



**RETURN A CURRENT COPY OF THE  
FOLLOWING:**

- A copy of your Annuity CE Training Certificate – Required to write Annuities
- A copy of your Long-Term Care CE Training Certificate – Required to write LTC or linked benefits
- A copy of your E&O Certificate of Insurance
- Proof of AML - Anti-Money Laundering completion (Please provide a screen shot, certificate or provide LIMRA login and password so the data automatically feeds into SureLc.



**Agent Profile (Part I)**

Please complete this form and return to **LifeBrokers**  
We must have a completed and signed form on file

Referred To LifeBrokers by: \_\_\_\_\_

Name \_\_\_\_\_ Nickname, if any \_\_\_\_\_

Birth Date \_\_\_\_\_ SSN# \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Preferred Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

Preferred New Business Contact: Advisor Only  Administrative Assistant Only Both

Administrative Assistant Name: \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Professional Designations: \_\_\_\_\_

Year you entered business: \_\_\_\_\_ Are you a register Rep with FINRA? Yes  No CRD# \_\_\_\_\_

If yes, provide Name of your RIA or BrokerDealer? \_\_\_\_\_

Insurance Licenses that you currently hold? \_\_\_\_\_

Doing Business As:  Individual  Business Entity  Solicitor/LOA

If DBA Solicitor/LOA, who you are assigning commissions to \_\_\_\_\_

Complete the following if DBA as Business Entity: Company/Corporation Name: \_\_\_\_\_

Type: Corporation Partnership LLC LLP Start Date \_\_\_\_\_ Tax ID No. \_\_\_\_\_

Principal Name & Title \_\_\_\_\_ Your Title (if not Principal): \_\_\_\_\_

Corporate Email \_\_\_\_\_ Corporate Phone \_\_\_\_\_ Corporate Fax \_\_\_\_\_

Website \_\_\_\_\_ Corporate Address \_\_\_\_\_

**Insurance lines currently selling:**

- Term
- Guarantee UL
- Indexed UL
- Whole Life
- Annuities
- Disability
- Long Term Care

**Insurance lines interested in selling:**

- Term
- Guarantee UL
- Indexed UL
- Whole Life
- Annuities
- Disability
- Long Term Care

\*\*\*\*Are you interested in additional information regarding sales concepts and marketing programs that **LifeBrokers** offers? Yes No



## Agent Profile Part (II)

IT IS AGREED by and between LifeBrokers (hereinafter referred to as MGA) and the Agent whose name appears on page 1 (hereinafter referred to as Agent) that in consideration of MGA's continued goodwill and patronage:

MGA agrees that commission payment, if any, made by MGA to Agent shall be vested in Agent to the same extent that commissions on the same transaction are vested in MGA by applicable insurance company, with the exception of Group Insurance which may be subject to a Broker of Record direction.

In the event that any commission, premium or fee paid or credited to Agent must be referenced or returned by MGA to the insurer, MGA is authorized, but not obligated, to make payment on Agent's behalf and will be reimbursed for this payment in full by Agent within thirty (30) days of the date of such payment. If such payment is not made by Agent, then MGA is authorized to debit any commissions which may be due Agent until such obligation has been fulfilled. Agent will also reimburse MGA for any and all costs and expenses (including reasonable attorney's fees) incurred by MGA in collection of any such sums from Agent.

Agent agrees to hold MGA harmless and indemnify MGA against any and all liability, loss, damages, judgments, costs or expenses of any nature, type or kind (including reasonable attorney's fees) incurred by MGA or imposed upon MGA as a result of any allegedly wrongful or tortuous act or omission on part of the Agent.

The Agent/Company consents to the transmission of information, whether personal, commercial or of an advertising nature, by way of the fax number or e-mail address set forth herein or other fax numbers or e-mail addresses of the advisor/company.

In the event of litigation to determine the respective rights, duties and/or obligations of the parties under this agreement, the prevailing party shall be entitled to reasonable attorney's fees.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Thank you for Doing Business with LifeBrokers**

# Legal Questions for Contracting and Appointment Requests

Please answer the following questions. If you answer YES to any question, be sure to provide a full, detailed explanation including specific dates.

Name: \_\_\_\_\_

1	Have you ever been charged or convicted of or plead guilty or no contest to any Felony, Misdemeanor, federal/state insurance and/or securities or investments regulations and 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 regulation?	<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 regulation or statute?	<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 any Felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1G	Have you ever been charged with any 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 indictments, lawsuits, or have you ever been in lawsuit with 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 terminated/resigned 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 terminated/resigned 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 terminated for cause or been denied an appointment?	<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 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? Or, have you ever had a claim filed against your surety company?	<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? Or, have you ever had a claim filed against your E&O carrier?	<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 ever had any interruptions in licensing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Has any state, federal or self-regulatory agency filed a complaint against you, fined, sanctioned, censured, penalized or otherwise disciplined you for a violation of their regulations or state or federal statutes? Have you ever been the subject of a consumer initiated complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14A	Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14B	Has any state, federal or self-regulatory agency filed a complaint against you, fined or sanctioned you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14C	Have you ever been the subject of a consumer initiated complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Have you personally or any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition or declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15A	Have you personally filed a bankruptcy petition or declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15B	Has any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition or been declared bankrupt either during your association or within five years after termination of such association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15C	Is the bankruptcy pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Have you ever had any 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

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

I attest that the information I have provided is true to the best of my knowledge. I acknowledge that if any information changes, I will notify my agency office within 5 days of such change. Further, I understand that my agency may contact me when I need to answer carrier specific questions.

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

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

# LETTER OF EXPLANATION

Date of Action: \_\_\_\_\_

Action: \_\_\_\_\_

Reason: \_\_\_\_\_

Explanation: \_\_\_\_\_

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Date of Action: \_\_\_\_\_

Action: \_\_\_\_\_

Reason: \_\_\_\_\_

Explanation: \_\_\_\_\_

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Date of Action: \_\_\_\_\_

Action: \_\_\_\_\_

Reason: \_\_\_\_\_

Explanation: \_\_\_\_\_

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Date of Action: \_\_\_\_\_

Action: \_\_\_\_\_

Reason: \_\_\_\_\_

Explanation: \_\_\_\_\_

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

## 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

Actual Signature Required  
Electronic is not accepted

### 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: