



American Brokerage Co.
Making Life Easier

American Brokerage Company
One Vantage Way, Ste E-100
Nashville, Tennessee 37228
(800) 869-8292

- Remember to Include:
- [] Copy of E&O
- [] Copy of License
- [] Voided Check

Agent Data Form

Agent Information

Full Name _____ [] Male [] Female
First Middle Last

Social Security Number _____

Date of Birth _____ Driver License # _____ State _____

Please list other names or aliases _____

Resident State and License Number: _____

Home Address _____ City _____

State _____ Zip _____ Home Phone _____

Business Address _____ City _____

State _____ Zip _____ Work Phone _____

How many years at current address? _____ If less than 5, provide previous

Previous address _____ City _____

State _____ Zip _____

Fax _____ Mobile Phone _____

E-Mail Address _____

Agency Information

(Complete only if you report to an agency or corporation)

Business Name _____

Principal of Business (must be licensed) _____

Tax ID Number _____ Type of Business (LLC? Partnership?) _____

Business address _____ City _____

State _____ Zip _____

Previous address _____ City _____

State _____ Zip _____

Work Phone _____ Fax _____

Web-Site _____

E-Mail Address _____

Employment History (5 Years)

From: ___/___/___ To: ___/___/___

Company: _____ Position: _____ Location: _____

From: ___/___/___ To: ___/___/___

Company: _____ Position: _____ Location: _____

Licensing Info

AML Provider LIMRA None Other: _____

Date Completed: ___/___/___

Are you a registered rep with FINRA? Yes No

If yes, Broker/Dealer: _____ CRD#: _____

Are you requesting Commission Annualization? Yes

(Requires Management Approval)

No

For EFT Commissions, please include a voided check

Note: most carriers require EFT

Background Questions

- 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
- 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
- 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 a reason other than lack of sales? 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 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

Background Questions (Continued)

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? 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

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

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: _____

Details

If You answered "Yes" To any background questions, please provide details here or on a separate sheet. This information will be sent to the Insurance Company along with your official contract:

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.

A large empty rectangular box with a black border, intended for the signatory to provide their signature in black ink.