



800.732.1489
Fax: 317.259.4679

www.insourcemg.com

PLEASE READ THE FOLLOWING CAREFULLY:

We appreciate you licensing with one of our insurance carrier partners and look forward to working with you in the future. To make your licensing process go as smoothly as possible, please fill out the SuranceBay Questionnaire, Signature Card and send back to our office along with a copy of the following items:

___ **AML Certificate (if Not completed with LIMRA) (Must have been completed in the last 2 years, Great American requires AML to be done annually) (Allianz requires an additional AML through LIMRA) (Liberty requires AML through LIMRA)**

___ **E&O Certificate**

___ **LTC Certificate (if planning on selling LTC)**

___ **4 Hour Annuity Training Certificate**

Please submit the completed documents to our office: Email to licensing@insourcemg.com or fax (317)259-4679. If you have any questions, please contact Ryan Revell at 800-732-1489 x6116.

Personal Info:

Name (Last, First and Middle Initial): _____

SS#: _____ **DOB:** _____ **Email:** _____

Bus. Phone #: _____ **Cell Phone #:** _____ **Fax#:** _____

Should commissions be paid to a corporation: YES or NO Agency Name: _____

Tax ID: _____ **Principal Name** _____ **Title** _____

Residential Address: _____

Business Address: _____

Marital Status: _____ **Spouses Name:** _____

Driver's License #: _____ **DL State:** _____ **Expiration:** _____





Are you currently registered with FINRA? Yes or No

If yes, who is your Broker/Dealer: _____ FINRA CRD#: _____

AML: LIMRA? Yes or No If LIMRA completed on: _____ If other please fax certificate.

Honors (CLU, ChFC, CFC, CFP, MDRT, FLMI, NQA, Other): _____

What state(s) do you want to get appointed in: _____

Please let us know if you want to get appointed for: Annuity _____ Life _____

What carriers do you want to get appointed with: _____

- All carriers will require the agent to approve the paperwork before it can be submitted to the carrier(s). An email with the link will be sent once information has been inputted into the system.
- Oxford has a separate link to complete their paperwork via their website. Agent will receive and email from Oxford.
- Pacific Life (Annuity) – InSource will send the paperwork to agent, not available for online contracting.

Please answer these questions in detail. If you answer yes, please add an explanation along with the necessary dates. Additional pages can be added if necessary.

1. Have you ever been charged or convicted of or plead guilty to any Felony, Misdemeanor, Federal/State and/or securities or investments regulations and statues? Have you ever been on Probation? **YES or NO** If Yes, please explain, include dates: _____

2. Have you ever been or are you currently being investigated, have any pending indictments, lawsuits, or have you ever been in lawsuit with insurance company? **YES or NO** If Yes, please explain, include dates: _____

3. Have you ever been alleged to have engaged in any fraud? **YES or NO** If Yes, please explain, include dates: _



4. Have you ever been found to have engaged in any fraud? **YES or NO** If Yes, please explain, include dates: _____

5. Has any insurance or financial services company or broker-dealer terminated your contract or appointment or permitted you to resign for any reason other than lack of sales? **YES or NO** If Yes, please explain, include dates: _____

6. Have you ever had an appointment with any insurance company terminated for cause or been denied an appointment? **YES or NO** If Yes, please explain, include dates: _____

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 or NO** If Yes, please explain, include dates: _____

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 or NO** If Yes, please explain, include dates: _____

9. Have you ever had an insurance or securities license denied, suspended, cancelled or revoked? **YES or NO** If Yes, please explain, include dates: _____

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 or NO** If Yes, please explain, include dates: _____

11. Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor? **YES or NO** If Yes, please explain, include dates: _____

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 or NO** If Yes, please explain, include dates: _____

13. Have you ever had any interruptions in licensing? **YES or NO** If Yes, please explain, include dates: _____



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 or NO If Yes, please explain, include dates:** _____

15. Have you personally or any insurance or securities brokerage firm with whom you have been associated with filed a bankruptcy petition or declared bankruptcy? **YES or NO If Yes, please explain, include dates:** _____

16. Have you ever had any unsatisfied judgments, garnishments or liens against you? **YES or NO If Yes, please explain, include dates:** _____

17. Are you connected in any way with a bank, Savings & Loan Association, or other lending or financial institution? **YES or NO If Yes, please explain, include dates:** _____

18. Have you ever used any other names or aliases? **YES or NO If Yes, please explain, include dates:** _____

19. Do you have any unresolved matters pending with the Internal Revenue Service or other taxing authority? **YES or NO If Yes, please explain, include dates:** _____



For Allianz and John Hancock please continue to the next two pages. Otherwise, please sign the last page.

If applying for appointment with Allianz, please answer these additional questions:

1. Resident County: _____
2. If you are NOT currently FINRA registered, have you ever been? **YES** or **NO**
3. Are you currently an Investment Advisory Representative? **YES** or **NO**
4. Have you or an officer of your company ever had any reportable events on your U-4 or U-5? **YES** or **NO** **If Yes, please explain:** _____

5. Have you or an officer of your company ever been involved in any litigation or arbitration in which you and Allianz Life had any opposing claims? **YES** or **NO** **If Yes, please explain:** _____

6. If you are an individual, are you an employee of Allianz Life or one of Allianz Life's subsidiaries? **YES** or **NO** **If Yes, please explain:** _____

7. State and County of residence for the last 10 years: _____
8. County of work for the last 10 years: _____
9. Are any immediate family member currently contracted with Allianz Life? **YES** or **NO**
10. Do you have any collections or charged off debt items? **YES** or **NO** **If Yes, please explain:** _____

11. Have you had any foreclosures within the last three years? **YES** or **NO** **If Yes, please explain:** _____



If applying for appointment with John Hancock, please answer these additional questions:

1. Please indicate whether or not your current employer can be contacted: **Yes or No**
If Yes, please explain: _____

2. Are you currently bonded? **Yes or No** If Yes, please explain: _____

3. Have you ever defaulted on a promissory note? **Yes or No** If Yes, please explain: _____

4. Have you ever defaulted on any other debt, including consumer or credit card debt?
Yes or No If Yes, please explain: _____

5. Within the past 10 years, have you ever had a complaint filed against you that resulted in cease and desist order? **Yes or No** If Yes, please explain: _____

6. Within the past 10 years, have you ever had a complaint filed against you that resulted in consent order? **Yes or No** If Yes, please explain: _____

7. Have you changed resident state more than 3 times in the past 10 years? **Yes or No** If Yes, please explain: _____

8. Have you changed broker / dealers more than 3 times in the past 5 years? **Yes or No** If Yes, please explain: _____



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 Authorized Parties against any and all claims, demands, losses, damages, and cause 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.

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