jointly or severally, responsible for any of my actions or the actions of any employee or agent of my agency or any agent in my hierarchy. As used in this Declaration, the term "my hierarchy" shall refer to all agents contracted under me under my contract with the applicable insurance carrier.
4. I am fully aware and understand that as a licensed insurance agent it is my responsibility to completely understand the products and companies I represent and to properly solicit these products to consumers in accordance with insurance solicitation laws, advertising laws, and consumer protection laws and any other laws, rules, regulations and statutes within the state(s) where I hold a resident and/or non-resident license (collectively "Applicable Laws"). I endorse ethical market conduct as embodied in the Insurance Marketplace Standards Association (IMSA) statement principles, and I agree to comply with the Ethical Canons and Rules of Conduct attached hereto as Exhibit A, as may be updated from time to time.
5. I am fully aware and understand that any form of advertising, be it to agents or to the public, regardless of the medium (e.g. print, radio, internet, etc.), must be sent to the relevant (advertised) insurance carrier home office for review and compliance approval. I understand that no ad may be run without written approval from the carrier. I further understand and acknowledge each of the following: (i) failure to follow this rule can result in loss of my appointment, fines and/or loss of my insurance license; and (ii) ad approval is a contractual requirement, as well as a legal requirement.
6. I authorize any individual or company to give Sunderland Group LTD., or their authorized representatives, any and all information with reference to the character, credit, debts owed insurance companies, business reputation, employment history, including information whether or not among their records, about myself, any and all employees and agents of my agency and/or any agent under me in my hierarchy. I release said individual and/or company from any liability whatsoever which results, or might result, from the disclosure of such information. Sunderland Group LTD., jointly and severally, are hereby released from any liability whatsoever which results, or might result, from the disclosure of such information.



SIGN
HERE

X

MUST BE SIGNED BY AGENT

Rev 10/2013

7. I am fully aware and understand that from time to time I may be provided with or become privy to Protected Health Information (“PHI”), which is any information that may include, but is not limited to, health information, including demographic information collected from an individual, and is created or received by a health care provider, health plan, employer, or health care clearinghouse; and relates to the past, present or future payment for the provision of health care to an individual; and that identifies the individual, or with respect to which there is a reasonable basis to believe the information can be used to identify the individual. I agree that I will not use such PHI in any manner that is inconsistent with 45 CFR 142,160 and 164 (“HHS Privacy Regulations”). Further, I have reviewed the HHS Privacy Regulations and have all taken measures necessary to comply with the same.
8. I understand that I have an affirmative obligation to disclose any Adverse Action (as defined below) taken against me or anyone in my hierarchy (as defined above) within five (5) days of such Adverse Action, regardless if it is related to my relationship with Sunderland Group LTD.; and that Sunderland Group LTD. may further report such Adverse Action as may be required by a carrier.

As used in this Declaration, the term “Adverse Action” shall include, but not be limited to: (i) the denial, suspension or revocation of any insurance, securities or other fiduciary license, (ii) the filing of a complaint, regulatory inquiry/investigation, arbitration or suit by an insurance department, FINRA, state securities office, attorney general or any other regulatory agency, (iii) the filing of any lawsuit or claim against me, my surety company or E&O insurer arising out of my sales or practices, (iv) my involvement in any litigation or the filing of an unsatisfied lien or judgments, including tax liens, against me, (v) an event in which I have been charged with or pled guilty to, *nolo contendere* to or have been found guilty of any felony or misdemeanor or are currently under indictment, (vi) the claim of any commission charge back or other indebtedness as a result of an insurance transaction, (vii) a discharge from employment or agent contract termination for reasons other than low production, or (viii) the filing of bankruptcy.

