



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 called SureLC, which stores your information and 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. The carriers also require an electronic approval so be sure to look for emails from Surancebay.com to complete your submission to the carrier.

Checklist:

- Questionnaire completed and signed
- Include letter of explanation for any questions answered yes
- Signed signature page
- Signed EFT form and void check (most carriers require EFT)
- Copies of your agent and/or agency state insurance licenses
- Copy of your E&O coverage
- Copy of NAIC state required Annuity or Medicare CE
- Copy of Anti Money Laundering Completion
- I understand that before submitting business I may be required to complete carrier specific product training for Annuities, IUL, and Medicare.

Please send all documents to:

E-mail: licensing@sunderlandgroup.com
Fax: 800.293.9897
Phone: 800.373.9807

Carrier Appointment Request

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

Most carriers now have just-in-time contracting; therefore, the contracting paperwork will not be reviewed until a client application has been received. At that time, any outstanding requirements will be requested, and the agent background and vector check will be completed. So submitting a contract without business is not recommended.

If a client name is submitted with this contracting paperwork, your contract will be processed immediately.

Annuity Product Training and Medicare Certification is required prior to solicitation.

	✓ To Get Appointed																				
		Appointment process	E&O Required	Requires Add'l Paper or Link																	
Accordia Life, A Global Atlantic Co	<input type="checkbox"/>	JIT			Family Benefit Life (Trinity)	<input type="checkbox"/>	P			National Guardian Life	<input type="checkbox"/>										
Aetna Coventry	<input type="checkbox"/>	P	Y	L*	Fidelity & Guaranty Life	<input type="checkbox"/>	BS	Y		National Western	<input type="checkbox"/>	JIT	Y								
Aetna-AHLIC, ALIC, AHIC, ACI, CLI ¹	<input type="checkbox"/>	JIT	Y		Fidelity Life	<input type="checkbox"/>	JIT	Y		North American -Annuity	<input type="checkbox"/>	JIT	Y								
AIG American General	<input type="checkbox"/>	JIT	Y		Foresters	<input type="checkbox"/>	JIT	Y		North American -Life	<input type="checkbox"/>	JIT	Y								
AIG Partners Group	<input type="checkbox"/>	JIT	Y	P*	Forethought, A Global Atlantic Co	<input type="checkbox"/>	JIT	Y		Oxford Life	<input type="checkbox"/>	P	Y	L*							
AIG GIWL	<input type="checkbox"/>	P	Y		Genworth LTC	<input type="checkbox"/>	JIT			Pacific Life Choice Term	<input type="checkbox"/>	JIT	Y								
Allianz -Life	<input type="checkbox"/>	JIT	Y		Gerber -Life	<input type="checkbox"/>	JIT			Phoenix -Annuity	<input type="checkbox"/>	BS	Y								
Allianz -Preferred	<input type="checkbox"/>	JIT	Y	Q*	Gerber -Med Supp	<input type="checkbox"/>	JIT			Principal	<input type="checkbox"/>	JIT	Y								
American Amicable	<input type="checkbox"/>	JIT			Great American	<input type="checkbox"/>	JIT	Y		Protective Life	<input type="checkbox"/>	BS	Y								
American Equity	<input type="checkbox"/>	JIT			Guarantee Trust Life	<input type="checkbox"/>	JIT			SBLI	<input type="checkbox"/>	JIT	Y								
American National	<input type="checkbox"/>	JIT	Y		Guaranty Income Life	<input type="checkbox"/>	JIT			Securian	<input type="checkbox"/>	JIT	Y								
Americo	<input type="checkbox"/>	BS	Y		Guggenheim	<input type="checkbox"/>	JIT	Y		Sentinel -Life ¹	<input type="checkbox"/>	JIT									
Americo -Med Supp	<input type="checkbox"/>	JIT	Y		Humana	<input type="checkbox"/>	P		L*	Sentinel -Annuity	<input type="checkbox"/>	JIT	Y								
Ameritas - Life	<input type="checkbox"/>	JIT			Illinois Mutual	<input type="checkbox"/>	JIT			Settlers Life ¹	<input type="checkbox"/>	JIT									
Ameritas - Med Supp	<input type="checkbox"/>	JIT			Individual Assurance Company	<input type="checkbox"/>	P		L*	Shenandoah	<input type="checkbox"/>	JIT									
