



## Appointment Instructions

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

### **Required Paperwork:**

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

\*If you have not met your AML training requirement or need to complete the carrier specific training, please visit [sunderlandgroup.com](http://sunderlandgroup.com) for the LIMRA training link.

### **Remit Paperwork to:**

**E-mail:** [licensing@sunderlandgroup.com](mailto:licensing@sunderlandgroup.com)  
**Fax:** 800.293.9897

Questions Call  
800.373.9807

# Carrier Appointment Request

To insure that your contracting paperwork is processed as quickly as possible, please be sure to fill out this sheet indicating the carriers you will be doing business with in the next 30 days. Please note, due to the efficiency of this new system you can now appoint with carriers on an as needed basis. Some carriers require business before we can submit contracting so contract will not be submitted until business is received in our office. If you have any questions, please call our office.

	Appoint Me	Business required for appt	E&O Required		Appoint Me	Business required for appt	E&O Required		Appoint Me	Business required for appt	E&O Required
AETNA	<input type="checkbox"/>		Y	Genworth LTC	<input type="checkbox"/>	■	-	Phoenix - Annuity	<input type="checkbox"/>		Y
Allianz - Annuity	<input type="checkbox"/>		-	Genworth NY	<input type="checkbox"/>	■	-	Phoenix - Life	<input type="checkbox"/>		Y
Allianz - Life	<input type="checkbox"/>		-	Gerber	<input type="checkbox"/>		-	Pioneer Life (UA) <sup>1</sup>	<input type="checkbox"/>		-
Allianz - Preferred	<input type="checkbox"/>		-	Great American (GAFRI)	<input type="checkbox"/>		Y	Presidential	<input type="checkbox"/>	■	-
American Continental (AETNA) <sup>1</sup>	<input type="checkbox"/>		Y	Guarantee Trust Life	<input type="checkbox"/>	■	-	Principal	<input type="checkbox"/>	■	Y
American General	<input type="checkbox"/>	■	Y	Guaranty Income <sup>2</sup>	<input type="checkbox"/>	■	Y	Protective Life	<input type="checkbox"/>	■	Y
American General NY	<input type="checkbox"/>	■	Y	Guggenheim	<input type="checkbox"/>		Y	Protective Life NY	<input type="checkbox"/>	■	Y
American National (ANICO)	<input type="checkbox"/>		Y	Health Spring	<input type="checkbox"/>		Y	Prudential	<input type="checkbox"/>	■	Y
American Pioneer (UA) <sup>1</sup>	<input type="checkbox"/>		-	Heartland National <sup>1</sup>	<input type="checkbox"/>	■	-	Prudential Financial NY	<input type="checkbox"/>	■	Y
American Progressive (UA) <sup>1</sup>	<input type="checkbox"/>		-	Humana	<input type="checkbox"/>		-	Prudential LTC	<input type="checkbox"/>	■	-
Americo	<input type="checkbox"/>		Y	Illinois Mutual	<input type="checkbox"/>	■	-	Pyramid Life (UA) <sup>1</sup>	<input type="checkbox"/>		-
Athene (Liberty Life)	<input type="checkbox"/>		Y	ING Reliastar	<input type="checkbox"/>	■	Y	Royal Neighbors	<input type="checkbox"/>		-
Arcadian	<input type="checkbox"/>		Y	ING Reliastar NY	<input type="checkbox"/>	■	Y	Sagicor	<input type="checkbox"/>		Y
Assured Life (Woodmen)	<input type="checkbox"/>		-	John Hancock - Life	<input type="checkbox"/>	■	Y	SBLI	<input type="checkbox"/>	■	Y
Assurity	<input type="checkbox"/>	■	Y	John Hancock -LTC	<input type="checkbox"/>	■	-	Securian (MN Life)	<input type="checkbox"/>	■	Y
AVIVA - Annuity & Life	<input type="checkbox"/>		Y	Legal & General (Banner)	<input type="checkbox"/>		Y	Security Life of Denver (ING)	<input type="checkbox"/>	■	Y
AVIVA NY	<input type="checkbox"/>		Y	Legal & General (William Penn) NY	<input type="checkbox"/>		Y	Sentinel Life	<input type="checkbox"/>		-
AXA Equitable	<input type="checkbox"/>	■	Y	Liberty Banker's Life	<input type="checkbox"/>		-	Sentinel Life - Annuity	<input type="checkbox"/>		Y
Banker's Life Insurance	<input type="checkbox"/>	■	Y	Lincoln Financial	<input type="checkbox"/>	■	Y	State Life (One America)	<input type="checkbox"/>		Y
BCBS ND	<input type="checkbox"/>		Y	Loyal American	<input type="checkbox"/>		Y	Sunlife	<input type="checkbox"/>	■	Y
Care Improvement Plus	<input type="checkbox"/>		Y	Madison National Life	<input type="checkbox"/>	■	-	Sunlife NY	<input type="checkbox"/>	■	Y
Christian Fidelity (Oxford)	<input type="checkbox"/>		-	Marquette Life (UA) <sup>1</sup>	<input type="checkbox"/>		-	Transamerica	<input type="checkbox"/>		-
Cigna	<input type="checkbox"/>		Y	MedAmerica LTC <sup>1</sup>	<input type="checkbox"/>	■	Y	Transamerica NY	<input type="checkbox"/>		-
Companion Life NY (MoO)	<input type="checkbox"/>		Y	Medica	<input type="checkbox"/>		Y	Transamerica LTC <sup>1</sup>	<input type="checkbox"/>	■	Y
Constitution Life (UA) <sup>1</sup>	<input type="checkbox"/>		-	Medico	<input type="checkbox"/>		Y	Transamerica FM	<input type="checkbox"/>		-
Continental Life (AETNA) <sup>1</sup>	<input type="checkbox"/>		Y	MetLife	<input type="checkbox"/>	■	Y	United American <sup>1</sup>	<input type="checkbox"/>		-
Coventry	<input type="checkbox"/>		Y	Minnesota Life	<input type="checkbox"/>		Y	United Healthcare (AARP)	<input type="checkbox"/>	■	Y
F&G	<input type="checkbox"/>	■	Y	Mutual of Omaha - Life & Annuity	<input type="checkbox"/>		Y	United Home Life	<input type="checkbox"/>		-
Fidelity	<input type="checkbox"/>	■	Y	Mutual of Omaha - LTC & Medsupp	<input type="checkbox"/>	■	Y	United of Omaha	<input type="checkbox"/>	■	Y
Forethought - Annuity	<input type="checkbox"/>	■	Y	National Guardian Life	<input type="checkbox"/>		-	United World (MoO)	<input type="checkbox"/>	■	Y
Forethought -Final Expense	<input type="checkbox"/>	■	-	National Western	<input type="checkbox"/>		-	Unity	<input type="checkbox"/>		-
Forethought -MedSupp	<input type="checkbox"/>	■	Y	North American -Annuity	<input type="checkbox"/>		Y	Universal Health Care	<input type="checkbox"/>		Y
Forethought IFT	<input type="checkbox"/>	■	-	North American -Life	<input type="checkbox"/>		Y	Washington National <sup>2</sup>	<input type="checkbox"/>	■	Y
Foresters	<input type="checkbox"/>	■	Y	Oxford Life	<input type="checkbox"/>		-	Wellcare	<input type="checkbox"/>		Y
Genworth - Life/Annuity	<input type="checkbox"/>	■	-	Pennsylvania Life (UA) <sup>1</sup>	<input type="checkbox"/>		-	Western Reserve Life	<input type="checkbox"/>		-