9. If I own an agency, I also represent and warrant that all of my employees and agents shall comply with the provisions of this Declaration. If requested, I will provide a signed Declaration from each agent or employee of my agency. In any event, I hereby agree to indemnify, hold harmless, upon request, defend, Sunderland Group LTD, jointly and severally, from and against any and all claims, causes of action, demands, lawsuits, liabilities, costs and expenses, including, without limitation, court costs and reasonable attorney fees resulting from or arising out of, directly or indirectly:

(i) any violation or breach by me or by any employee or agent of my agency or any agent in my hierarchy of any term, provision, agreement, covenant, representation or warranty of this Declaration or any other agreement between Agent and Sunderland Group LTD., (ii) any negligence, gross negligence, malpractice, fraud or intentional misconduct by me or by any employee or agent of my agency or by any agent in my hierarchy, and/or (iii) any act or omission by me or by any employee or agent of my agency or by any agent in my hierarchy in violation of any Applicable Law.



X _____

MUST BE SIGNED BY AGENT

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This Section shall survive termination of my appointment, my agency's appointment, the appointment of any employee or agent of my agency and/or the appointment of any agent in my hierarchy by the applicable insurance carrier for whom Sunderland Group LTD. acts as a National Marketing Organization and/or general agent.

10. A photocopy or fax of this Declaration and Authorization shall be effective as the original for all purposes under this Declaration, including, without limitation, Sections 6 and 7 of this Declaration. You have my express permission to communicate with me by any means, including but not limited to fax, email and telephone.

11. For Maine Applicants Only:

I acknowledge and agree that, upon request, I will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. I may request and receive from Sunderland Group LTD., within five (5) business days of Sunderland Group LTD's receipt of my request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning me. I also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.

12. For New York Applicants Only:

I acknowledge and agree that I have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, I will be provided with the name and address of the consumer reporting agency furnishing the report.

13. For Washington Applicants Only:

I acknowledge and agree that, if Sunderland Group LTD. requests an investigative consumer report, I have the right, upon written request made within a reasonable period of time, to receive from Sunderland Group LTD. a complete and accurate disclosure of the nature and scope of the investigation. I have the right to request from the consumer reporting agency a summary of my rights and remedies under state law.

14. For California*, Minnesota and Oklahoma Applicants Only:

A consumer credit report will be obtained through Business Information Group, Inc., P.O. Box 541, Southampton, PA, 18966.



X _____

MUST BE SIGNED BY AGENT

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If a consumer credit report is obtained, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy.

Yes _____ No _____
Initials Initials

If an investigative consumer report and/or consumer report is processed, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy.

Yes _____ No _____
Initials Initials

***California Applicants:** If you chose to receive a copy of the consumer report, it will be sent within three (3) days of the employer receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the employer's receipt of the report (unless you elected not to get a copy of the report).

15. I hereby authorize Sunderland Group LTD. to contact me by telephone auto-dialer with respect to any aspect of my business, including product information, new product offerings and/or opportunities. You may use the telephone number on file at the state licensing authority as my business telephone number, as well as at any other telephone number which I may have provided to Sunderland Group LTD as a business telephone number.

16. I acknowledge and agree that Sunderland Group LTD., a North Dakota corporation, as the case may be, shall each be a third party beneficiary of this Declaration, and each, jointly and severally, shall be entitled to enforce this Declaration, including, without limitation, the indemnification provisions of Section 10 of this Declaration, as though I delivered this Declaration to Sunderland Group LTD., as the case may be.

Printed Name: _____ Social Security Number: _____

Date of Birth: _____

Agent Signature: X _____ Date: _____

Business Telephone Number: _____
(In addition to any listed with the State licensing authority.)

X _____

MUST BE SIGNED BY AGENT

Rev 10/2013

SIGN
&
DATE

SIGN
HERE

EXHIBIT A

ETHICAL CANONS AND RULES OF CONDUCT

The ethical canons and rules of conduct are as follows:

