

# UNIVERSAL CONTRACTING INSTRUCTIONS:

## 1. Please complete all requested items.

If Universal Contracting is returned incomplete, it will **increase processing time**. Please “scrub” the documents prior to submission.

## 2. After all required documents are completed, please scan and email to the person who sent you this packet.

# REQUIRED DOCUMENTS:

- Complete the forms attached with all questions answered.
- Provide letter of explanation for any YES answered legal questions and supply additional documents.
- Complete Signature Authorization page.
- Include the EFT form and a copy of a voided check.
- Provide current E&O certificate.
- Supply a current Anti-Money Laundering (AML) training certificate. Or if completed via LIMRA, please supply a date and time: \_\_\_\_\_/\_\_\_\_\_.
- Provide current license(s), individual and/or corporate.
- Supply **STATE** Specific Training Certificate(s) for NAIC adopted states. ([Click here for a list of NAIC Approved States.](#))
- Please Note:** If you are selling an Annuity, go to the Carrier website to complete the **CARRIER** Specific product training.

Please indicate the carrier(s) you would like to contract with.

- Accordia Life**
- Allianz Life**  Standard  Preferred
- American Equity**  Standard  NY
- American General**
- American National**
- Athene Annuity**
- AXA Equitable**
- Banner Life**
- Companion Life - Mutual of Omaha NY**
- Equitrust**
- Fidelity & Guaranty**  Standard  NY
- Fidelity Life**
- Forethought**
- Genworth**  Standard  NY  LTC
- Great American**
- Guggenheim**
- ING USA**
- ING-ReliaStar**  Life  Annuity
- John Hancock**  Life  LTC
- Lafayette Life**
- Life Insurance Company of the Southwest**
- Lincoln Financial**
- Metropolitan Life**
- Mutual Trust**
- National Western**  Annuity  Life
- North American**
- Protective Life**
- Prudential**
- Reliance Standard**
- Transamerica Standard**
- United American\***  Standard  NY

*\*Note: An additional home office request link will be sent.*

**Final Expense Carriers**

*FE Carriers can be advanced.*

Do you want advance?  None  50%  75%

- 5 Star Life**
- American Memorial**
- American-Amicable**
- Columbian**
- Foresters**
- Kemper Health**
- Mutual of Omaha**
- Transamerica FE**
- United Home Life**

Don't see your carrier(s) listed? Please call the person who sent you this packet.

\*\* See next page for information on **Just In Time** carriers and processing.\*\*

# Just In Time Processing

Many carriers now use “Just In Time” processing for contracting requests. This means that contracting should be submitted at the same time as new business as long as it is not a pre-appointment state. Carriers that use this method do not process appointment requests until business is received. As such, **contracts submitted for the carriers below will be processed only when business is written.**

## Just In Time Carriers

American General

American Memorial

Athene

Columbian Mutual

Fidelity Life

Genworth Life

Genworth Long Term Care

ING Reliastar Life and Annuity

Lafayette Life

Life Insurance Company of the Southwest

Lincoln Financial

Met Life

Presidential Life

Protective Life

Prudential

Transamerica

Reliance Standard

## Pre-Appointment States

None

PA

MT, PA

None

None

KS, LA, MT, PA

KS, LA, MT, PA

None

None

None

MT, PA, Guam, USVI

IN, KS, MO, MT, OR, PA, PR

KS, MT, PA

PA

PA

KS, LA, MT, NM, PA

NC, NM, PA, UT

Social Security #: \_\_\_\_\_ Email: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Resident Insurance License #: \_\_\_\_\_ State: \_\_\_\_\_

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Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ Gender: \_\_\_\_\_

Driver's Lic. # / State: \_\_\_\_\_ Title: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Maiden Name: \_\_\_\_\_

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**Residential Address (No PO Boxes)** Move In Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

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**Mailing Address (No PO Boxes)** Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

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AML Provider: LIMRA NONE OTHER Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*If Other, Provide Certificate of Completion.*

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Are you a Registered Rep with FINRA? Yes No  
*If Yes, Broker/Dealer Name: \_\_\_\_\_ CRD #: \_\_\_\_\_*

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Please list any Honors you currently hold: \_\_\_\_\_

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**Doing Business As:** Individual Business Entity Solicitor/LOA

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

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**Complete the following only if DBA a Business Entity:**

EIN: \_\_\_\_\_ Business Name: \_\_\_\_\_ Website: \_\_\_\_\_

Your Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Principal Name: \_\_\_\_\_ Principal Title: \_\_\_\_\_ Email: \_\_\_\_\_

**Corporate Address (No PO Boxes)** Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**City/State Not Needed**

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zipcode: \_\_\_\_\_

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**History**

**\*NOTE\* Attach additional info if needed**

**Employment** -- Please provide past 5 years of employment history:

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

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

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

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

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

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

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

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

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

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**Address History** -- Please provide past 5 years of address history:

