MAGELLAN
FINANCIAL

Contracting & Appointment Instructions

In order to complete your contracting request, please complete the following contracting questionnaire. We will then input this information into our contracting system, SureLC, which will store your information and carrier contracting forms. In the future, as you contract with new carriers, this stored information will be used to complete contracting paperwork on your behalf, increasing speed and efficiency.

The vast majority of our carriers participate in this system but if you do not see a particular carrier with whom you want to contract, please contact our contracting department and we will email you the paperwork. Our complete contact information is provided at the bottom of this page.

Once the questionnaire has been completed, you will also need to complete and sign the Signature Page, Disclosure Release, and EFT Authorization. Signing and submitting the Signature Page and Disclosure Release authorizes to submit your information through our online licensing program. Signing the EFT Authorization allows for carriers to direct deposit your commissions.

Please submit the following documents to our office:

1) Completed Questionnaire
2) Signed Signature Page
3) Signed Disclosure Release Page
4) Completed EFT Authorization Page (be sure to attach a copy of a voided check to this page)
5) A copy of your individual and/or corporation state insurance license(s)
6) A copy of your E&O coverage

These documents and any questions about the program should be directed to the Contracting Department.
Licensing and Contracting Contact Information:
Email: *contracting@magellanfinancial.com*
Fax: *785.506.8082*
For any other questions or inquiries call 866.779.3553

Carrier Contracting Form

Please Select The Carriers You Would Like To Be Appointed With

Carrier Name	Appoint
Allianz	☐
Allianz Preferred	☐
American Equity	☐
American Life	☐
American National (ANICO)	☐
Americo	☐
Aspida	☐
Assurity	☐
Athene	☐
Axonic	☐
Banner Life	☐
CoreBridge (American General)	☐
Delaware Life	☐
EquiTrust	☐
Farmers Life	☐
Fidelity & Guaranty Life	☐
Foresters	☐
Global Atlantic (Forethought)	☐
Guggenheim Annuity	☐
Guaranty Income Life	☐
Ibexis	☐
John Hancock	☐
Legacy	☐
Liberty Bankers Life	☐
Life of the Southwest (LSW)	☐
Lincoln Financial	☐
Mass Mutual Ascend	☐

Carrier Contracting Form

Please Select The Carriers You Would Like To Be Appointed With

Carrier Name	Appoint
Massachusetts Mutual	☐
Mutual/United of Omaha	☐
NassauRe (Phoenix)	☐
National Western Life	☐
Nationwide Life	☐
Nationwide Peak 10	☐
North American Company	☐
Oceanview	☐
One America	☐
Oxford Life	☐
PacLife	☐
Principal Life	☐
Prosperity Life	☐
Protective Life	☐
Prudential	☐
Reliance Standard	☐
Sagicor	☐
Securian (Minnesota Life)	☐
SILAC	☐
Symetra	☐
The Standard Life	☐

Interested in selling Medicare? Magellan Healthcare can help! Please check here: Yes ☐ No ☐

Producer Set-Up Packet

USE HIGH RESOLUTION SCANNER OR HIGH QUALITY FAX

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

Email: _____ Resident License #: _____

Last Name: _____ First Name: _____ MI: _____

Phone: _____ Fax: _____ Cell: _____

Title: _____ Marital Status: _____ Maiden Name: _____

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

Residential Address (No P.O. Boxes) **Start Date:** ____/____/____

City/State Required

_____ City: _____ State: _____ Zip: _____

Mailing Address (No P.O. Boxes) **Start Date:** ____/____/____

City/State Required

_____ City: _____ State: _____ Zip: _____

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

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

COMPLETE THE FOLLOWING ONLY DBA A BUSINESS ENTITY:

Business Entities are required to also hold a valid insurance license in any state where business will be written.

EIN: _____ Business Name: _____ Website: _____

Your Title: _____ Phone: _____ Fax: _____

Principle Name: _____ Principle Title: _____ Email: _____

Company Type: Corporation ☐ Partnership ☐ LLC ☐ LLP ☐

Company Address (No P.O. Boxes) **Start Date:** ____/____/____

City/State Required

_____ City: _____ State: _____ Zip: _____

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 co-defendant 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 statures, 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 charge-back 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 canceled your coverage?	☐ Yes	☐ No
9	Have you ever had an insurance or securities license denied, suspended, canceled 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	☐ 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: _____
_____
_____

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 an Investment Advisor registered with SEC? Yes ☐ No ☐

Are you a Registered Representative 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 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 on the future, with the Company.

Signature: _____ Date: _____

Attach copy of the check here for checking account

History

NOTE Use additional paper if necessary

Employment

Please provide past five years of employment history

From: ______/______/______ To: ______/______/______
Company: ______________________________ Position: ______________________________
Location: ____

From: ______/______/______ To: ______/______/______
Company: ______________________________ Position: ______________________________
Location: ____

From: ______/______/______ To: ______/______/______
Company: ______________________________ Position: ______________________________
Location: ____

From: ______/______/______ To: ______/______/______
Company: ______________________________ Position: ______________________________
Location: ____

Address History

Please provide past five years of address history
**NOTE* Attach additional information if needed*

From: ______/______/______ To: ______/______/______
Address: ____
City: ______________________________ State: _______________ Zip: ____________

From: ______/______/______ To: ______/______/______
Address: ____
City: ______________________________ State: _______________ Zip: ____________

From: ______/______/______ To: ______/______/______
Address: ____
City: ______________________________ State: _______________ Zip: ____________

E&O Insurance Certificate of Coverage

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 below.

CORRECT:
My Insurance Agency Inc.
Joe Agent
123 Main Ave
City, State, 12345

INCORRECT:
My Insurance Agency Inc.
Joe
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.