Assured Life Association	<input type="checkbox"/>	JIT			Kemper	<input type="checkbox"/>	P		L*	SilverScript	<input type="checkbox"/>	P									
Assurity - Life, CI, DI, Health	<input type="checkbox"/>	JIT	Y		John Hancock	<input type="checkbox"/>	JIT			Standard Life & Casualty ¹	<input type="checkbox"/>	JIT									
Assurity - Annuity	<input type="checkbox"/>	P	Y		John Hancock LTC	<input type="checkbox"/>	JIT			Transamerica Family Markets ¹	<input type="checkbox"/>	JIT									
Athene Annuity & Life	<input type="checkbox"/>	P	Y		Legacy Marketing	<input type="checkbox"/>	JIT	Y		Transamerica Premier - MedSupp ¹	<input type="checkbox"/>	JIT									
Atlantic Coast Life	<input type="checkbox"/>	JIT	Y		Legal & General America -Banner	<input type="checkbox"/>	JIT	Y		Trinity Life	<input type="checkbox"/>	P									
AXA Equitable	<input type="checkbox"/>	BS	Y		Legal & General America -WmPenr	<input type="checkbox"/>	JIT	Y		United Healthcare	<input type="checkbox"/>	P	Y	L*							
Baltimore Life	<input type="checkbox"/>	JIT			Liberty Bankers Life	<input type="checkbox"/>	BS			United Home Life/UFF	<input type="checkbox"/>	JIT									
Bankers Life Insurance Co	<input type="checkbox"/>	JIT	Y		LifeShield National Ins Co	<input type="checkbox"/>	P	Y	L*	United Life	<input type="checkbox"/>	JIT									
Blue Cross Blue Shield ND	<input type="checkbox"/>	P	Y		Lincoln Financial	<input type="checkbox"/>	BS	Y		United Security Assurance	<input type="checkbox"/>	P									
Blue Cross Blue Shield MN ¹	<input type="checkbox"/>	P	Y		Manhattan Life	<input type="checkbox"/>	P		L*	Unity ¹	<input type="checkbox"/>	JIT									
Brighthouse	<input type="checkbox"/>	JIT	Y		Medica	<input type="checkbox"/>	P	Y		Voya Financial -Annuity	<input type="checkbox"/>	JIT	Y								
Capitol Life (Liberty Bankers)	<input type="checkbox"/>	BS			Medico	<input type="checkbox"/>	P	Y		Voya Financial -Life	<input type="checkbox"/>	JIT	Y								
Central States Indemnity	<input type="checkbox"/>	P	Y	L*	Minnesota Life (Securian)	<input type="checkbox"/>	JIT	Y		Voya Financial -NY	<input type="checkbox"/>	JIT	Y								
Combined Insurance ¹	<input type="checkbox"/>	JIT			Mut of Omaha Cos -Life & Ann	<input type="checkbox"/>	JIT	Y		Wellcare	<input type="checkbox"/>	P		L*							
Cigna - ARLIC, CHLIC, LOYAL	<input type="checkbox"/>		Y		Mut of Omaha Cos -Medsupp	<input type="checkbox"/>	JIT	Y		Western Catholic Union ¹	<input type="checkbox"/>	JIT									
Equitable Life & Casualty	<input type="checkbox"/>	P	Y		Mut of Omaha Cos -LTC	<input type="checkbox"/>	JIT	Y		Western United Life	<input type="checkbox"/>	P		L*							

* If a carrier doesn't participate in SureLC add'l info is required and will be emailed to you: L - online link P - paper contract Q - must prove qualification
Some carriers do have Pre-Appointment states, we will submit those states automatically. Carrier requirements are subject to change without notice.

JIT - Just in Time: Contract and business can be submitted together, please provide client information below.

BS - Business Strictly Required: Carrier will not hold contract. Business is required, please provide client information and/or attach application.

P - Pre-Appointment Required: Carrier requires agent number before business can be written. Do not take application until approved by carrier.



¹ Resident appointment fees are paid by agent

I agree to be appointed with the carriers checked above _____

Agent Signature

Date

Client Name (if applicable)

Carrier

App Date

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: _____

Employment History

Please provide past 5 years of employment 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: _____

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.

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:

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: _____