<sup>1</sup> State appointment fees are needed to be appointed

<sup>2</sup> E&O is only required in certain states:

Washington National - TX,AL,MS

Guaranty Income Life - AL

■ Business is needed to be appointed with carrier.

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

# 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?
<b>AML</b>	Anti-Money Laundering for producers and home office staff to meet PATRIOT Act requirements	<a href="http://www.sunderlandgroup.com/Limra/AML_Training.aspx">http://www.sunderlandgroup.com/Limra/AML_Training.aspx</a>
<b>NAIC Suitability</b>	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.	<a href="http://www.sunderlandgroup.com/Carriers/NAIC_Suitability.aspx">http://www.sunderlandgroup.com/Carriers/NAIC_Suitability.aspx</a>
<b>Continuing Education</b>	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.	<a href="http://sunderlandgroup.webce.com/">http://sunderlandgroup.webce.com/</a>
<b>Carrier Product Training</b>	Some carriers are requesting producers complete their own additional training.	<a href="http://www.sunderlandgroup.com/Carriers/NAIC_Suitability.aspx">http://www.sunderlandgroup.com/Carriers/NAIC_Suitability.aspx</a>
<b>MAPD-PDP Carrier Certifications</b>	Training needs to be done for: AETNA, Arcadian, CIP, CIGNA, Coventry, Humana, Medica, United Healthcare, Universal American, Universal Health Care	<a href="http://www.sunderlandgroup.com/products/Medicare.aspx">http://www.sunderlandgroup.com/products/Medicare.aspx</a>

**Does your State require CE & Carrier Product Training?**  
Check out your state here: <https://learn.questce.com/naicsuitability/>

# Producer Set-Up 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)

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: \_\_\_\_\_

# 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.**

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: \_\_\_\_\_

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From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_

Location: \_\_\_\_\_

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From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_

Location: \_\_\_\_\_

# Address History

*Please provide past 5 years of address history:*

From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### 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 SureanceBay, 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

# Advanced Commissions

## What is Advanced Commission?

Sunderland Group is proud to offer advanced commissions. We want to make every agent/agency, aware that advanced commissions are usually a loan from the Carrier based on your clients continuing to pay their modal premiums. Because it is a loan a lot of carriers charge a fee. Some carriers choose to charge a fee of 3-5% of the dollar amount advanced. So if you were advanced \$1,000 they would charge \$50 advance fee and give you \$950. Carriers also can base the advance calculation on the Annual premium, not the modal. Therefore you would lose out on difference between the modal and the annual premium. The Annual premium does not always equal the monthly premium x 12. We encourage all agents to make sure they know exactly what the carrier will charge for advancement.

### ***Please check boxes once read***

- I understand that not all carriers offer advanced commissions
- I understand The Company will conduct various background checks and upon completion it is at the sole discretion of the Company and/or Sunderland Group to Accept/Reject the proposed advancement request.
- I understand if you request to have advanced commissions after business is sent, we cannot guarantee that your advancement will be processed correctly.
- I understand that I am liable to Company for any overpayment of commissions that occurs as a result of advances, and you agree that Company will recapture and/or recoup commissions in accordance with existing lapse or cancellation rules for inforce policies. If you do not pay all amounts due to the Company Sunderland Group will use all means necessary to collect the debt after Company 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 under this Addendum immediately 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 agent does 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:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E&O



**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.*