



# **AGENT/AGENCY INFORMATION PACKET**

***Insurance Advisors, Inc.***

**4151 Executive Parkway, Suite 345**

**Westerville, OH 43081**

**(800) 614-471-7191**

**[www.ialtc.com](http://www.ialtc.com)**

# Information Packet Checklist

We appreciate your interest in working with Insurance Advisors, Inc., located in Westerville, Ohio. We value your trust, and look forward to assisting you in growing your business by providing outstanding customer service and industry knowledge.

The information you provide in this packet will be securely submitted through our online licensing system, SureLC. In the future, should you desire to be appointed with a carrier, this will allow us to generate and submit your appointment in a timely manner. We may occasionally request updated documents to ensure the accuracy of our information. In the future, you will be required to notify us in writing of any changes to the information you are providing, including background responses, bank account updates, or address changes.

By signing the signature page (unless you have an electronic signature pad you must print and sign this page), you are attesting that the information you are submitting is true and accurate, and you authorize Insurance Advisors, Inc. and/or SureLC, to submit your information through the contracting system to selected carriers.

**Please complete and submit all applicable pages, including this checklist:**

- Completed, signed questionnaire**
- Signed signature page**
- Completed EFT form (many carriers require EFT for commission payments)**
- Copy of a voided check for the account indicated on the EFT form**
- Copies of your current agent and/or agency state insurance license(s)**
- Copy of your current E&O coverage**
- If you wish to be appointed to sell Long Term Care insurance (LTC) (some states require non-resident producers to complete their state-specific Medicaid course to sell LTC in that state...you will be notified if this is necessary when contracting is generated, or an appointment is requested for a state with this requirement)**
  - Proof of initial LTC training required for your resident state**
  - Proof of subsequent LTC renewal training required for compliance**
- If you wish to be a Referral agent for LTC or other products, please check here (No LTC training is required to participate as an LTC Referral agent)**
- If you wish to be appointed to sell Life Insurance**
  - Current AML training**
- If you wish to be appointed to sell Annuities (many carriers require completion of their own product-specific Annuity training in addition to what the state requires...you will be notified if this is necessary when contracting is generated or an appointment requested for a carrier with this requirement)**
  - Proof of initial Annuity training required by your resident state**
  - Proof of subsequent Annuity renewal training if required for compliance**
  - Current AML training**
- If you wish to be or are already appointed to sell Medicare Advantage, please check here**

The completed packet and documents may be returned either by secure email to [kathy@ialtc.com](mailto:kathy@ialtc.com), or by fax to 614-471-7196.

Please call Kathy Brooks at 614-471-7191, ext. 308 if you have any questions.

# QUESTIONNAIRE

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Suffix: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

DL #: \_\_\_\_\_ State: \_\_\_\_\_ Exp: \_\_\_\_\_

Resident Ins. License #: \_\_\_\_\_ State: \_\_\_\_\_

Designation(s): \_\_\_\_\_

Current Physical Residential Address: (No PO Boxes): \_\_\_\_\_ Date You Started At This Address: \_\_\_\_\_

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Physical Business Address: (No PO Boxes)

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Mailing Address: Business \_\_\_\_\_ Home \_\_\_\_\_ If Other: *(provide address below)*

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Fax #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Assigning Commissions: Yes \_\_\_\_\_ No \_\_\_\_\_

If assigning, name of entity or agency assigning to: \_\_\_\_\_

Entity/Agency's Address

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

you a registered rep with FINRA? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Broker/Dealer Name: \_\_\_\_\_ CRD #: \_\_\_\_\_

Previous address history if at current residence address less than 7 years: (attach additional page if needed)

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Street	City	State	Zip
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Street	City	State	Zip
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Street	City	State	Zip
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Street	City	State	Zip
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Street	City	State	Zip
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**Complete the following only if you are the Principal of an agency/business entity:**

Agency Name: \_\_\_\_\_ EIN #: \_\_\_\_\_ - \_\_\_\_\_

Business Type: Corporation/Type \_\_\_\_\_ / \_\_\_\_\_ LLC \_\_\_\_\_ Other \_\_\_\_\_

Agency Physical Address (No PO Boxes):

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Street	City	State	Zip
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Your Title: \_\_\_\_\_

Business #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

## Background Questions

If you answer “yes” to any of the following questions, you must provide a full, detailed explanation, including dates, on the page following the questions. Additional pages along with supporting documents must be provided where needed.

