

New Producer Appointment Packet



A FULL-SERVICE BROKERAGE FIRM

Carrier Appointments Simplified!

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Raleigh, NC 27615
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Fax: (877) 821-7191
licensing@gpagency.com
www.gpagency.com



GPAgency's

Time-Saving, One-Form Appointment Process

SECTION 1: ABOUT YOU

Legal name (as it appears on state license):

Residence phone #: _____ Cell phone #: _____

Residence address — Street name: _____

City: _____ State: _____ Zip Code: _____

At current address since — Month: _____ Year: _____

If applicable, list prior addresses in previous 5 years:

Email Address: _____

Birth date — Month: _____ Day: _____ Year: _____

Birthplace — City: _____ State: _____

Are you a U.S. Citizen? YES NO If 'no', please provide visa/resident alien #: _____

Social Security Number: _____

Married: YES NO

Driver's license #: _____ Issue Date: _____ Expiration: _____

Lines of business (check all that apply): Life DI LTC Annuity

Have you completed LTC Partnership Training for your state? YES NO

Have you completed Anti-Money Laundering (AML) Training? YES NO

If 'yes', please provide:

AML Vendor: _____ Date of Training: _____

AND attach **current** documentation of training (screen shot of it on the LIMRA site will suffice).

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SECTION 2:

Your Agency or Business Entity

Name of Business Entity:

Business Address – Street:

City:

State:

Zip code:

Business Phone #:

Business Fax #:

Website Address:

Questions?

Contact Christine Barbour:
800-283-8376 or
licensing@gpagency.com



Complete section below ONLY if you want your commissions paid to your Agency or Corporation.

Note: In order to have your commissions assigned to a corporation, most carriers require your corporation to be licensed in the state in which you are doing business.

Check to assign your commissions to an agency as an employee

Business Tax ID #:

Principal of Agency:

Is this person licensed for insurance: YES NO

If no, are you able to sign as a signing officer or transact business on behalf of the agency? YES NO

If 'yes,' what is your title:



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SECTION 3: Errors & Omissions Coverage

Do you currently have E&O Coverage: YES NO

Name of E&O Carrier:

Certificate Holder Name:

Policy #:

Coverage Limit Per Claim:

Aggregate Limit:

Effective Date:

Expiration Date:



Section 4: Log-in Credentials

Please provide a user ID and Password so we can register you for access to our producer portal at www.gpagecy.com. Through the producer portal you will have access to quoting apps, case status, carrier forms, i-Go E-app, and more.

If you have already registered for access to our producer portal, we will need the User ID that you selected when you registered so we can set up full access to all our tools — otherwise, you will have limited access. *Can't remember your User ID?* Just let us know and we'll look it up.

User ID:	
Password:	

No need to provide a password if you are already registered on our website.



Scan to access website

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SECTION 5: Background

Please check YES or NO. If **Yes**, please provide a detailed explanation on a separate page.

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 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 in 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 co-defendant 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 you 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. Were you fired because you were accused of 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 to 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

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SECTION 5: Background—continued

Please check YES or NO. If **Yes**, please provide a detailed explanation on a separate page.

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
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 or 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
20. Have you ever been subject to an Anti-Money Laundering (AML) investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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AGENT AGREEMENT AND REQUEST FOR APPOINTMENT

Between Gene Pleasants Agency, Inc., And

Agent Name: _____ SS#: _____

GPA is authorized to appoint me with any of their carriers unless otherwise stated.

AGREEMENT: This agreement is made and entered into by and between Gene Pleasants Agency ("GPA"), a NC Corporation, and the individual or business identified above ("Agent").

In consideration for the services GPA provides to Agent and other good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, Agent agrees to hold GPA harmless and indemnify GPA against any and all liability, loss, claims, damages, fines, penalties, lawsuits, judgments, costs or expenses of any nature (including attorney's fees incurred by GPA or imposed upon GPA as a result of any allegedly wrongful or tortuous act(s) or omission(s) on the part of the Agent. Agent acknowledges that GPA 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 GPA holds. In the event that any commissions, premium or fee paid or credited to the Agent must be refunded, repaid or returned by GPA to the applicable insurer, GPA 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, GPA 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 Agent will reimburse GPA in full by certified check on or before the expiration of ninety (90) days. Agent will reimburse GPA for any and all costs and expenses including attorney's fees incurred by GPA in collecting such sums from Agent and loss of interest. In the event of litigation to determine respective rights, duties and/or obligation of the parties under this agreement, the prevailing party shall be entitled to attorney's fees.

GPA is a VECTOR ONE subscriber. Accordingly, as part of our contracting process, GPA will query VECTOR One's secured web portal to determine if another VECTOR ONE subscriber has posted that you have a commission related debit balance. If another VECTOR ONE subscriber has claimed that you have a debit, GPA reserves the right to refuse to appoint you.

If, in the event of separation from GPA, voluntary or otherwise and you have a commission related debit balance that is left to roll up to GPA, that debit balance will be immediately posted on VECTOR One's secured web portal. The posting will be removed from VECTOR ONE upon payment in full by you to GPA.

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

Agent: _____ Date: _____

GPAgency: _____ Date: _____

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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 Vertafore 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 Vertafore 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 attorney's 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 attorney's 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.

PRODUCER ID: _____

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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 savings account.

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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	INCORRECT
My Insurance Agency Inc. John Donald Agent 123 Main St. City, State 12345	My Insurance Agency Inc. 123 Main St. City, State 12345

If an individual’s name is not listed correctly, please provide a letter from the E&O Carrier listing the agents covered under agency policy.

Gene Pleasants Agency has General Agent, Regional General Agency & Marketing Organization contract levels available. These contracts are assigned based on agents history of premium volumes and projected premium volumes.

Have you ever had an appointment terminated for a reason other than non-production or have you ever had a vector? Yes No (If yes, please explain below)

ACCEPTED AND AGREED

By: _____ Date: _____
Producer /Agent (print & sign)

By: _____ Date: _____
GPAgency

NOTE: If IMO or sales manager level is being requested, please provide supporting documentation of your prior 12 months of production with your previous carriers.

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YOU ARE ALMOST FINISHED!

After completing the previous pages, please gather these documents:

- Corporate License(s) if requesting agency/corporate contract (we do not need copies of individual licenses)
- Copy of a Voided Check (attach to EFT Authorization)
- E&O Declaration Page (if you do not have E&O, please inform us)
- Written Explanation and/or Court Documentation for any Questions Answered 'Yes' in Section 5
- Current documentation of AML Training (screen shot of it on the LIMRA site will suffice)

.....and FAX to: **877-821-7191**.

Required Signature

By signing below, I am authorizing GPA to create a personal USER ID and PASSWORD in the Efficient Forms' Efficient Contracting Solution using the information provided in this packet. I understand I will receive an email from GPA confirming my USER ID and PASSWORD. I agree to allow GPA to enter the information provided in this packet as well as the attached licenses, E&O coverage, direct deposit information, and additional background information for use in the licensing process for the carriers selected. I understand that the purpose of this packet is to collect initial data and that GPA will contact me for additional information that may be required. I understand no contract will be complete until I sign a unique signature form generated from the Efficient Forms' Efficient Contracting Solution and enter my unique PIN.

X _____

Please Note:

- ⇒ GPA cannot process any contracts or appointments until all documents have been received.
- ⇒ GPA 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.

We look forward to partnering with you!

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