1. **Competence and Compliance.** Agent shall competently provide services to clients, and each Agent shall maintain and further the necessary knowledge and skills to continue to do so. Agent shall comply with all applicable Laws in providing services to clients.
2. **Confidentiality.** Agent shall protect the privacy of clients, and others with whom he or she has a professional relationship or on whose behalf he or she has reason to possess confidential information, unless the client has specifically released Agent from such duty or such information is required to be divulged in response to proper legal process.
3. **Professionalism.** Agent shall serve the public, clients and employers with the highest professionalism, integrity, impartiality, objectivity and ethical behavior.
4. **Fairness.** Agent shall perform professional services in a manner that is fair and reasonable to clients, prospective clients, colleagues, and employers, and the Agent shall disclose any conflicts of interest associated with providing such services. Agent shall, in rendering services to a client, disclose:
 - a. All material information relevant to the professional relationship, including but not limited to conflict(s) of interest(s), amount of compensation, address, telephone number, credentials, qualifications, licenses, and agency relationships, as well as the Agent's scope of authority within the agency.
 - b. Any and all information required by all Laws applicable to the relationship in a manner that complies with such Laws.
 - c. Agent's compensation shall be fair, reasonable, and clearly disclosed.
5. **Integrity.** Agent shall always act in the best interest of his client and Agent shall provide services with honesty and trust and place the interests of the client above his/her own interests.
6. **Diligence.** Agent shall act timely and promptly in serving clients, employers, principals and other users of the Agent's services. Agent shall carefully evaluate a client's circumstances in accordance with all applicable Laws prior to making a recommendation, and the Agent shall make and/or implement only those recommendations that are appropriate for the client. Agent shall properly supervise subordinates with regard to their delivery of services to the client, and the Agent shall not accept or otherwise condone any subordinate's conduct that is in violation of these Ethical Canons and Rules of Conduct.
7. **Continuing Education.** Agent shall keep informed of developments in his/her area of activity and participate in continuing education throughout his/her professional career in order to improve professional competence in all fields in which Agent is involved. Agent shall offer advice only in those areas that Agent

has competence. In those areas that Agent is not professionally competent, he/she shall seek the counsel of qualified individuals and/or refer clients to such persons.

8. **Honesty and Fair Disclosure.** Agent shall not solicit clients through false or misleading communications or advertisements, either written or oral. Agent shall not, during the course of rendering professional services, engage in conduct that involves dishonesty, fraud, deceit or misrepresentation, or make a false or misleading statement to a client, employer, employee, professional colleague, governmental or other regulatory body or official, or any other person or entity.

9. **Disclosure and Reporting.** An Agent who has reason to suspect illegal conduct within the organization shall make timely disclosure of the available evidence to the Agent's immediate supervisor and/or partners or co-owners. If the Agent is convinced that illegal conduct exists within the Agent's organization, and that appropriate measures are not being taken to remedy the problem, the Agent shall, where appropriate, alert the proper regulatory authorities and Sunderland Group LTD.

Advanced Commissions

What is Advanced Commission?

Sunderland Group is proud to offer advanced commissions. We want to make you aware that advanced commissions are usually a loan from the CARRIER based on your clients continuing to pay their modal premiums. Many of the CARRIERS charge a fee of 3-5% on the dollar amount advanced because it is a loan. If you were advanced \$1,000 they may charge \$50 advance fee and pay you \$950. CARRIERS can also base the advance calculation on the annual premium, NOT the modal premium causing you to lose out on difference. Annual premium does not always equal the monthly premium x 12 or quarterly premium x 4. We encourage you to make sure you know exactly what each CARRIER will charge for advancement prior to getting set up on advancement.

Please initial each line below to acknowledge that you have read it

_____ I understand that I am REQUIRED to provide current verifiable proof of production to be eligible for advancement. Examples of Verifiable Production: 1099, Carrier Production Report, Screen Shot of Carrier Website, etc.

_____ I understand that each CARRIER will conduct various background checks and upon completion it is at the sole discretion of each CARRIER and/or Sunderland Group to Accept/Reject the proposed advancement request.

_____ I understand that not all CARRIERS offer advanced commission.

_____ I understand if you request to have advanced commissions AFTER business is submitted, we cannot guarantee that your advancement will be processed correctly.

_____ I understand that I am liable to the CARRIER for any overpayment of commissions that occurs as a result of advances, and I agree that CARRIER will recapture and/or recoup commissions in accordance with existing lapse or cancellation rules for inforce policies. If I do not pay all amounts due to the CARRIER, Sunderland Group will use all means necessary to collect the debt after the CARRIER has made demand for repayment. All debts will be reported to Vector.

