



## Contracting & Appointment Instructions

We appreciate your consideration in allowing BackNine to address your Annuity, Disability, Life, and Long Term Care needs and are excited to have the privilege of working with you.

In order to complete your contracting request, please complete the following contracting questionnaire. This information will be entered into SureLC, our online contracting solution. This system will securely store your information for use with any future contracting. You will only be required to complete the following documents once- we are able to apply this information to all contracts requested through BackNine. The majority of our carriers participate in this system but on occasion, we may send you contracting paperwork or an email link for you to complete.

In order to complete your licensing request, please complete the following:

- Completed Questionnaire
- Signed Signature Page
- Completed EFT Authorization Page (be sure to attach a copy of a voided check to this page)
- A copy of your individual and/or corporation state insurance license(s)
- A copy of your E&O coverage.
- Proof of AML completion (if completed through LIMRA, no proof required).

Please Note:

- **Producer Information Updates:** It is up to the individual producer to provide updates to any changes to their information. If there have been changes to any information on the above forms, please let us know as soon as possible.
- **AML:** The AML (Anti-Money Laundering) refresher course must be completed on a yearly basis. This training can be done online at [http://nailba.limra.com/Nailba\\_default.html](http://nailba.limra.com/Nailba_default.html) or with a 3rd party vendor.
- **Annuities and LTC:** Be sure that any state mandated continuing education is current. Many states require follow up C.E. every 2 years. Applications from agents with non-current C.E. will be rejected as mandated by the Department of Insurance in that state.
- **Annuities:** According to NAIC Model Regulation 275, each agent is required to complete product specific training modules through each insurance carrier prior to the date of an annuity application. Applications from agents who have not completed the training will be rejected, according to each state's requirements. Please check the contracting page on the BackNine Website for latest information on Annuity Suitability Requirements.

These documents can be sent to [licensing@back9ins.com](mailto:licensing@back9ins.com) or faxed to 805-557-1503.

We look forward to growing our business partnership with you!

**Mark Tattersall**  
*President*

A handwritten signature in black ink, appearing to read 'Mark Tattersall', is positioned to the right of the typed name and title.



## Carriers Available Through SureLC

- Allianz
- American Equity
- American General
- American National
- Americo
- Assurity
- Aviva
- AXA Equitable
- Banner/William Penn
- Equitrust
- Fidelity & Guarantee
- Foresters
- Genworth
- Great American
- Hartford
- Illinois Mutual
- ING Companies
- Integrity
- John Hancock
- Lafayette
- Liberty Life
- Lincoln Benefit
- Lincoln Financial
- MedAmerica
- MetLife
- Minnesota Life
- Mutual of Omaha
- Nationwide
- New York Life
- North American
- One America/State Life
- Penn Mutual
- Presidential Life
- Principal
- Protective
- Prudential
- Reliance Standard
- SBLI
- The Standard
- Sun Life
- Transamerica
- United Home Life
- United of Omaha
- Western Reserve Life



## Carriers with Mandatory Product Annuity Suitability Requirements

**All** annuity carriers require that advisors complete product training prior to the sale of any annuity product in states that have adopted NAIC regulations. Please see the BackNine Insurance Services website for the latest list of states that this applies to.

### IMPORTANT:

There are 5 insurance carriers that require advisors to complete Product Specific Training prior to soliciting business in **all states**. You must complete the training courses prior to the date on any application submitted to that carrier.

- American Equity
  - Producers with active code: [www.american-equity.com](http://www.american-equity.com)
  - Non-appointed producers: <https://agent.americanequity.com/stateproducttraining.asp>
- Old Mutual (F&G)
  - <https://training.fglife.com/>
- ING USA
  - [https://www.kfeducation.com/login/checkcompany?companyId=INGAnnuities&newUserActionType=createAccount&submit\\_createNew=Submit](https://www.kfeducation.com/login/checkcompany?companyId=INGAnnuities&newUserActionType=createAccount&submit_createNew=Submit)
- Lafayette Life
  - [https://customer.llic.com/Login/Login.aspx?SCID=UWK9H06WJ\\_BE47BJ..CU\\_QTS](https://customer.llic.com/Login/Login.aspx?SCID=UWK9H06WJ_BE47BJ..CU_QTS)
- North American
  - This carrier requires that product training be completed in all states. The carrier will only provide link to the training when the advisor is contracted.
  - Please request a contract with North American prior to writing ANY business with them.



## Special Notes and Requests

Please address any special notes, requests or assignments in the field below. We will ensure that your contracts are processed according to the information entered below. Feel free to leave this page blank if it is not needed.

