



Appointment Instructions

In order to complete your appointment request, please complete the following contracting packet. Upon receipt, your information will be entered into our online system, which allows us to pre-populate carrier contracting forms.

In the future, should you desire to be appointed with any additional carriers, we will use this information to complete contracting paperwork on your behalf, increasing speed and efficiency.

By signing the forms you are acknowledging the information is true and accurate and you authorize us to submit your contracting 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 Corporate license and Articles of Incorporation (if applicable)
8. Copy of LTC training Certificate (if applicable)
9. Copy of Annuity NAIC training Certificate (if applicable)
10. Anti-Money Laundering Training Requirements*
 - a. AML training was completed via LIMRA on ___/___/___ : We now have the ability to log into LIMRA's website through the licensing system, to check your completion date. However, we need your password to do so. If you would like to provide your password, please do so here:
 - b. AML training was completed via an independent program (attach completion certificate)

*If you have not met your AML training requirement, or need to complete the LTC or Annuity training, please visit www.wholehan.com and click on Advanced Sales Tools.

Remit Paperwork to:

E-mail: charity@wholehan.com

Fax: 419.473.2424

**Questions Call
800.535.6080**

Carrier Appointment Request

To ensure 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 paperwork will not be submitted until business is received in our office. If you have any questions, please call our office.

- Allianz
- American Equity
- American General
- American National
- Assurity
- Athene
- AXA Equitable
- Banner Life
- Cincinnati Life
- Columbian Mutual
- Equitrust Annuity
- Equitrust Life
- Fidelity & Guaranty (F&G)
- Foresters
- Global Atlantic Financial Group
- Genworth LTC
- Gleaner Life
- Great American
- Guggenheim
- Guaranty Income Life (GILICO)
- Integrity
- John Hancock Life
- John Hancock LTC
- Lafayette Life

- Liberty Bankers Life
- Lincoln Financial
- Mass Mutual
- Met Life
- Minnesota Life
- Nationwide
- National Life Group
- National Western
- North American
- Oxford Life
- Penn Mutual
- Principal Life - DI
- Principal National Life
- Protective Life
- Prudential Life
- Reliance Standard
- State Life/One America
- Symetra
- The Standard
- Transamerica Life
- Transamerica LTC
- United/Mutual of Omaha
- VOYA Life
- VOYA Annuity

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: _____ City of Birth: _____

Residential Address (No PO Boxes) *REQUIRED

Start Date: ____/____/____

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

Business 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 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?	<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 regulation 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 a reason other than lack of sales?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5A	Were you fired because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5B	Were you fired because you were accused of fraud or the wrongful taking of property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5C	Failure to supervise in connection with insurance or investment related statutes, regulations, rules or industry standards of conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Have you ever had an appointment with any insurance company denied or terminated for cause?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Does any insurer, insured, or other person claim any commission chargeback or other indebtedness from you as a result of any insurance transactions or business?	<input type="checkbox"/> Yes <input type="checkbox"/> No

8	Has any lawsuit or claim ever been made against you, your surety company, or errors and omissions insurer arising out of your sales or practices, or, have you been refused surety bonding or E&O coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8A	Has a bonding or surety company ever denied, paid on or revoked a bond for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8B	Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled your coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Has any state or federal regulatory body found you to have been a cause of an investment – or insurance – related business having its authorization to do business denied, suspended, revoked, or restricted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Has any state or federal regulatory agency found you to have made a false statement or omission or been dishonest, unfair, or unethical?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Have you had any interruptions in licensing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Has any state, federal or self-regulatory agency filed a complaint against you, fined, sanctioned, censured, penalized or otherwise disciplined you for a violation of their regulations or state or federal statutes? Have you ever been the subject of a consumer initiated 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	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

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: _____

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.**

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

E&O



**Replace this page with copy of your
Errors & Omissions 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.