



Dear Valued Agent Partner,

We appreciate the opportunity to work with you on your insurance business! We want the setup process to be as easy for you as possible!

In order to set you up to write business with our various insurance carriers, please complete the following contracting questionnaire. We will then input this information into our contracting system, SureLC, which will securely store your information and carrier contracting forms. In the future, as you contract with new carriers, this stored information will be used to complete contracting paperwork on your behalf, increasing speed and efficiency.

The vast majority of our carriers participate in this system but if you do not see a particular Insurance company with whom you want to contract, please contact our Contracting department and we will email you the paperwork. Contact information is provided at the bottom of this page.

Once the questionnaire has been completed, you will also need to complete and sign the Signature Page, Disclosure Release, and EFT Authorization. Signing and submitting the Signature Page and Disclosure Release authorizes Borden Hamman to submit your information through our online licensing program. Signing the EFT Authorization allows for carriers to direct deposit your commissions.

In most of the states and with the majority of the carriers, the sale of Annuities and Long Term Care insurance both require additional CE certification, as well as carrier/product specific training, to be completed BEFORE submitting your first client application. Please call our Licensing department to confirm if this needs to be done when writing an Annuity or LTC case with a carrier for the first time.

Please submit the following documents to our office:

- 1) Completed Questionnaire
- 2) Signed Signature Page
- 3) Signed Disclosure Release Page
- 4) Completed EFT Authorization Page (be sure to attach a copy of a voided check to this page).
- 5) A copy of your individual and/or corporation state insurance license(s).
- 6) A copy of your E&O coverage.
- 7) If applicable, confirmation of completion of training required for Annuities or LTCi.

These documents can be emailed, faxed or mailed to our contracting department. If you have any questions, please give us a call.

Contact Information for Borden Hamman Contracting:

licensing@bordenhamman.com

Ph: (800) 492-9190 or (214)349-4911

Fax: (214) 302-8254 or (800) 664-5311

Mailing Address:

Borden Hamman Agency, 9868 Plano Road, Dallas, TX 75238

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 or 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 regulations?	<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 regulations or statutes?	<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 a Felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1G	Have you ever been charged with a 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 indictment, 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 reason other than lack of sales?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5A	Were you fired because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5B	Were you fired because you were accused of fraud or the wrongful taking of property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5C	Failure to supervise in connection with insurance or investment related statutes, 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 denied or terminated for cause?	<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 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?	<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?	<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?	<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	Are there any unsatisfied 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.

*Replace this page
with a copy of your*

Anti-Money Laundering Certification

IMPORTANT: If you completed your AML training through LIMRA there is no completion certificate issued. We will need the following information in order to pull the required documentation for you.

LIMRA TRAINING INFO:

Name of last AML training taken: _____

Date taken: _____

(Optional) LIMRA website password*: _____

*Your password will only be used if a carrier requires proof of LIMRA training. If you do not want to provide your password we will contact you for a printscreen of the LIMRA completion webpage if it is needed by a carrier.

*Replace this page
with a copy of your*

State Insurance LICENSES

Include:

- **Individual State Licenses** for all states
- **Company State Licenses** for your agency

Note:

You may submit additional state licenses to our office at any time.

*Replace this page
with a copy of your*

EDUCATION REQUIREMENTS

Include:

- Annuity Training Certifications
- Long Term Care Certifications
 - State Specific LTC Partnership Trainings
 - Other LTC Training Certifications

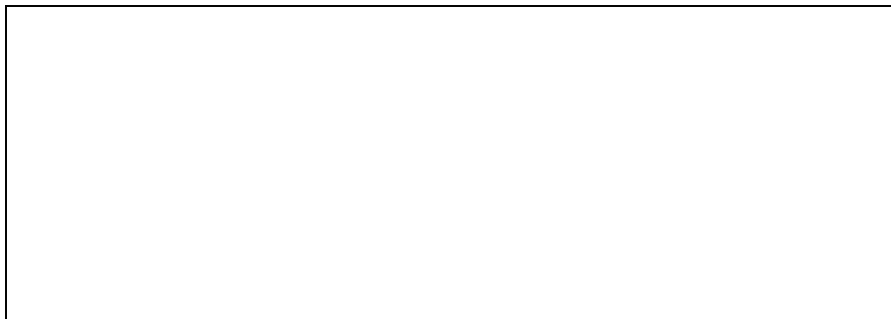
Signature Authorization

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

Request for Carrier Appointment

Please check the box beside the carrier(s) you wish to be appointed with. **Please note that most carriers will not appoint an advisor until new business has been submitted.**

<u>Carrier Name</u>	Request With (Mark all that apply)	Written with in the past 6 months?	Who is contact at the current marketing organization if written business in past 6 months? (Needed to	For BHA Use Only
AXA Equitable				
Allianz				
American Continental				
American Equity				
American General				
American Investors				
American Memorial Life				
American National				
Americo				
Annuity Investors				
Aviva				
Banner				
Fidelity Life				
Forethought				
Genworth				
Great American				
Guggenheim				
ING USA Annuity				
ING/Reliastar				
Industrial Alliance Pac				
Integrity Life				
John Hancock (LTC)				
Legacy Marketing				
Life of Southwest				
LifeSecure (LTC)				
Lincoln Benefit				
Lincoln Financial				
Loyal American				
MedAmerica				
MetLife				
Minnesota Life				
Mutual of Omaha				
Nationwide				
National Life				
National Western				
North American				
Old Mutual				
Penn Mutual				
Phoenix Life				
Presidential Life				
Principal				
Protective Life				
Prudential				
Sagicor				
Security Life of Denver				
Standard Ins Co				
State Life				
Sun Life				

Request for Carrier Appointment

Please check the box beside the carrier(s) you wish to be appointed with. **Please note that most carriers will not appoint an advisor until new business has been submitted.**

<u>Carrier Name</u>	Request With (Mark all that apply)	Written with in the past 6 months?	Who is contact at the current marketing organization if written business in past 6 months? (Needed to	For BHA Use Only
Symetra				
Transamerica Life				
United of Omaha				
United States Life (NY)				
West Coast Life				
Western National				
Western Reserve Life				
William Penn				

Please note that most carriers will not appoint an advisor until new business has been submitted.

Agent Signature: _____

Date: _____

Print Agent Name: _____

Please Complete, Sign and Fax back to the Contracting team at (214) 302-8254 along with the rest of the Contracting Paperwork.