Such information would include:

- Assignment of Commissions (to whom?)
- Special Hierarchy Setups
- Special Considerations (Background/Credit items)
- Any other items that do not fit on the standard questionnaire



Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Preferred Method of Correspondence?  Mail  Fax  E-Mail

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Resident Insurance License Number: \_\_\_\_\_ State: \_\_\_\_\_ Gender:  Male  Female

Designations: \_\_\_\_\_ Driver's Lic. No. / State: \_\_\_\_\_

AML Provider:  LIMRA  None  Other (If other, provide Certificate of Completion) Date: \_\_\_\_\_

Do you carry E&O Insurance?  No  Yes (Please provide a copy)

Do you assign commissions?  No  Yes, assign to \_\_\_\_\_

Are you securities licensed?  No  Yes, applicable licenses: \_\_\_\_\_

If FINRA registered, what is the name of your broker dealer? \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Spouse DOB: \_\_\_\_\_ Anniversary: \_\_\_\_\_

Hobbies: \_\_\_\_\_ Special Interests: \_\_\_\_\_ Charities: \_\_\_\_\_

Complete the following if DBA a business entity

Company/Corporation Name: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_ Principal/Title: \_\_\_\_\_

Your Title (if not Principal): \_\_\_\_\_ Corporate E-Mail: \_\_\_\_\_

Corporate Phone: \_\_\_\_\_ Corporate Fax: \_\_\_\_\_

Corporate Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_



It is agreed by and between BackNine Insurance Services (hereinafter referred to as MGA) and the producer whose name appears on below (hereinafter referred to as Producer) that in consideration of MGA's continues goodwill and patronage:

MGA agrees that commission payment, if any, made by MGA to Producer shall be vested in Producer to the same extent that commissions on the same transaction are vested in MGA by applicable insurance company, with the exception of Group Insurance which may be subject to a Broker of Record direction.

In the event that any commission, premium or fee paid or credited to Producer must be referenced of returned by MGA to the insurer, MGA is authorized, but not obligated, to make payment on Producer's behalf and will be reimbursed for this payment in full by Producer within thirty (30) days of the date of such payment. If such payment is not make by Producer, then MGA is authorized to debit any commissions which may be due Producer until such obligation has been fulfilled. Producer will also reimburse MGA for any and all costs and expenses (including reasonable attorney's fees) incurred by MGA in collection of any such sums from Producer.

Producer agrees to hold MGA harmless and indemnify MGA against any and all liability, loss, damages, judgments, cost or expenses of any nature, type or kind (including reasonable attorney's fees) incurred by MGA or imposed upon MGA as a result of any allegedly wrongful or tortuous act or omission on part of the Producer.

The Agent/Company consents to the transmission of information, whether personal, commercial or of an advertising nature, by way of the fax number or e-mail address set forth herein or other fax numbers or e-mail addresses of the agent/company.

In the event of litigation to determine the respective right, duties and/or obligation of the parties under this agreement, the prevailing party shall be entitled to reasonable attorney's fee.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Thank You For Doing Business With BackNine Insurance Services***

**History**

**\*NOTE\* Attach additional info if needed**

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

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

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

Location: \_\_\_\_\_

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

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

Location: \_\_\_\_\_

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

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

Location: \_\_\_\_\_

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

**\*NOTE\* Attach additional info if needed**

From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ **City/State Not Needed**

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

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From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ **City/State Not Needed**

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

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From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ **City/State Not Needed**

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

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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?	Yes	No
1A	Have you ever been convicted of or plead guilty or no contest to any Felony?	Yes	No
1B	Have you ever been convicted of or plead guilty or no contest to any Misdemeanor?	Yes	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?	Yes	No
1D	Have you ever been convicted of or plead guilty or no contest to a violation of state insurance department regulation or statute?	Yes	No
1E	Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud?	Yes	No
1F	Have you ever been charged with a Felony?	Yes	No
1G	Have you ever been charged with a Misdemeanor?	Yes	No
1H	Have you ever been on probation?	Yes	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?	Yes	No
2A	Are you currently under investigation by any legal or regulatory authority?	Yes	No
2B	Have you been under investigation by any insurance company?	Yes	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).	Yes	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?	Yes	No
3	Have you ever been alleged to have engaged in any fraud?	Yes	No
4	Have you ever been found to have engaged in any fraud?	Yes	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?	Yes	No
5A	Were you fired because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of conduct?	Yes	No
5B	Were you fired because you were accused of fraud or the wrongful taking of property?	Yes	No
5C	Failure to supervise in connection with insurance or investment related statutes, regulations, rules or industry standards of conduct?	Yes	No
6	Have you ever had an appointment with any insurance company denied or terminated for cause?	Yes	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?	Yes	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?	Yes	No
8A	Has a bonding or surety company ever denied, paid on or revoked a bond for you?	Yes	No
8B	Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled your coverage?	Yes	No
9	Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?	Yes	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?	Yes	No
11	Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor?	Yes	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?	Yes	No
13	Have you had any interruptions in licensing?	Yes	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?	Yes	No
14A	Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?	Yes	No
14B	Has any state, federal, or self-regulatory agency filed a complaint against you, fined or sanctioned you?	Yes	No
14C	Have you ever been the subject of a consumer initiated complaint?	Yes	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?	Yes	No
15A	Have you personally filed a bankruptcy petition or declared bankruptcy?	Yes	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?	Yes	No
15C	Is the bankruptcy pending?	Yes	No
16	Are there any unsatisfied judgments, garnishments or liens against you?	Yes	No
17	Are you connected in any way with a bank, savings & loan association, or other lending or financial institution?	Yes	No
18	Have you ever used any other names or aliases?	Yes	No
19	Do you have any unresolved matters pending with the Internal Revenue Service or other taxing authority?	Yes	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

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

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.



PRODUCERIDXXX

### ELECTRONIC FUND TRANSFERS (EFT)

Account Owner Name (Required): \_\_\_\_\_

Transit/ABA #: \_\_\_\_\_

Account #: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

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

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

Account Type:  Checking  Saving 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 copy of the check here for checking account or  
deposit slip for saving account:

# 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.