**\*NOTE\* Attach additional info if needed**

From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ **City/State Not Needed**

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zipcode: \_\_\_\_\_

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From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ **City/State Not Needed**

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zipcode: \_\_\_\_\_

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From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ **City/State Not Needed**

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zipcode: \_\_\_\_\_

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## 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 or statutes? Have you ever been on probation?	Yes	No
1A	Have you ever been convicted of or plead guilty or no contest to any Felony?	Yes	No
1B	Have you ever been convicted of or plead guilty or no contest to any Misdemeanor?	Yes	No
1C	Have you ever been convicted of or plead guilty or no contest to a violation of federal or state securities or investment related regulations?	Yes	No
1D	Have you ever been convicted of or plead guilty or no contest to a violation of state insurance department regulations or statutes?	Yes	No
1E	Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud?	Yes	No
1F	Have you ever been charged with a Felony?	Yes	No
1G	Have you ever been charged with a Misdemeanor?	Yes	No
1H	Have you ever been on probation?	Yes	No
2	Have you ever been or are you currently being investigated, have any pending indictment, lawsuits, or have you ever been in a lawsuit with an insurance company?	Yes	No
2A	Are you currently under investigation by any legal or regulatory authority?	Yes	No
2B	Have you been under investigation by any insurance company?	Yes	No
2C	Have you ever been or are you currently involved in any pending indictments, lawsuits, civil judgments or other legal proceedings (civil or criminal)(you may omit family court).	Yes	No
2D	Have you ever been named as a defendant or codefendant in a lawsuit, or have you ever sued or been sued by an insurance company?	Yes	No
3	Have you ever been alleged to have engaged in any fraud?	Yes	No
4	Have you ever been found to have engaged in any fraud?	Yes	No
5	Has any insurance or financial services company or broker-dealer terminated your contract or appointment or permitted you to resign for reason other than lack of sales?	Yes	No
5A	Were you fired because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of conduct?	Yes	No
5B	Were you fired because you were accused of fraud or the wrongful taking of property?	Yes	No
5C	Failure to supervise in connection with insurance or investment related statutes, regulations, rules or industry standards of conduct?	Yes	No
6	Have you ever had an appointment with any insurance company denied or terminated for cause?	Yes	No
7	Does any insurer, insured, or other person claim any commission chargeback or other indebtedness from you as a result of any insurance transactions or business?	Yes	No

8	Has any lawsuit or claim ever been made against 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?	Yes	No
8A	Has a bonding or surety company ever denied, paid on or revoked a bond for you?	Yes	No
8B	Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled your coverage?	Yes	No
9	Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?	Yes	No
10	Has any state or federal regulatory body found you to have been a cause of an investment – or insurance – related business having its authorization to do business denied, suspended, revoked, or restricted?	Yes	No
11	Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor?	Yes	No
12	Has any state or federal regulatory agency found you to have made a false statement or omission or been dishonest, unfair, or unethical?	Yes	No
13	Have you had any interruptions in licensing?	Yes	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?	Yes	No
14A	Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?	Yes	No
14B	Has any state, federal, or self-regulatory agency filed a complaint against you, fined or sanctioned you?	Yes	No
14C	Have you ever been the subject of a consumer initiated complaint?	Yes	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?	Yes	No
15A	Have you personally filed a bankruptcy petition or declared bankruptcy?	Yes	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?	Yes	No
15C	Is the bankruptcy pending?	Yes	No
16	Are there any unsatisfied judgments, garnishments or liens against you?	Yes	No
17	Are you connected in any way with a bank, savings & loan association, or other lending or financial institution?	Yes	No
18	Have you ever used any other names or aliases?	Yes	No
19	Do you have any unresolved matters pending with the Internal Revenue Service or other taxing authority?	Yes	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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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

### 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:

# Replace this page with a copy of your E&O Insurance Certificate of Coverage

IMPORTANT: E & O Certificate must list your full name as the insured.  
Please refer to the following examples.

CORRECT:

My Insurance Agency Inc.

**Joe Agent**

123 Main Ave

City, State, 12345

INCORRECT:

My Insurance Agency Inc.

123 Main Ave

City, State, 12345

If individual name is not listed correctly please provide a letter from the E&O  
Carrier listing agents covered under agency policy.

Replace this page with a copy of your  
current Anti-Money Laundering (AML)  
Training Certificate.

Or if completed via LIMRA,  
please supply a date and time:

\_\_\_\_\_ / \_\_\_\_\_.

Replace this page with your current license(s), individual and/or corporate.

Replace this page with a copy of your  
STATE Specific Training Certificate(s) for  
NAIC adopted states.

[\(Click here for a list of  
NAIC Approved States.\)](#)