



Express Contracting

Personal Information

First Name Middle Initial Last Name

Company(ies) you are requesting appointment with

Will you be appointing as an individual or a corporation?

If applying as a corporation, provide a business name and tax ID

Social Security Number

Driver's License Number

Are you applying for advanced commissions?

Indicate Advance Rate

Resident License Number

Agent NPN

Type of License

Agency NPN

Corporate License Number (if applicable)

Type of License

Non-Resident Appointments Desired

FLORIDA Counties Desired

EFT Information

Bank Name

Type of Account

Account Number

Routing Number

Home Address

City

State

Zip Code

County

If less than five years, please provide previous address

City

State

Zip Code

Business Address

City

State

Zip Code

County

Home Phone

Business Phone

Fax

Email

Date of Birth

Place of Birth

Marital Status

Spouse's Full Name

Do you have errors and omissions coverage?

Name of Carrier

Amount

Policy Number

For life/annuity, have you completed AML training?

If so, please provide the provider and training date

FINRA Registered?

Broker/Dealer Name

Designated Beneficiary (if applicable)

Home Address

Relationship

Social Security Number

Date of Birth

Phone Number

Background Information

Years in Insurance

Other carriers that you currently represent

Current Employer

From/To

Previous Employer

From/To

Highest Level of Education

Have you ever been charged with, convicted of, or pled guilty or no contest to a felony or misdemeanor or are any such proceedings pending?

Have you or your company been a defendant in a lawsuit?

Have you ever had an insurance license denied, suspended, or revoked by a state insurance department or been the subject of any disciplinary administrative action or fined or penalized or are there any such proceedings pending?

Do you have an outstanding debit balance with any insurance carrier?

Have you ever filed bankruptcy?

Chapter

Date Filed

Do you currently have any outstanding IRS or state tax liens?

Have you ever had a bond canceled or denied?

Have you ever been in a business venture that failed?

Have you ever been involuntarily terminated or permitted to resign from employment or from an agent or representative appointment, with any insurance or other financial services company other than for lack of production?

If you answered "yes" to any of these questions, please provide a detailed explanation below.

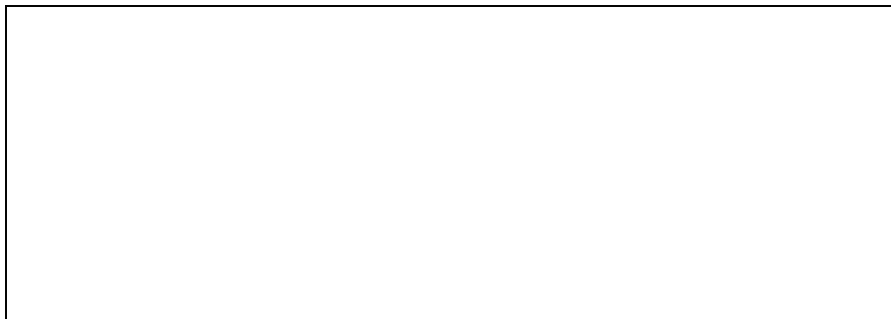
Signature Authorization

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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