MVP Service Solutions has now moved to online contracting. We will take all necessary steps to get you contracted and, if you wish, arrange to have your commissions deposited directly into your checking or savings account.

You can save time by taking advantage of our fillable forms, which can allow this paperwork to be completed faster! Or, you can print it out.

If using fillable forms, once all entries are made, print and <u>sign where required</u> on the Agent Data Sheet, Background Questionnaire, and Signature Page.

(Be sure to keep a copy for your records!) \*

Complete the Agent Data Sheet & Background Questionnaire. (Be sure to provide your signature in the CENTER of the box on the Required Signature page.) If you wish the convenience of direct deposit, complete the form and send along with a voided check. To any <u>yes</u> answers please provide a letter of explanation and supporting documents.

To expedite processing, we must receive a copy of your agent license(s) and E&O as soon as possible.

You may email all of the above to: <a href="mailto:concierge@directbenefits.com">concierge@directbenefits.com</a> Any questions please give us a call at 800-620-5010 Option #4

As you will see on the Agent Data Sheet, some carriers require Errors & Omissions coverage. E & O coverage is a worthwhile investment, considering the affordable premium versus the high levels of liability the policy covers. And Coverage is pro-rated for the period you are covered. Be sure to include a copy of your E & O contract when submitting this paperwork.

<sup>\*</sup> Please note: This type of fillable form is unable to save information entered into fields. Once completed, you will need to print physical copies (One for yourself, one to sign/submit to our office).

# **Producer Set-Up Packet**

#### **USE HIGH RESOLUTION SCANNER OR HIGH QUALITY FAX**

Social Security #:	Gender: _	Date of	Birth: _		
Email:		_Resident Insu Lic. # & State	rance: _		
Last Name:	First Nam	ne:			_MI:
Phone: Fa	x:	(	Cell:		
Title:Marital Status:		Maiden	Name: _		
Driver's Lic. #:			_DL State	e:	
Residential Address (No PO Boxes	<u>s)</u>	Start Date:		/ City/Sta	te Not Needed
Line 1:	Line 2: _		Zip c	ode:	
Mailing Address (No PO Boxes)		Start Date:		/ City/Sta	 te Not Needed
Line 1:	Line 2:		Zip	code: _	
Doing Business As: Individ	lual	Business Enti	ty	S	olicitor/LOA
If DBA Solicitor/LOA, list who you are as	signing commis	ssions to:			
Complete the fo	llowing only	if DBA a Busi	ness En	tity:	
EIN:Business Name:		We	ebsite:		
Your Title:Phone:		Fax:			
Principal Name:	Principal T	itle:	Email	:	
Company Type: Corporation	Partners	ship LLC		LLP	
Corporate Address (No PO Boxes)	l	Start Date:		/ Citv/Sta	 te Not Needed
Line 1:	Line 2:			-	_

### **Legal Questions for Contracting and Appointment Requests**

	e answer the following questions. If you answer YES to any question, be sure to provide a full, detailed explanation	including spec	cific 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 cpf 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 regulation?	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 ap{ Felony?	Yes	No
1G	Have you ever been charged with ap{ 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 indictmentu, 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 a reason other than lack of sales?	Yes	□No
5A	Y gtg"{qw'vgto kpcvgf ltguki pgf "dgecwug"{qw'vy gtg"ceewugf "qh'xkqrcvkpi "kpuwtcpeg"qt kpxguvo gpv'tgrcvgf "urcwwgu."tgi wrcvkqpu."twrgu"qt "kpf wuxt {"urcpf ctf u"qh'eqpf wevA	Yes	No
5B	"Y gtg"{qw'\gto kpc\gf ltguki pgf 'dgecwug"{qw'y gtg"ceewugf ''qh'htcwf ''qt''y g'y tqpi hwrl\cmkpi ''qh'r tqr gt \{A'	Yes	☐ No
5C	Failure to supervise in connection with insurance or investment related statues, regulations, rules or industry standards of conduct?	Yes	□No
6	Have you ever had an appointment with any insurance company terminated for cause or been denied an appointment?	Yes	□ <sub>No</sub>
	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

Sign	ature: Date:			
	attest that the information I have provided is true to the best of my knowledge. I acknowledge that nges, I will notify my agency office within 5 days of such change. Further, I understand that my age when I need to answer carrier specific questions.			
If you answered any questions YES, provide an explanation that includes dates, actions, and descriptions. Attach additional paper if necessary.				
19	Do you have any unresolved matters pending with the Internal Revenue Service or other taxing authority?	Yes	□ No	
18	Have you ever used any other names or aliases?	Yes	□ No	
17	financial institution?	Yes	□ No	
16	Have you ever had any judgments, garnishments, or liens against you?  Are you connected in any way with a bank, savings & loan association, or other lending or	Yes	□ No	
15C	Is the bankruptcy pending?	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	
15A	Have you personally filed a bankruptcy petition or declared bankruptcy?	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	
14C		Yes	☐ No	
14B	Has any state, federal, or self-regulatory agency filed a complaint against you, fined o sanctioned you?	Yes	No No	
14A	Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?	Yes	No 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	
13	Have you had any interruptions in licensing?	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	
11	accountant, or federal contractor?	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?  Has any state or federal regulatory agency revoked or suspended your license as an attorney,	Yes	☐ No	
9	Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?	Yes	□ No	
8B	Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled your coverage? Or, have you ever had a claim filed against your E&O carrier?	Yes	☐ No	
8A	Has a bonding or surety company ever denied, paid on or revoked a bond for you? Or, have you ever had a claim filed against your surety company?	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	