Please check box if applies

I would like a copy of advanced commission forms for the CARRIERS I have checked

Sunderland Group can terminate advances at any time under this Addendum at their sole discretion – if this happens you will receive written notice of the termination from the Company. Upon termination of advances under this Addendum, all commission advances shall cease and the Advance Debt reduced until there is no balance left. If you do not continue writing business to repay the debt a payment plan must be arranged for the remaining balance owed.

I understand and acknowledge the guidelines of Advanced Commissions above:

Signature: _____ Date: _____

SIGN
&
DATE

Certifications

Please be sure you have completed the required training prior to writing business.
See the below information to help you complete these requirements.

Training Type	What is it?	Where to find it?
Anti-Money Laundering	Agents must complete certification annually to meet PATRIOT Act requirements.	SG Compliance Corner
NAIC Suitability	Many states that have adopted the model NAIC regulation, or part of it, have also enacted part of the continuing education (CE) element as part of the licensing requirement for that state. Carriers also require Annuity Product Training.	SG Compliance Corner
Continuing Education	WebCE delivers over a half million courses annually, and offers the largest nationwide catalog of courses approved to satisfy state-specific subject requirements on topics such as ethics, law, annuities and variable products, and LTC/LTC Partnership training.	SG Compliance Corner
MAPD-PDP Carrier Certifications	Training needs to be done for: AETNA, CIP, Cigna Healthspring, Coventry, Humana, Medica, United Healthcare,	SG Compliance Corner

Carrier Appointment Request

**Please ONLY Choose the Carriers you will be doing business with in the next 30 days.
You may submit another copy of this page to add carriers as you need them at any time.**

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

If choosing a carrier that requires business please attach a copy of the application.

