



Simplified Contracting

Please Email to: CONTRACTING@UFC.BZ or fax to: 888-413-9191

Please complete all 5 pages in this kit. If you should have any questions, please feel free to contact us at 800-506-4832 x248.

YOUR INFORMATION

UFC Wholesaler/Who Referred You to UFC? _____

First Name: _____ Last Name: _____ MI: _____

SSN #: _____ - _____ - _____ Email: _____ DOB: ____ / ____ / ____

Phone: _____ Fax: _____ Cell: _____ Gender: _____

DL State & License #: _____

Assistant Name/Email/Phone: _____

Business/Mailing Address (No P.O. Boxes):

Residential Address (No P.O. Boxes):

CONTRACT REQUEST: If you have business ready to be submitted, please provide Carrier name, Product name and state where you are writing the business _____

DOCUMENT COPIES WE NEED FROM YOU

1. **E&O Certificate of Coverage** (Declarations Page ONLY Listing Your Name as the Insured)
2. **Voided Check** to the account where your commissions are to be deposited
3. **Current AML Training Certificate Completion Date & Provider:** _____
4. **NAIC State Annuity Suitability Certificate** (Required only if writing annuities in a NAIC state)
5. **LTC Partnership Training Certificates** (Required only if selling LTC insurance and/or LTC Riders in a LTC Partnership State)
6. **Corporate Insurance License REQUIRED if contracting your business**

BD & COMPENSATION INFORMATION

Please provide current BD name (if applicable): _____

CRD # _____ Will any of your commission be paid to the above Broker Dealer? Yes No

Please select that product lines that are required to have your commissions paid through the above Broker Dealer?

All Annuity Products
Fixed Indexed Annuities Only

All Fixed Life Insurance
Indexed Universal Life Only

*Please note, your Broker Dealer must have an active agreement with the insurance carrier in order to have your commissions paid to that Broker Dealer. UFC will do its best to help facilitate your request.

For Business Not Running Through Above Broker Dealer, please instruct us as to how you would like it paid:

Individual (1099 to your SS#)

Individual Paying Comp to Corporation (1099 to your SS#) **TIN:** _____ (Please complete section below)

Business Entity (1099 to your Business TIN#) **TIN:** _____ (Please complete section below)

Solicitor/Licensed Only Agent under (1099 to your this Agency): _____

Complete this section for Individuals Paying Comp to Corp OR Business Entity Setup*- business entity insurance license required:

TIN: _____ Business Name: _____

Your Title: _____ Phone: _____ Fax: _____

Principal Name: _____ Principal Title: _____ Email: _____

Corp. Address (No P.O.

Box) _____

LEGAL QUESTIONS ALL QUESTIONS IN BLUE REQUIRE AN ANSWER. If you answer YES, you MUST answer all sub-questions and provide a full, detailed explanation on page 4.

1	Have you ever been charged or convicted of or plead guilty to any Felony, Misdemeanor, federal/state insurance and/or securities or investments regulations or statutes? If you answered YES to this question, please answer YES to all appropriate sub questions (1A-1H).	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? If you answered YES to this question, please answer YES to all appropriate sub questions 2A-2D.	Yes	No
	2A. Are you currently under investigation by any legal or regulatory authority?	Yes	No
	2B. Have you ever been under investigation by any insurance company?	Yes	No
	2C. Have you ever been, or are 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 sure dir 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? If you answered YES to this question, please answer YES to all appropriate sub questions 5A-5C.	Yes	No
	5A. Were you terminated/resigned because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of conduct?	Yes	No
	5B. Were you terminated/resigned because you were accused of fraud or the wrongful taking of property?	Yes	No
	5C. Were you terminated/resigned because of 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 are 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 of your sales or practices, or have you been refused surety bonding or E&O coverage? If you answered YES to this question, please answer YES to all appropriate sub questions (8A-8B).	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 body 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? OR Have you ever been the subject of a consumer initiated complaint If you answered YES to this question, please answer YES to all appropriate sub questions (14A-14C).	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? If you answered YES to this question, please answer YES to all appropriate sub questions 15A-15C.	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
20	Are you currently in the process of or have you ever been in the process of a short sale, foreclosure and/or defaulted on a promissory note and/or credit card debt?	Yes	No
21	Have you ever been expelled or fined by a professional organization such as the NALU?	Yes	No
22	Have you ever exercised control of an organization? If you answered YES to this question, please answer YES to all appropriate sub questions 22A-22B.	Yes	No
	22A. While you exercised control over the organization, has the organization ever been charged with or convicted of or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to any felony?	Yes	No
	22B. While you exercised control over the organization, has the organization ever been charged with or convicted of or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to any misdemeanor involving: investments or an investment-related business or any fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion or a conspiracy to commit any of these offenses?	Yes	No
23	At any time in the past 10 years, have you or any business in which you were an owner, partner, officer or director, been involved in any regulatory, civil or criminal matters not disclosed above?	Yes	No

If you answered YES to any questions, please provide an explanation that includes dates and descriptions on the next page. Provide additional documentation to help support your explanation.

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 – For All Legal Questions Answered with YES

Reference Legal Question #: _____

Date of Event: _____ / _____ / _____

Explanation: _____

****Attach additional supporting documents if available**

Reference Legal Question #: _____

Date of Event: _____ / _____ / _____

Explanation: _____

****Attach additional supporting documents if available**

Reference Legal Question #: _____

Date of Event: _____ / _____ / _____

Explanation: _____

****Attach additional supporting documents if available**

Reference Legal Question #: _____

Date of Event: _____ / _____ / _____

Explanation: _____

****Attach additional supporting documents if available**

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 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 email- 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 part 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.



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