

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: ____/____/____
City/State Not Needed

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

Mailing Address (No PO Boxes)

Start Date: ____/____/____
City/State Not Needed

Line 1: _____ Line 2: _____ 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: _____ Website: _____

Your Title: _____ Phone: _____ Fax: _____

Principal Name: _____ Principal Title: _____ Email: _____

Company Type: Corporation Partnership LLC LLP

Corporate Address (No PO Boxes)

Start Date: ____/____/____
City/State Not Needed

Line 1: _____ Line 2: _____ 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 cpf 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 regulation? | <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 regulation or statute? | <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 ap{ Felony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1G | Have you ever been charged with ap{ 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 indictments, 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 a reason other than lack of sales? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5A | Y gtg"{qw'vgtto kpcvfg ltguki pgf "dgecwug"{qw'y gtg"ceewugf "qh'xlqr vki "kpuwtcpeg"qt kpxguvo gpv'tgrcvf "ucwvgu."tgi wrckpu."twgu"qt" kpf wux {"ucpf ctf u"qh'eqpf wevA | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5B | "Y gtg"{qw'vgtto kpcvfg ltguki pgf "dgecwug"{qw'y gtg"ceewugf "qh'ltcwf "qt"j g'y tqpi hwd'vknpi "qh'r tqr gtv{ A" | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5C | Failure to supervise in connection with insurance or investment related statues, 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 terminated for cause or been denied an appointment? | <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 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? Or, have you ever had a claim filed against your surety company? | <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? Or, have you ever had a claim filed against your E&O carrier? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 | Have you ever had an insurance or securities license denied, suspended, cancelled or revoked? | <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 complaint? | <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 | Have you ever had any 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 |

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



DIBS

DALY INSURANCE BROKERAGE SERVICES, LLC

TO: Our Valued Broker

FROM: Dayna Joseph

RE: 2018 Broker Compensation Agreement

Daly Insurance Brokerage Services, LLC requires this Compensation Agreement Form be signed prior to compensation being paid by Daly Insurance Brokerage Services, LLC to any entity. Should for any reason the life/long term care or annuity insurance company place a debt on either the broker's and/or General Agency's account that results in repayment to said insurance company, any and all parties have the immediate obligation to repay compensation in debt status. This stays true with all insurance companies and with any commission and/or override paid by Daly Insurance Brokerage Services, LLC. Daly Insurance Brokerage Services, LLC has the right to demand repayment of any compensation paid that has been received by the broker from Daly Insurance Brokerage that results in a chargeback and/or debt balance.

Should this transaction result in any legal expense, such legal expense will be reimbursed by the broker to Daly Insurance Brokerage Services, LLC in full.

- **PLEASE SIGN AND RETURN TO LADENE PAULINO – DALY INSURANCE BROKERAGE SERVICES ASAP.**

I have read and received, as of the date indicated below, this notice regarding broker compensation paid by Daly Insurance Brokerage. I understand that in signing this form I agree to comply with the above terms and provisions.

This information will remain confidential between the broker and Daly Insurance Brokerage Services, LLC.

Broker Signature: _____ **Date:** _____

Broker Name (Please print) _____

If you have any questions, please don't hesitate to contact me.

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Farmington, CT 06032
860.677.5707 (O) 860.677.5801 (F)
860.470.1014(D)
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