## **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
<u>LICENSES</u>
AML Provider: LIMRA NONE OTHER Date Completed:/
If Other, Provide Certificate of Completion.
Are you a Registered Rep with FINRA? Yes No
If Yes, Broker/Dealer Name:
Please list any Honors you currently hold:

#### **ELECTRONIC FUND TRANSFERS (EFT)**

Account Owner Name (Req	uired):			
Transit/ABA #:				
Account #:				
Financial Institution Name:				
Branch Address:				
City:	State:		Zip:	
Account Type: Checking	g Saving	Phone:		
By signing below I hereby a necessary, adjustments for indicated on this form. This received written notification authorization is subject to the agreement, or loan agreement.	credit entries in error to authority is to remain in from me of its terminati ne terms of any agent or	the checking ar full effect until ton. I understand r representative	nd/or savings accour he Company has I that this contract, commissic	on
Signature:		_ Date:	· · · · · · · · · · · · · · · · · · ·	
Attach co	py of the check he deposit slip for s		•	

#### <u>History</u>

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

Employment -	- Please provi	de past 7 years	of employment history:
From:/	_/ To: _		
Company:			Position:
Location:			
From:/	_/ To:		
Company:			Position:
Location:			
From:/	_/ To:		
Company:			Position:
Location:			
Address Histo	<u>ry</u> Please p	rovide past 7 yea	ars of address history:
		*N	OTE* Attach additional info if needed
From:/	/ To:		City/State Not Needed
Line 1:		Line 2:	Zip code:
From:/	_/ To:		City/State Not Needed
Line 1:		Line 2:	Zip code:
From:/	_/ To:		City/State Not Needed

# 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.

#### **Signature Authorization**

PLEASE READ THIS AUTHORIZATION, SIGN IN THE BOX BELOW AND SUBMIT THIS FORM BY FOLLOWING THE INSTRUCTIONS PROVIDED ON THE COVER PAGE.
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.

**PRODUCERIDXXX** 



#### **Request for Taxpayer Identification Number and Certification**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
n page 3.	following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
e. nsor	"Individual/solid proprietor or " = 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Exempt payee code (if any)
Print or type. Specific Instructions on page	LLC if the LLC is electified as a single member LLC that is digregarded from the owner unless the owner of the LLC is	Exemption from FATCA reporting code (if any)
Procific I	is disregarded from the owner should check the appropriate box for the tax classification of its owner.	'Applies to accounts maintained outside the U.S.)
See <b>Spe</b>	5 Address (number, street, and apt. or suite no.) See instructions.  Requester's name and apt. or suite no.)	d address (optional)
Š	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	
Par		
	The interest of the control of the c	rity number
	p withholding. For individuals, this is generally your social security number (SSN). However, for a nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other	_
entitie	s, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>	
TIN, la		
	in the deceant is in more than one name, see the instructions for line 1.7 the cost what warre and	dentification number
Numb	er To Give the Requester for guidelines on whose number to enter.	
Par	II Certification	
Under	penalties of perjury, I certify that:	
2. I an Ser	number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issung not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been no vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the onger subject to backup withholding; and	tified by the Internal Revenue
3. I an	a U.S. citizen or other U.S. person (defined below); and	

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because

Sign Here	Signature of U.S. person ►	Date <b>▶</b>			
acquisition	cquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments ther than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.				

#### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,



# Schedule of Commissions Level 3

Guaranteed Life
Year 1
55.00%

Grow Up Plan			
Face Amounts ≤ \$24,999	Face Amounts ≥ \$25,000		
Year 1	Year 1		
40.00%	50.00%		

College Plan				
10 - 15 Years 16 - 20 Years Single Premium 5 Years of Premium				
Year 1	Year 1	Year 1	Year 1	
9.00%	17.00%	2.75%	3.50%	

Accident Protection – All States Except FL	
Face Amounts ≤ \$249,999	Face Amounts ≥ \$250,000
Year 1	Year 1
45.00%	55.00%

Accident Protection - FL	
Face Amounts ≤ \$99,999	Face Amounts ≥ \$100,000
Year 1	Year 1
45.00%	55.00%

Writing Agents cannot be paid more than Level 4 compensation.

Compensation equals percent shown minus downline commissions paid.