

Welcome to Daly Brokerage

Attached is the Daly Brokerage Producer Set-Up Package. Please complete and return to Lee Grenier at Lgrenier@dalybrokerage.com.

This packet also includes instructions for registering on our website. Once registered, you will have access to our quoting platform, the ability to view case status, access applications and policy service forms and submit electronic applications.

Below is helpful information regarding carrier appointments:

- Pre-Appointment States: some states require agents to be pre-appointed, depending on the carrier.
 - Pennsylvania is a pre-appointment state for almost all carriers, otherwise, appointments are requested once the application is submitted.

To confirm if a case is a pre-appointment state, contact Lee Grenier at (860) 470-1025 or lgenier@dalybrokerage.com

- Daly Brokerage is licensed in the following states:
AL, AK, AZ, CA, CO, CT, DC, DE, FL, GA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MS, MO, NC, NH, NJ, NY, OH, OR, PA, RI, SC, TN, TX, VA, VT, WA, WI.

If you are writing a case in a state that Daly is not licensed in, please advise your Brokerage Manager.

- Prior to soliciting Long Term Care and/or annuities, please be advised that there may be specific carrier product training in addition to state requirements.

Please direct any annuity questions to Rebekah Hampton at 860-256-5416 or Rhampton@dalybrokerage.com.

- Many carriers request an AML (Anti-Money Laundering) refresher every 12-18 months and they do not accept courses from every provider. WebCE, RegEd and LIMRA are acceptable.

LIMRA Link: https://aml.limra.com/nailba_default.html

- E&O must be updated annually; please be sure you have a current certificate on file.

Remember to check your license expiration dates regularly, as well as checking to make sure you have a valid license in any states you are writing cases in. License information can be found at NIPR.com.

Please see link below regarding details on a free AML course through SuranceBay:

<https://support.surancebay.com/hc/en-us/articles/360045250114-FREE-Anti-Money-Laundering-AML-Course-from-SuranceBay>

Producer Set-Up Package

Please submit to lgrenier@dalybrokerage.com or fax to (860)606-7170

Date: _____ Social Security #: _____ DOB: _____

Last Name: _____ First Name: _____

Gender: M _ | F _ Marital Status: _____ Email Address: _____

Driver's License #: _____ Driver's License State: _____

Business Phone: _____ Fax: _____ Cell Phone: _____

Residential Address: _____

City/State/Zip Code: _____

Business Address: _____

City/State/Zip Code: _____

***All correspondence will be directed to the business address unless otherwise advised.**

Commission assignment: Yes ___ No ___

***If assigning commissions, please complete the information below. Please note, if assigning to a business, the business must also hold a license.**

Name of Business: _____

Principal (Must be licensed) : _____

EIN #: _____

Phone: _____ Fax: _____

Company Type: Corporation _____ Partnership _____ LLC _____ LLP _____

Corporate Address: _____

City/State/Zip Code: _____

Electronic Funds Transfer (EFT)

Account Owner Name (Required): _____

Transit/ABA Number: _____

Account Number: _____

Financial Institution Name: _____

Branch Address: _____

City: _____ State: _____

Zip Code: _____ Phone Number: _____

Account Type: Checking Saving

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 a copy of the check here for checking account or a deposit slip for saving account:

Voided Check or Bank Letter MUST be attached

**This document must be replaced 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 Avenue
City, State, Zip Code

Incorrect:

My Insurance Agency Inc.
123 Main Avenue
City, State, Zip Code

**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 and sign in the box below.

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 the 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.

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 and statutes? Have you ever been on probation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1 a.	Have you ever been convicted of or plead guilty or no contest to any Felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1b.	Have you ever been convicted of or plead guilty or no contest to any Misdemeanor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1d.	Have you ever been convicted of or plead guilty or no contest to a violation of state insurance department regulation or statute?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1e.	Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1f.	Have you ever been charged with any felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1g.	Have you ever been charged with any Misdemeanor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1h.	Have you ever been on probation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2a.	Are you currently under investigation by any legal or regulatory authority?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2b.	Have you been under investigation by any insurance company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2c.	Have you ever been or are you currently involved in any pending indictments, lawsuits, civil judgements or other legal proceedings (civil or criminal) (you may omit family court).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
3.	Have you ever been alleged to have engaged in any fraud?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Have you ever been found to have engaged in any fraud?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
5a.	Were you terminated/resigned because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of conduct?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5b.	Were you terminated/resigned because you were accused of fraud or the wrongful taking of property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5c.	Failure to supervise in connection with insurance or investment related statutes, regulations, rules, or industry standards of conduct?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Have you ever had an appointment with any insurance company terminated for cause or been an appointment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
9.	Have you ever had an insurance or securities license denied, suspended, cancelled, or revoked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 restrained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
13.	Have you had any interruptions in licensing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 statues? Have you ever been the subject of a consumer initiated complaint?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14a.	Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14b.	Has any state, federal, or self-regulatory agency filed a complaint against you, fined or sanctioned you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14c.	Have you ever been the subject of a consumer initiated complaint?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
15a.	Have you personally filed a bankruptcy petition or declared bankruptcy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
15c.	Is the bankruptcy pending?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16.	Have you ever had any judgments, garnishments or liens against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17.	Are you connected in any way with a bank, savings & loan association, or other lending or financial institution?	Yes <input type="checkbox"/> No <input type="checkbox"/>
18.	Have you ever used any other name or aliases?	Yes <input type="checkbox"/> No <input type="checkbox"/>
19.	Do you have any unresolved matters pending with the Internal Revenue Service or other taxing authority?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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:** _____



DALY INSURANCE BROKERAGE SERVICES, LLC

TO: Our Valued Producer

FROM: Daly Insurance Brokerage Services, LLC

RE: 2020 Producer / Agency 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 individual and / or entity. Should for any reason the life/disability/long term care or annuity insurance company place a debt on either the producer's/Agency 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 producer/agency 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/agency to Daly Insurance Brokerage Services, LLC in full.

- PLEASE SIGN AND RETURN TO Lee Grenier, LGrenier@dalybrokerage.com
or fax: 860.606.7170

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

This information will remain confidential between the producer/agency and Daly Insurance Brokerage Services, LLC.

Producer Signature: _____ **Date:** _____

Producer Name (Please print) _____

Agency Name: (If applicable) _____

Website Registration

Visit www.dalybrokerage.com

The website can be used for case status updates, quotes, forms, electronic applications, etc.

Step 1

Choose the following icon
(located on the right side of the home page).



Step 2

Select 'New – Sign up for an account'
and complete the information.

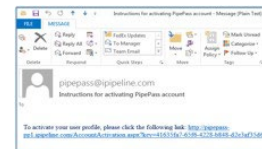
Step 3

Once the information is submitted,
you will receive a message that your account is created.



Step 4

A link will be sent to the email address provided.

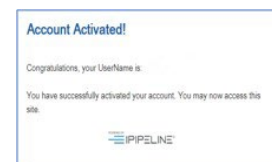


Step 5

Select the link and you will be prompted to
create a password.

Step 6

Once creating your password, you will
be sent to the following screen that provides
your username. Use the username listed and
the password created, to sign in.



Please note, Daly Brokerage does not have access to the password created. Please save your password for future reference.