

Contracting & Appointment Instructions

In order to complete your contracting request, please complete the following contracting questionnaire. This information will be entered into SureLC, our online contracting solution. This system will securely store your information for use with any future contracting. You will only be required to complete the following documents *once*- we are able to apply this information to all contracts requested through CPS.

Please submit the following documents to CPS Licensing:

- CPS Producer Profile (Part I and Part II)
- Signed Signature Page
- Signed Disclosure Release Page
- Completed EFT Authorization Page (be sure to attach a copy of a voided check to this page).
 - Choosing not to be on direct deposit can result in delays in receiving commissions and/or be held to carrier check minimums as high as \$5,000.00.
- A copy of your individual and/or corporation state insurance license(s).
- A copy of your E&O coverage.
- Proof of AML completion (certificate, print-out, screenshot, etc.)
- (If applicable) Special Notes and Requests Page

Please note:

- **Producer Information Updates:** It is up to the individual producer to provide updates to any changes to their information. If there have been changes to any information on the above forms, please let us know as soon as possible.
- **AML:** The AML (Anti-Money Laundering) training course must be completed on a yearly basis. This training can be completed online through 3rd party vendors such as RegEd, WebCE, and LIMRA.
- **Annuities and LTC:** Be sure that any state mandated continuing education is current. Many states require follow up C.E. every 2 years. Applications from agents with non-current C.E. will be rejected and returned to the carriers as mandated by the Department of Insurance in that state.
- **Annuities:** According to NAIC Model Regulation 275, each agent is required to complete product specific training modules through each insurance carrier prior to the date of an annuity application. Applications from agents who have not completed the training will be rejected and returned by the carriers, according to each state's requirements. Please check the contracting page on the CPS Website for latest information on Annuity Suitability Requirements (<http://www.cpsinsurance.com/tools/cps-contracting.html>).

These documents can be mailed, e-mailed (Securely) or faxed to our licensing team. If you have any questions, they should be directed to licensing@cpsinsurance.com.

Contact Information for CPS Licensing team:

licensing@cpsinsurance.com

Phone: 800-326-5433 x240

Fax: (949) 299-5347

Special Notes and Requests

Please address any special notes, requests or assignments in the field below. We will ensure that your contracts are processed according to the information entered below. Feel free to leave this page blank if it is not needed.

Such information would include:

- Assignment of Commissions (to whom?)
- Special Hierarchy Setups
- Special Considerations (Background/Credit items)
- Any other items that do not fit on the standard questionnaire

PRODUCER PROFILE (PART I)

PRODUCER INFORMATION

Please Complete This Form and Return To CPS —
We Must Have A Completed and Signed Form on File

Name: _____

Home Address: _____ City: _____ State: ____ Zip: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Business Phone: _____ Home Phone: _____

E-Mail Address: _____ Fax: _____

Preferred Method of Correspondence? Mail Fax E-mail

Social Security No. _____ Date of Birth: _____

Resident Insurance License No. / State _____ Gender: M / F

Designations: _____ Driver's Lic. No. / State: _____

AML Provider: LIMRA NONE OTHER (If other, provide Certificate of Completion) Date: _____

Do You Carry E&O Insurance? No Yes (Please provide a copy)

Do You Assign Commissions? No Yes, assign to _____

Are You Securities Licensed? No Yes, applicable licenses: _____

If FINRA Registered, What Is The Name of Your Broker Dealer? _____

Complete the following if DBA a Business Entity

Company/Corporation Name: _____

Tax ID No. _____ Principal/Title: _____

Your Title (if not Principal): _____ Corporate Email (if not the same as above): _____

Corporate Phone: _____ Corporate Fax: _____

Corporate Address: _____ City: _____ State: ____ Zip: _____

PRODUCER PROFILE (PART II)

IT IS AGREED by and between CPS Insurance Services (hereinafter referred to as MGA) and the producer whose name appears on page 1 (hereinafter referred to as Producer) that in consideration of MGA's continued goodwill and patronage:

MGA agrees that commission payment, if any, made by MGA to Producer shall be vested in Producer to the same extent that commissions on the same transaction are vested in MGA by applicable insurance company, with the exception of Group Insurance which may be subject to a Broker of Record direction.

In the event that any commission, premium or fee paid or credited to Producer must be referenced or returned by MGA to the insurer, MGA is authorized, but not obligated, to make payment on Producer's behalf and will be reimbursed for this payment in full by Producer within thirty (30) days of the date of such payment. If such payment is not made by Producer, then MGA is authorized to debit any commissions which may be due Producer until such obligation has been fulfilled. Producer will also reimburse MGA for any and all costs and expenses (including reasonable attorney's fees) incurred by MGA in collection of any such sums from Producer.

Producer agrees to hold MGA harmless and indemnify MGA against any and all liability, loss, damages, judgments, costs or expenses of any nature, type or kind (including reasonable attorney's fees) incurred by MGA or imposed upon MGA as a result of any allegedly wrongful or tortuous act or omission on part of the Producer. MGA agrees to hold Producer harmless and indemnify Producer against any and all liability, loss, damages, judgments, costs or expenses of any nature, type or kind (including reasonable attorney's fees) incurred by Producer or imposed upon Producer as a result of any allegedly wrongful or tortuous act or omission on part of the MGA.

The Agent/Company consents to the transmission of information, whether personal, commercial or of an advertising nature, by way of the fax number or e-mail address set forth herein or other fax numbers or e-mail addresses of the agent/company.

In the event of litigation to determine the respective rights, duties and/or obligations of the parties under this agreement, the prevailing party shall be entitled to reasonable attorney's fees.

Print Name

Signature

Date

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: _____ Zipcode: _____

From: ___/___/___ To: ___/___/___ **City/State Not Needed**

Line 1: _____ Line 2: _____ Zipcode: _____

From: ___/___/___ To: ___/___/___ **City/State Not Needed**

Line 1: _____ Line 2: _____ Zipcode: _____

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"y'g'y tqpi hwd'cnkpi "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: _____

Date of Action: ___/___/___

Action: _____

Reason: _____

Explanation: _____

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 SureanceBay, 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

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:

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.