

AGENT PROFILE



Please type or print clearly, a fully complete form means quicker turnaround time for your licensing!

Date: _____
Name: _____ Date of Birth: _____ Male Female
Social Security Number: _____ Drivers License Number: _____ State: _____ Exp: _____
Are you a US citizen? YES NO Place of Birth: _____
What type of appointment are you requesting? Individual Agency
Current home address: _____ Year at this address? _____
City: _____ State: _____ Zip: _____ County: _____
Year _____ and Month _____ moved in to your home address?

If you have been at the above address for less then 7 years please provide details in the comments section.

Beneficiary name: _____ Date of Birth: _____ Social Security Number: _____
Do you have an office address: YES NO Do you work from Home? YES NO
Current employers: _____ Can your employer be contacted: YES NO
Name of manager: _____
Business Name or DBA: _____
Current Business Address: _____ Years at this address? _____
City: _____ State: _____ Zip: _____ County: _____

If you have been above employer for less then 10 years please provide details in the comments section.

Home Telephone Number: _____ Business Telephone Number: _____
Cell phone Number: _____ Fax: _____ Other: _____
E-mail Address: _____ Secondary E-mail Address: _____
Mailing address: Business Home Different address
C/O: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ County: _____

Commissions to be paid via: Direct deposit Check
Check are payable to the: General Agency Agent Sub-Producer Corporation, if selected please complete
Company Name: _____ Company Tax ID# _____

Are you NASD licensed/registered? YES NO
Please check your current licensed/registered series if applicable 5 6 7 22 24 26 52 53 56 63
65 66 Other(s): _____ Broker Dealer Affiliation: _____ Agent CRD Number: _____
Have you completed your AML Anti Money Laundering training? YES NO with LIMRA Date _____
 Other provider _____ Date _____

Please review and circle an answer for each of the following questions. If yes, a written explanation from the agent is required. Please use the comment section below to provide details or send a separate attachment with the agent profile.

Failure to provide supporting evidence and/or an explanation will prolong your appointment process.

YES NO #1 have you ever had your insurance license or securities registration suspended or revoked?

(Continued on the next page)

- YES NO #2 are there any outstanding or pending judgments or liens filed against you?
- YES NO #3 are you involved in any pending or current litigation, investigations or Errors and Omissions claims?
- YES NO #4 have you had any Errors & Omissions claims in the past 3 years?
- YES NO #5 within the past 5 years, have you ever initiated bankruptcy proceedings or been declared bankrupt?
- YES NO #6 within the past 10 years, have you ever had a complaint filed against you?
- YES NO #7 With the exception of routine traffic violations, have you ever been convicted of or plead guilty or no contest in court to a misdemeanor a felony?

Provide details to any Yes answers in Comments section

Are you currently a member of the NAIFA YES NO

Please list your professional designations: _____

Comments:

Attach paper for additional comments

Please attach:

- (1) Copy of your license for states to be licensed in, individual (and agency if being appointed as such)
- (2) Copy of your E&O insurance certificate
- (3) Voided check for direct deposit of your commissions (this would be for commissions coming directly from the carrier)
- (4) Copy of AML Anti Money Laundering course certificate (if available)

The following questions are required by some carriers in order to be appointed at the same this will help us better serve you.

How long have you been a Financial Services/Insurance Professional? _____

What was your total FYC production for the past 2 years?

1 Life \$ _____ Disability \$ _____ Long Term Care \$ _____ Annuities \$ _____

2 Life \$ _____ Disability \$ _____ Long Term Care \$ _____ Annuities \$ _____

List your carrier club and MDRT qualifications and year(s) achieved: (example Presidents club '08 & '07 MDRT '08 & '07)

Is there a product or concept you would like to learn more about? (example LTC or Buy/Sell arrangements)

Please note we might contact you with additional questions based on carrier requirements for appointment.

Financial Services/Insurance Professional Signature

Date

(Continued on the next page)

Date: _____

Name: _____

I, _____, hereby authorize Brokers Central LLC to affix or append a facsimile of my signature, as set forth below, to all required signature fields on all Insurance Carrier documents for which I have authorized Brokers Central LLC to submit on my behalf, for the purposes of being Contracted to sell products of Carriers through Brokers Central LLC.

I affirm that the information I have submitted through the interview process to Brokers Central LLC is correct to the best of my knowledge and acknowledge that I have read and reviewed the documents for which I am authorizing my signature to be affixed to. I acknowledge and agree to indemnify and hold harmless any third party from and against any and all loss arising out of its reliance and acceptance of a facsimile of my signature.

Please sign in the center of the box below.

(Using black or blue pen)

