AGENCY SERVICES INCORPORATED

Dear Valued Agent:

We appreciate your consideration in allowing Agency Services, Inc. to address your insurance appointment needs.

In order to complete your licensing request, please complete the following Producer Set-up Packet. In the future when you request an appointment with another carrier, just let us know which carrier, and we will be able to submit it without requesting more licensing paperwork.

Please make sure ***ALL QUESTIONS ARE ANSWERED*** so we will be able to complete your appointment in a timely manner.

Once the Producer Set-up Packet has been completed, you will also have a few more forms to sign and submit. (See list below.) Signing and submitting the Signature Authorization Page authorizes Agency Services, Inc. to submit your information through our online licensing program.

Please respond to any email you may receive from SuranceBay asking you to confirm your contracting, as it is a legal document and necessary for you to complete the contracting process.

Signing the EFT Authorization allows for carriers to directly deposit your commissions.

1) Please complete the attached Producer Set-up Packet. It is a fillable form.
2) Signed Signature Authorization Form
3) Electronic Funds Transfer (EFT) Form & Voided Check (PLEASE COMPLETE, as it is mandatory with most carriers)
4) Copy of CORPORATE state insurance license (only if paying to firm)
5) Copy of current E&O Certificate....ASI offers free E&O coverage for business written through our office CLICK HERE to request details!
6) Copy of current TN LTC Partnership Certificate (if selling Long Term-Care-expires every 2 years) CLICK HERE for discounted LTC Partnership Training!
7) Please ***complete the AML section under the Licenses section.*** If you have not taken the course, please mark the "NONE" box. If answer is "OTHER", please attach certificate. CLICK HERE for free AML training!

The completed and signed documents, EFT, Voided Check, State License, E&O certificate and required certifications may be emailed to rking@agencyservices.com or faxed to 901-685-9811.

Please SCAN documents with your phone instead of taking and submitting photographs to us. **Both iPhones and Android phones can create clean, cropped, straightened PDF documents without requiring a traditional scanner. (See the following pages for specific instructions.)**

These are simple instructions to send ready-to-be processed documents to Agency Services, Inc. to begin your licensing & appointment request.

How to Scan Documents with your Android Phone

Important Instructions for ALL Agents

- DO NOT use your regular camera app to photograph documents.
- Scan every page, including the backs when required.
- Make sure all four corners are visible and the document is readable.
- Combine related pages into one multipage PDF when appropriate.
- **Send the actual PDF attachment, not a screenshot or photograph.**

For Android Users — Using Google Drive

1. Open the **Google Drive** app.
2. Tap the **camera icon** near the bottom right.
3. Hold your phone over the document.
4. Scan the page and adjust the corners if necessary.
5. Tap + to scan additional pages.
6. Tap **Done**.
7. Select **PDF** as the file type.
8. Tap **Save**.
9. Locate the saved PDF and share it using your approved method.

Source: Google's official instructions

How to Scan Documents Using Your iPhone

Important Instructions for ALL Agents

- **DO NOT use your regular camera app to photograph documents.**
- **Scan every page, including the backs when required.**
- **Make sure all four corners are visible and the document is readable.**
- **Combine related pages into one multi-page PDF when appropriate.**
- ***Send the actual PDF attachment, not a screenshot or photograph.***

For iPhone Users — No Additional App Needed

1. Open the **Files** app (blue folder icon).
2. Tap the **three dots (…)** near the top of the screen.
3. Select **Scan Documents.**
4. Hold your phone over the document. The camera will automatically identify and scan the page.
5. Adjust the corners if necessary.
6. Continue scanning additional pages if needed.
7. Tap **Done,** choose a location, and tap **Save** to **Files.**
8. **Locate the PDF in Files and attach it to your email.**

Source: Apple's official instructions

ALL FIELDS REQUIRED # Producer Set-Up Packet

USE HIGH RESOLUTION SCANNER OR HIGH QUALITY FAX

Social Security #: _____ Gender: _____ Date of Birth: _____/____/_____

Email: _____ Resident Insurance: _____
Lic. # & State

Last Name: _____ First Name: _____ MI: _____

Phone: _____ Fax: _____ Cell: _____

Title: _____ Marital Status: _____ Maiden Name: _____

Driver's Lic. #: _____ DL State: _____

Residential Address (No PO Boxes) Start Date: _____/____/_____

All Fields Required

No & Street _____ City & State _____ Zip code: _____

Mailing Address (No POBoxes) Start Date: _____/____/_____

All Fields Required

No. & Street _____ 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 information below only if doing business as a Business Entity:

EIN: _____ Business Name: _____ Website: _____

Your Title: _____ Phone: _____ Fax: _____

Principal Name: _____ Principal Title: _____ Email: _____

Company Type: ☐ Corporation ☐ Partnership ☐ LLC ☐ LLP

Corporate Address (No PO Boxes) Start Date: _____/____/_____

All Fields Required

No. & Street : _____ 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?	☐ 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 regulation 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 a 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 statues, 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 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? Or, have you ever had a claim filed against your surety company?	☐ Yes ☐ 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?	☐ 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? Have you ever been the subject of a consumer initiated complaint?	☐ 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 o 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: _____

_____

Date of Action: ____/____/_____

Action: _____

Reason: _____

Explanation: _____

_____

Date of Action: ____/____/_____

Action: _____

Reason: _____

Explanation: _____

_____

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

LICENSES

AML Provider: ☐ LIMRA ☐ NONE ☐ OTHER Date Completed: ____/_____/_____

If Other, Provide Certificate of Completion.

Are you a Registered Rep with FINRA? ☐ Yes ☐ No

If Yes, Broker/Dealer Name: _____ *CRD #:*_____

Please list any Honors you currently hold: _____

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:

History ***NOTE* Attach additional info if needed**

Employment -- 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:

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

From: ____/____/____ To: ____/____/____ ***City/State Not Needed***

Line 1: _____ Line 2: _____ Zip code: _____

From: ____/____/___ To: ____/____/____ ***City/State Not Needed***

Line 1: _____ Line 2: _____ Zip code: _____

From: ____/____/____ To: ____/____/____ ***City/State Not Needed***

Line 1: _____ Line 2: _____ Zip code: _____

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.

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