		YES	NO
1.	Have you ever been charged with, convicted of, or plead guilty or no contest to any Felony, Misdemeanor, federal/state insurance and/or securities or investments regulations or statutes violations?		
	a. Have you ever been convicted of or plead guilty or no contest to any Felony?		
	b. Have you ever been convicted of or plead guilty or no contest to any Misdemeanor?		
	c. Have you ever been convicted of or plead guilty or no contest to a violation of federal or state securities or investment related regulations?		
	d. Have you ever been convicted of or plead guilty or no contest to a violation of state insurance department regulation or statute violation?		
	e. Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud?		
	f. Have you ever been charged with a Felony?		
	g. Have you ever been charged with a Misdemeanor?		
	h. Have you ever been on probation?		
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?		
	a. Are you currently under investigation by any legal or regulatory authority?		
	b. Have you been under investigation by any insurance company?		
	c. 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)		
	d. 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?		
3.	Have you ever been alleged to have engaged in any fraud?		
4.	Have you ever been found to have engaged in any fraud?		
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?		
	a. Were you terminated because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of conduct?		
	b. Were you terminated because you were accused of fraud or the wrongful taking of property?		
	c. Failure to supervise, in connection with insurance or investment related statutes, regulations, rules or industry standards of conduct?		
6.	Have you ever had an appointment with any insurance company denied or terminated for cause?		
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?		
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?		
	a. Has a bonding or surety company ever denied, paid on or revoked a bond for you?		

		YES	NO
	b. Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled your coverage?		
9.	Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?		
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?		
11.	Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor?		
12.	Has any state or federal regulatory agency found you to have made a false statement or omission, or been dishonest, unfair or unethical?		
13.	Have you had any interruptions in licensing?		
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?		
	a. Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?		
	b. Has any state, federal, or self-regulatory agency filed a complaint against you, fined or sanctioned you?		
	c. Have you ever been the subject of a consumer initiated complaint?		
15.	Have you personally or any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition or declared bankruptcy?		
	a. Have you personally filed a bankruptcy petition or declared bankruptcy?		
	b. 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?		
	c. Is the bankruptcy pending?		
16.	Are there any unsatisfied judgements, garnishments or liens against you?		
17.	Are you connected in any way with a bank, savings and loan association, or other lending or financial institution?		
18.	Have you ever used any other names or aliases?		
19.	Do you have any unresolved matters pending with the Internal Revenue Service or other taxing authority?		

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

# EXPLANATIONS

Please provide an explanation for any yes answers from the Background Questions. Use additional pages and attached support documents where needed.

Question #: \_\_\_\_\_

Date of Action: \_\_\_\_/\_\_\_\_/\_\_\_\_

Action: \_\_\_\_\_

Reason: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Question #: \_\_\_\_\_

Date of Action: \_\_\_\_/\_\_\_\_/\_\_\_\_

Action: \_\_\_\_\_

Reason: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Question #: \_\_\_\_\_

Date of Action: \_\_\_\_/\_\_\_\_/\_\_\_\_

Action: \_\_\_\_\_

Reason: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_


## 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 customer (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



### ELECTRONIC FUND TRANSFERS (EFT)

Account Owner Name (Required): \_\_\_\_\_

Transit/ABA #: \_\_\_\_\_

Account #: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Institution/Branch Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Account Type: Checking \_\_\_\_\_ Saving \_\_\_\_\_ Other: \_\_\_\_\_

By signing below I hereby authorize the Company to initiate credit entries and, if necessary, adjustments for credit entries in error to the 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.

\_\_\_\_\_  
**Account Owner Signature**

\_\_\_\_\_  
**Date**

**Attach copy of the check here for checking account  
or deposit slip for saving account**