



AGENT QUESTIONNAIRE

Welcome to the FSA Easy as 1-2-3 Aggregate Rewards Program!

After completing the following pages, please gather these documents:

- 1) Corporate License(s) if requesting agency/corporate contract (we do not need copies of individual licenses)
- 2) Copy of Voided Check (attach to EFT Authorization)
- 3) E&O Deck Page (if you do not have E&O, please inform us)
- 4) Written Explanation and/or Court Documentation for Any Questions Answered 'Yes' in Legal Questions Section

...and Fax to: 888-241-5747

- ▶ FSA cannot process any contracts or appointments until all documents have been received
- ▶ FSA will not contract an agent with any insurance carrier until a specific request is made
- ▶ Requests for appointment may not be processed until new business is submitted

5. Phone: _____
6. Principal name: _____
7. Principle title: _____
8. Email: _____
9. Corporate address (no p.o. box): _____
10. If assigning commissions, please state entity: _____

SECTION 4 - ABOUT YOUR LICENSES:

1. Resident state license :
2. List non-resident licenses:
3. Are you a registered rep with FINRA? Yes No

4. Do you have a broker dealer? Yes No
(if yes, please list): _____
5. CRD#: _____

SECTION 4 - ABOUT YOUR ANTI-MONEY LAUNDERING TRAINING:

1. Do you certify that you have completed AML training? Yes No
2. Date of course completion: _____
3. Please indicate the training provider for the AML course you took:

SECTION 5- ABOUT YOUR BACKGROUND

Please check YES or NO. If YES, please provide a detailed explanation on a separate page. (except #7, 8 & 20)

| | |
|--|--|
| 1. Have you ever been charged or convicted of or plead guilty or no contest to any Felony, Misdemeanor, federal/state 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 regulation or statute? | <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) (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 reasons 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 transaction or business? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Has any lawsuit or claim 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 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 |

SECTION 9- ABOUT YOUR BACKGROUND *(continued)*

Please check YES or NO. If YES, please provide a detailed explanation on a separate page. (except #7, 8 & 20)

| | |
|---|--|
| 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? | <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 for 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 your 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 authorities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section 6- EXPLANATION FOR "YES" ANSWERS ABOVE

Please If you answered YES to any questions above, please provide an explanation that includes dates, and give on the following page.

SECTION 12- REQUIRED SIGNATURE

By signing below, 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 FSA within 5 days of such change. I agree to allow FSA to utilize the information provided on this questionnaire as well as on my licenses, E&O coverage, direct deposit information, and additional background information to complete the licensing process for the selected carriers. I understand that the purpose of this datasheet is to collect initial data and that FSA will contact me for additional information that may be required. I understand that no contract will be completed without my authorization.

X _____

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**

AGENT AGREEMENT AND REQUEST FOR APPOINTMENT

Between

Financial Security Associates

And

Agent Name: _____ SS# _____

FSA is to appoint me with the following carriers: *(initial each carrier)*

| | | | | | |
|--------------------------|--|-------------------|--|----------------------|--|
| American Equity | | Genworth | | Prudential Financial | |
| American General | | Great American | | Reliance Standard | |
| American National | | Illinois Mutual | | Sagicor | |
| Assurity | | Legacy | | The Standard | |
| Baltimore Life | | Lincoln Financial | | Transamerica | |
| Banker's Life | | Minnesota Life | | VOYA Financial | |
| Banner Life | | Mutual of Omaha | | | |
| Fidelity & Guaranty Life | | North American | | | |
| Forethought | | Protective | | | |

AGREEMENT:

This agreement is made and entered into by and between Financial Security Associates ("FSA"), a NC Corporation, and the individual or business identified above ("Agent").

In consideration for the services FSA provides to Agent and other good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, Agent agrees to hold FSA harmless and indemnify FSA against any and all liability, loss, claims, damages, fines, penalties, lawsuits, judgments, costs or expenses of any nature (including attorney's fees incurred by FSA or imposed upon FSA as a result of any allegedly wrongful or tortuous act (s) or omission(s) on the part of the Agent. Agent acknowledges that FSA recommends and encourages the Agent to maintain an adequate level of Errors & Omissions and that Agent is in no way covered under any such policy that FSA holds. In the event that any commissions, premium or fee paid or credited to the Agent must be refunded, repaid or returned by FSA to the applicable insurer, FSA is authorized but not obligated to make payment on Agent's behalf and will be reimbursed in full by Agent within thirty (30) days of notification that such payment is made. If Agent does not make such reimbursement, FSA is authorized to debit any commissions, which may be due to Agent until such obligation has been satisfied. If said commissions appear to be insufficient to pay Agent's obligation within ninety (90) days, then Advisor will reimburse FSA in full by certified check on or before the expiration of ninety (90) days. Agent will reimburse FSA for any and all costs and expenses including attorney's fees incurred by FSA in collecting such sums from Agent and loss of interest. In the event of litigation to determine respective rights, duties and/or obligations of the parties under this agreement, the prevailing party shall be entitled to attorney's fees.

Agent certifies that the data from statement contained herein are accurate. Agent has read and understands the terms of the Agreement above.

Agent: _____ Date: _____

FSA: _____ Date: _____



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.



PRODUCERID: _____

ELECTRONIC FUND TRANSFERS (EFT)

Account Owner Name (required): _____

Transit/ABA #: _____

Account #: _____

Financial Institution Name: _____

Branch Address: _____

City: _____ State: _____ Zip: _____

Account Type: Checking Savings

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 a copy of the check here for checking account or deposit slip for saving account: