Contracting Set-Up Packet

LEGEND
FINANCIAL MARKETING SERVICES

11780 US Highway 1 | Suite 203N | Palm Beach Gardens, FL 33408 | 866-LEGEND-9 | www.legendfms.com

Thank you for requesting a carrier appointment through Legend Financial Marketing Services. We look forward to working with you! If this is your 1st time contracting with us, please complete this packet in its entirety & return to our contracting team at *contracting@legendfms.com.*

Agent Information

Name: _____ **Email:** _____

D.O.B: _____ **SSN:** _____

Legend Associate Who Referred You: _____

Carriers: Please indicate up to 3 core carriers & lines of business you would like below. Please leave the gray box to the right blank for LFMS.

_____ ☐ Annuity ☐ Life
Carrier

_____ ☐ Annuity ☐ Life
Carrier

_____ ☐ Annuity ☐ Life
Carrier

FOR LEGEND USE ONLY

☐ Individual ☐ Corp ☐ LOA

_____ _____
Level *Upline*

_____ _____
Level *Upline*

_____ _____
Level *Upline*

Special Instructions/Comments: _____

_____

_____

_____ _____
Agent Signature *Date*

Please return completed forms to our contracting team at contracting@legendfms.com

All Carriers Require Additional Approval Steps

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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 – City / State not needed) Start Date: ____/____/_____

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

Mailing Address (No PO Boxes – City / State not needed) Start Date: ____/____/_____

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 – City / State not needed) Start Date: ____/____/_____

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

Legal questions for contracting and appointment requests

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 or statutes? Have you ever been on probation?**	**Yes**	**No**
	A Have you ever been convicted of or plead guilty or no contest to any Felony?	Yes	No
	B Have you ever been convicted of or plead guilty or no contest to any Misdemeanor?	Yes	No
	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?	Yes	No
	D Have you ever been convicted of or plead guilty or no contest to a violation of state insurance department regulation or statutes?	Yes	No
	E Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud?	Yes	No
	F Have you ever been charged with a Felony?	Yes	No
	G Have you ever been charged with a Misdemeanor?	Yes	No
	H Have you ever been on probation?	Yes	No
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?**	**Yes**	**No**
	A Are you currently under investigation by any legal or regulatory authority?	Yes	No
	B Have you been under investigation by any insurance company?	Yes	No
	C 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).	Yes	No
	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?	Yes	No
3	**Have you ever been alleged to have engaged in any fraud?**	**Yes**	**No**
4	**Have you ever been found to have engaged in any fraud?**	**Yes**	**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?**	**Yes**	**No**
	A Were you fired because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of conduct?	Yes	No
	B Were you fired because you were accused of fraud or the wrongful taking of property?	Yes	No
	C Failure to supervise in connection with insurance or investment related statues, regulations, rules or industry standards of conduct?	Yes	No
6	**Have you ever had an appointment with any insurance company denied or terminated for cause?**	**Yes**	**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?**	**Yes**	**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?**	**Yes**	**No**
	A 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	No
	B 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	No

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

*Use additional paper if necessary

Date of Action: ____/____/_____

Action: _____

Reason: _____

Explanation: _____

_____

Date of Action: ____/____/_____

Action: _____

Reason: _____

Explanation: _____

_____

Licenses

AML Provider: ☐ LIMRA ☐ NONE ☐ OTHER Date Completed: ____/____/_____
If Other, Provide Certificate of Completion

Are you actively securities licensed? ☐ Yes ☐ No ☐ Inactive

If Yes, Broker/Dealer Name: _____ CRD #: _____

Which security licenses do you hold? ☐ 6 ☐ 7 ☐ 24 ☐ 26 ☐ 63 ☐ 65 ☐ 66 ☐ N/A

How does your current B/D treat annuity production?

☐ Not allowed to sell fixed indexed annuities ☐ Supervised only

☐ Supervised, but run through the grid ☐ Treated as an outside business activity

Are you an IAR? ◯ Yes ◯ No

Do you own your own RIA? ◯ Yes ◯ No

Electronic Fund Transfers (EFT)

Account Owner Name (Required): _____

Transit / ABA #: _____

Account #: _____

Financial Institution Name: _____

Brand 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 savings account.

Employment History

*Attach additional info if needed

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

*Attach additional info if needed

Please provide past 5 years of address history:

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: _____

Business History

Total fixed annuity premium: ☐ $1 - $999K ☐ $1M - $1.9M ☐ $2M - $4.9M ☐ $5M+

Total life insurance premium: ☐ $1 - $25K ☐ $26K - $99K ☐ $100K - $249K ☐ $250K+

What types of business do you offer? (check all that apply)

☐ Fixed Annuities ☐ Life Insurance ☐ Variable Annuities ☐ Investment Advisory Business ☐ Securities

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 the 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