



# *First Protective*

ONE SOURCE.  
ENDLESS POSSIBILITIES.

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## SOLICITOR CONTRACTING SET-UP PACKET

Who are you soliciting for: \_\_\_\_\_

Items of Importance:

- **E&O Insurance** – Please provide a current certificate
- **Anti-Money Laundering Training Certificate** – Please provide a current certificate
- **Do you have a LTC CE certificate?** If so, please provide a copy.
- **Do you have an Annuity Training CE certificate?** If so, please provide a copy.
- **Did you answer “Yes” to any background questions?** If so, please provide a detailed description of the event, consequences and dates of each event. A separate sheet can be provided if needed and is encouraged.
- **Did you complete all blanks?** This information is required by carriers and needs to be complete in order to contract you efficiently.
- **Did you sign all the forms where noted?** Signatures are required.

Please list which carriers are needed immediately due to upcoming business:

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Please return completed forms to:

Attn: Contracting  
First Protective  
2501 20<sup>th</sup> Place S, Suite 300  
Birmingham, AL 35223  
Or

Fax to: (205) 268-3949 or Email: [contracting@firstprotective.com](mailto:contracting@firstprotective.com)

For questions, please call (800) 876-3950, Option 4

**Don't forget to check your contracting & licensing status on-line at [www.firstprotective.com](http://www.firstprotective.com)**

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PLEASE VISIT OUR INTERACTIVE WEBSITE

**WWW.FIRSTPROTECTIVE.COM**

# Solicitor Set-Up Packet

USE HIGH RESOLUTION SCANNER OR HIGH QUALITY FAX

Social Security # \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

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**Title:**  Mr.  Mrs.  Miss **Marital Status:** Married  Single  **Maiden Name:** \_\_\_\_\_  
 Ms.  Dr. Divorced  Widower

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

Resident Insurance License #: \_\_\_\_\_ State: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ DL State: \_\_\_\_\_

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**Residential Address (No PO Boxes)**

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_

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

**Business Address (No PO Boxes)**

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_

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

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**Doing Business As:**  Solicitor/LOA

DBA Solicitor/LOA, list who you are assigning commissions to: \_\_\_\_\_

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# 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

**\*NOTE\* Use additional paper if necessary**

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

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

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

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

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

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

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

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

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

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

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

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

## LICENSES

**\*\*Anti-Money Laundering Training Required\*\***

**AML training must be completed within two years to be valid\*\***

AML Provider:  LIMRA  NONE  OTHER Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

**If Other, Provide Certificate of Completion.**

**\*\*Great American requires training annually: MetLife ONLY accepts training through LIMRA**

Are you a Registered Rep with FINRA?  Yes  No

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

**History**

**Employment** -- Please provide past 5 years of employment history:

From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_

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

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From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_

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

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From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_

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

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**Address History** -- Please provide past 5 years of address history:

From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_

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

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From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_

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

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From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_

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

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# 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.

## 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.



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