



Dear Advisor,

The most meaningful commitment we have made to you is to do all we can to make life insurance easier for you to include in your practice. A significant component of that is to reduce your paperwork. That is why we have created AppointEase™.

AppointEase™ is a safe, secure, information repository that allows us to maintain your license information such that we can order future insurance carrier appointments on your behalf. **What this means to you is you will never have to complete another insurance company appointment packet again!**

The AppointEase™ process should take you no more than 15 minutes. To get started:

- Complete the attached kit and return to Advisor's Choice, **or**
- Simply *call* us. We can interview you and complete the information on the phone, then email the documents to you to review, sign and return.

Additionally, we'll also need you to fax, image or mail to us the following:

- E&O Certificate of Coverage (not necessary if we are an endorsed partner with your BD)
- A Voided Check (so we can pay you electronically)
- AML Certificate page (if NOT completed through LIMRA)

If you have any questions or need further support, please don't hesitate to call us at (855) 437-1090, ext. 106. *We look forward to earning your business!*

Warm regards,

Your Advisor's Choice Team

### **More about AppointEase™:**

With AppointEase, we have secured the electronic contracting, appointment and licensing services of SuranceBay, FINRA BrokerCheck and the National Insurance Producer Registry (NIPR). These services provide almost real-time domestic and foreign state license and appointment processing feeds. AppointEase allows us to gather the data necessary to not only get you appointed with any carrier, but also track and monitor your license renewal dates, E&O expirations and many states' CE status as well.

250 N. Westlake Blvd, Suite 240 Westlake Village, CA 91362

[www.myadvisorschoice.com](http://www.myadvisorschoice.com)

# producer biographical information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
SSN # \_\_\_\_\_ Gender  Male  Female DOB \_\_\_\_\_ United States Citizen ?  Yes  No  
Resident Insurance License # \_\_\_\_\_ Driver License # \_\_\_\_\_ State \_\_\_\_\_  
Designations \_\_\_\_\_ Maiden Name \_\_\_\_\_  
Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Facsimile \_\_\_\_\_  
Email Address \_\_\_\_\_

## Address Information & History

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
If less than 5 years, please list prior address with start and end date:  
Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Doing business as:  Individual  Business Entity  Solicitor/LOA  
If Solicitor/LOA please identify who you assign to: \_\_\_\_\_

## If You Are Doing Business As An Entity Or Firm Please Complete Below

Business Name \_\_\_\_\_ Start Date \_\_\_\_\_  
Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Principal \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_  
Company Type:  Corporation  LLC  LLP  Partnership  
EIN \_\_\_\_\_ Website Address \_\_\_\_\_

## Licenses & CE

AML Completion Date \_\_\_\_\_  
Provider: \_\_\_\_\_ LIMRA: \_\_\_\_\_ RegED: \_\_\_\_\_ Other, (i.e.): \_\_\_\_\_  
FINRA Registered Rep?  Yes  No If "Other" Please Provide Certificate of Completion  
Broker Dealer, if yes: \_\_\_\_\_ CRD: \_\_\_\_\_  
By signing here you are giving Advisor's Choice the permission to request appointments for you on your behalf with the list of Advisor's Choice Insurance Carriers as previously identified: Signature \_\_\_\_\_  
Date \_\_\_\_\_

# legal questions for contracting and appointment requests

Please answer the following questions. If you answer "Yes" to any question please provide a full, detailed explanation including specific dates.

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

1	Have you ever been charged or convicted of or plead guilty to any felony, misdemeanor, federal/state insurance and/or securities or investments regulations or statutes? Have you ever 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 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 regulation or statutes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1E	Have any foreign government, court, regulatory agency, or exchange 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 judgements or other legal proceedings (civil or criminal) (you may omit family court) ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2D	Have you 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 been alleged to have engaged in any fraud?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Have you 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	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 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 other indebtedness from you as a result of any insurance transactions or business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

# legal questions for contracting and appointment requests

8	Has any lawsuit or claim 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 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 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 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 who 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 judgements, 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 "YES" to any questions please provide an explanation on the page provided including 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: \_\_\_\_\_

# legal questions for contracting and appointment requests

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

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

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

Explanation:

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

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

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

Explanation:

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

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

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

Explanation:

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

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

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

Explanation:

## signature authorization

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PLEASE READ THIS AUTHORIZATION, SIGN IN THE BOX BELOW AND SUBMIT THIS FORM AS PER THE INSTRUCTIONS AT THE BOTTOM OF THE PAGE.

I Full Name: \_\_\_\_\_, hereby authorize SureanceBay ("SureLC") and it's 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 email 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 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 and against any and all claims, demands, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which such third party may incur as a result of it's 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.



please print and fax to: 805-246-9231 or e-mail to: [producerservices@myadvisorschoice.com](mailto:producerservices@myadvisorschoice.com)

250 N. Westlake Blvd., Ste. 240 Westlake Village, CA 91362 | toll free: 855-437-1090

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Please replace this page with your most current AML Certificate

Please call the Advisor's Choice AppointEase team at (855) 437-1090 if you would like assistance locating your AML certificate, or for any questions/support completing this package.



Please replace this page with your  
current E&O Certificate

(not necessary if Advisor's Choice has an  
existing endorsed relationship with your  
Broker Dealer)





Please replace this page with a copy of  
your voided check

250 N. Westlake Blvd, Suite 240 Westlake Village, CA 91362

[www.myadvisorschoice.com](http://www.myadvisorschoice.com)