	<input type="checkbox"/> To Get Appointed	Business required for appt	E&O Required	Requires Add'l Paper or Link		<input type="checkbox"/> To Get Appointed	Business required for appt	E&O Required	Requires Add'l Paper or Link		<input type="checkbox"/> To Get Appointed	Business required for appt	E&O Required	Requires Add'l Paper or Link
Accordia Life	<input type="checkbox"/>				Cigna - Amer. Retirement Life Ins Co	<input type="checkbox"/>		<input checked="" type="checkbox"/>		National Western	<input type="checkbox"/>			
Aetna Coventry	<input type="checkbox"/>		<input checked="" type="checkbox"/>	L*	Cigna - Loyal American	<input type="checkbox"/>		<input checked="" type="checkbox"/>		North American -Annuity	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
Aetna Health & Life Ins Co (AHLIC) ¹	<input type="checkbox"/>		<input checked="" type="checkbox"/>		Equitable Life & Casualty	<input type="checkbox"/>		<input checked="" type="checkbox"/>		North American -Life	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
Aetna Life Ins Co (ALIC) ¹	<input type="checkbox"/>		<input checked="" type="checkbox"/>		Family Benefit Life (Trinity)	<input type="checkbox"/>				Omaha Insurance Co (MoO)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Aetna - Amer Continental Ins (ACI) ¹	<input type="checkbox"/>		<input checked="" type="checkbox"/>		Fidelity & Guaranty Life	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Oxford Life	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	L*
Aetna - Continental Life Ins (CLI) ¹	<input type="checkbox"/>		<input checked="" type="checkbox"/>		Fidelity Life	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Phoenix -Annuity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
AIG American General	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Foresters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Phoenix -Life	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
AIG Partners Group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	P*	Forethought -Annuity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Phoenix -Remembrance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
AIG GIWL	<input type="checkbox"/>		<input checked="" type="checkbox"/>		Forethought -Annuity Elite	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Phoenix -SafeHarbor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Allianz -Annuity	<input type="checkbox"/>		<input checked="" type="checkbox"/>		Genworth LTC	<input type="checkbox"/>	<input checked="" type="checkbox"/>			Principal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Allianz -Life	<input type="checkbox"/>		<input checked="" type="checkbox"/>		Gerber -Life	<input type="checkbox"/>	<input checked="" type="checkbox"/>			Protective Life	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Allianz -Preferred	<input type="checkbox"/>		<input checked="" type="checkbox"/>		Gerber -Med Supp	<input type="checkbox"/>				SBLI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
American Amicable	<input type="checkbox"/>				Great American	<input type="checkbox"/>		<input checked="" type="checkbox"/>		Securian (MN Life)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
American Equity	<input type="checkbox"/>				Guarantee Trust Life	<input type="checkbox"/>				Sentinel -Life	<input type="checkbox"/>			
American Home Life	<input type="checkbox"/>	<input checked="" type="checkbox"/>			Guaranty Income ²	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Sentinel -Annuity	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
American National	<input type="checkbox"/>		<input checked="" type="checkbox"/>		Guggenheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Settlers Life (NGL)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Americo	<input type="checkbox"/>				Humana	<input type="checkbox"/>			L*	Shenandoah	<input type="checkbox"/>			
Americo -Med Supp	<input type="checkbox"/>		<input checked="" type="checkbox"/>		Illinois Mutual	<input type="checkbox"/>	<input checked="" type="checkbox"/>			SilverScript	<input type="checkbox"/>			
Ameritas	<input type="checkbox"/>				Individual Assurance Company	<input type="checkbox"/>			L*	Standard Life & Casualty	<input type="checkbox"/>			
Assured Life Association	<input type="checkbox"/>				Kemper	<input type="checkbox"/>	<input checked="" type="checkbox"/>		L*	Transamerica Family Markets	<input type="checkbox"/>			
Assurity	<input type="checkbox"/>		<input checked="" type="checkbox"/>		Legacy Marketing ³	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Transamerica Premier - MedSupp	<input type="checkbox"/>			
Assurity (LIS)	<input type="checkbox"/>		<input checked="" type="checkbox"/>	P*	Legal & General America	<input type="checkbox"/>		<input checked="" type="checkbox"/>		Trinity Life	<input type="checkbox"/>			
Athene Annuity & Life	<input type="checkbox"/>		<input checked="" type="checkbox"/>		Liberty Bankers Life	<input type="checkbox"/>				United Farm Family (UHL)	<input type="checkbox"/>			
Atlantic Coast Life	<input type="checkbox"/>		<input checked="" type="checkbox"/>		LifeShield National Ins Co	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	L*	United Healthcare	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
AXA Equitable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Lincoln Financial	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		United Home Life	<input type="checkbox"/>			
Baltimore Life	<input type="checkbox"/>				Manhattan Life	<input type="checkbox"/>	<input checked="" type="checkbox"/>		L*	United of Omaha (MoO)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Bankers Life Insurance Co	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		MedAmerica ¹	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		United Life	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Blue Cross Blue Shield ND	<input type="checkbox"/>		<input checked="" type="checkbox"/>		Medica	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		United Security Assurance	<input type="checkbox"/>			
Blue Cross Blue Shield MN ¹	<input type="checkbox"/>		<input checked="" type="checkbox"/>		Medico Corp	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		United World (MoO)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Capitol Life (Liberty Bankers)	<input type="checkbox"/>				MetLife	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Unity	<input type="checkbox"/>			
Central States Indemnity	<input type="checkbox"/>		<input checked="" type="checkbox"/>	L*	Minnesota Life	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Voya Financial -Annuity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Christian Fidelity (Oxford)	<input type="checkbox"/>		<input checked="" type="checkbox"/>	L*	Mutual of Omaha -Life & Annuity	<input type="checkbox"/>		<input checked="" type="checkbox"/>		Voya Financial -Life	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Combined Insurance ¹	<input type="checkbox"/>				Mutual of Omaha -LTC & Medsupp	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Voya Financial -NY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Companion Life NY(MoO)	<input type="checkbox"/>		<input checked="" type="checkbox"/>		National Guardian Life	<input type="checkbox"/>				Western Catholic Union	<input type="checkbox"/>			

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

¹ Appointment fees are needed to be appointed

- Pre-appointment states do apply to some carriers, please verify with our Licensing Department.

² E&O is only required in certain states: Guaranty Income Life - AL

³ Legacy F&G requires pre-appointment in DC, GA, LA, PA, WV & WY

Carrier requirements are subject to change without notice.

I agree to be appointed with the carriers checked above: _____

Agent Signature

Date