

Dear Valued Agent,

Welcome to Level Four Insurance Services! In an effort to make contracting as efficient as possible, we are providing a leading edge technology package that will improve the contracting process. By completing this packet, we can set up your appointment and contracting with over 25 carriers. This is a onetime process that will not have to be repeated as long as you are utilizing Level Four Insurance Services as your general agency.

We can submit electronic contracting for the following companies, but more carriers will be added upon request. If you do not see a carrier that your prefer to do business with, send me an e-mail with your request.

AXA Equitable	Allianz Life Ins. Co	American Equity
American General Life Co.	American National	Aviva Life & Annuity
Banner Life	Forethought	General American Life
Genworth Life Ins	Genworth Life & Annuity	Hartford Life
ING Reliastar Life Ins. Co.	ING USA Annuity & Life	Integrity Life
John Hancock Life Ins. Co	Lincoln Benefit Life	Lincoln National Life
MetLife Investors Ins.	OM Financial Life	Pacific Life Ins.
Principal Life Ins.	Prudential Ins Co of America	RBC (Liberty Life)
Sun Life Assurance of Can	Transamerica Life Ins.	West Coast Life
Western Reserve Life		

Enclosed you will find a two page data sheet with all the information needed to set up your contracting profile. Please fill out the data sheet entirely and return it via e-mail or fax to my attention.

I look forward to working with you in the future!

If you have any questions or concerns, please do not hesitate to call me.

Regards,

Melissa Thompson  
Licensing & Contracting  
(866) 834-1040  
MThompson@levelfourgroup.com  
Level Four Insurance Services, LLC

# Next Level Contracting

Please send all documents  
 Attn: Melissa Thompson, LFIS  
 Phone: (866) 834-1040  
 Fax: (972) 665-0885  
 Email: mthompson@levelfourgroup.com

**Please include this data sheet along with the following:**

- E&O certificate/declaration page (name MUST be visible)
- Copies of ALL state licenses
- Voided check for direct deposit/EFT
- Separate page for "yes" answer explanations
- Copy of AML certificate (if not done through LIMRA)
- Three Authorization forms (Direct Deposit, Credit Report, E-Signature Authorization)

All information below will be entered into our system and will be followed by THREE documents (Direct Deposit, Credit Report, E-Signature Authorization) via E-mail that need to be signed with a dark marker (ex: sharpie).

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

SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Gender: M/F

E-Mail: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Residential Address** (No P.O. Boxes)

Street: \_\_\_\_\_ Apt: \_\_\_\_\_

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

**Business Address**

Street: \_\_\_\_\_ Suite: \_\_\_\_\_

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

**Mailing Address** (circle one): Residence/Business

**Are you currently registered with FINRA?:** Yes/No

If yes- Broker/Dealer: \_\_\_\_\_ CRD#: \_\_\_\_\_

**Have you completed AML (Anti- Money Laundering) training in the last 12 months?:** Yes/No

Date completed: \_\_\_\_\_

Through (check one): - LIMRA \_\_\_\_ -Other \_\_\_\_ (Who? \_\_\_\_\_) -None \_\_\_\_

\*\*\*Please contact me for information about AML training if you have not completed the course within the last 12 months. *This is a requirement for all Carriers.*\*\*\*

[http://nailba.limra.com/Nailba\\_default.html](http://nailba.limra.com/Nailba_default.html)

**Please circle “Yes” or “No” for ALL of the following questions.**

For any “Yes” answers, please *type* on a separate page your explanation. **\*\*Please note; Some “Yes” answers may require additional questions and explanations.\*\***

1. Have you ever been charged or convicted of or plead guilty to any Felony, Misdemeanor, federal/state insurance and/or securities or investment regulations and statutes? Have you ever been on probation?	Yes/No
2. Have you ever been or are you currently being investigated, have pending indictments, 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 any reason other than lack of sales?	Yes/No
6. Have you ever had an appointment with any insurance company terminated for cause or been denied an appointment?	Yes/No
7. Does any issuer, insured, or other person claim any commission chargeback or other indebtedness from you as a result of 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
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 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 ever 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
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 IRS or other taxing authority?	Yes/No

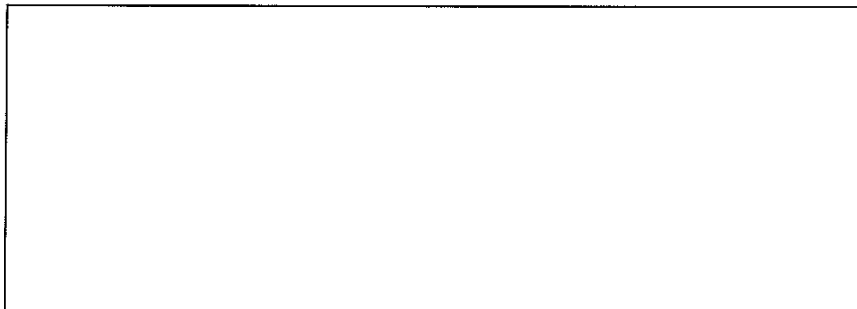
**Signature Authorization**

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.

A large, empty rectangular box with a thin black border, intended for the user to sign in the center.

**Credit Report Authorization Form**

I hereby authorize Surancebay, LLC, and its customers, which may include insurance providers and general agencies, (collectively, the "Authorized Parties") to review and/or verify any information provided by me or any third party pertaining to me, and to obtain and/or review additional information from any source, including through a consumer report and/or investigative consumer report, whereby information is obtained through credit reporting agencies, previous employers, and regulatory, state and local law enforcement databases and others, for purposes of establishing my eligibility for appointment and retention as an agent or representative of the Authorized Parties.

I further agree that this authorization to obtain a consumer report and other information about me shall be ongoing for any other legitimate purpose consistent with this Authorization Form as determined by the Authorized Parties.

In the event the undersigned resides in a state with a legal requirement to provide a free copy of certain consumer reports, Surancebay, LLC will instruct the applicable consumer reporting agency to send a copy of any such reports obtained hereunder to the address provided below.

The undersigned further waives any right or claim which the undersigned would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent. A copy of this authorization is as valid as the original.

Acknowledged and agreed to this \_\_\_\_ day of \_\_\_\_\_, 2010, by:

X \_\_\_\_\_  
*Signature*

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

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

Social Security Number: \_\_\_\_\_

### 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: