



Dear Valued Agent,

We appreciate your consideration in allowing Tennessee Brokerage Agency (TBA) to address your life insurance appointment needs and we are excited to have the privilege of offering you our services.

In order to complete your licensing request, please complete the following licensing questionnaire. The questionnaire information will be submitted through our online licensing system, *SureLC*, which is a program that allows us to save your information in our system. In the future, should you desire to be appointed with any additional carriers, TBA will already have your information saved on file, allowing us to submit and complete your appointment in a timely manner.

Once the questionnaire has been completed, you will also need to complete and sign the Signature Page, Disclosure Release, and EFT Authorization. Signing and submitting the Signature Page and Disclosure Release authorizes TBA to submit your information through our online licensing program. Signing the EFT Authorization allows for carriers to direct deposit your commissions. Please submit the following documents to our office:

- 1) Tennessee Brokerage Agency Licensing Questionnaire.
- 2) Signed Signature Page
- 3) Signed Disclosure Release Page
- 4) Signed EFT Authorization Page (be sure to affix copy of a voided check to this page).
- 5) A copy of your individual and/or corporation insurance license.
- 6) A copy of your E&O coverage.

These documents can be faxed to 865-588-9577 Attn: Heather Meaders or emailed to [hmeaders@tba.com](mailto:hmeaders@tba.com).

For questions regarding the completion of this packet, please contact Heather Meaders at 800-624-4502.



# BROKERAGE ADVISOR AGREEMENT AND DATA FORM

-- BETWEEN --

-- AND --

Tennessee Brokerage Agency, Inc.  
A Tennessee Corporation  
PO Box 11767  
Knoxville, Tennessee 37939-1767

Advisor, as identified as

Individual Name \_\_\_\_\_

Business Name \_\_\_\_\_

Licensed as: Individual      Advisor      d/b/a  
Corporation      Partnership

Resident State License Number: \_\_\_\_\_

Tax ID # \_\_\_\_\_

State of Incorporation \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Fax \_\_\_\_\_

Residence Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Business Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Residence Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Liability Insurer for Errors & Omissions Coverage: \_\_\_\_\_

E & O Coverage Amounts (life): \$ \_\_\_\_\_ per claim \$ \_\_\_\_\_ aggregate (attach copy of face page)

E & O Insurance held:      Individually      In Business Name

Are all Licensed Employees Covered?      Yes      No

Your Primary Life Carrier(s):  
\_\_\_\_\_

Can we use your name as a reference when we talk with new Advisors?      Yes      No

## AGREEMENT

This agreement is made and entered into by and between Tennessee Brokerage Agency, Inc. ("TBA"), a Tennessee Corporation, and the individual or business identified above ("Advisor").

In consideration for the services TBA provides to Advisor and other good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, Advisor agrees to hold TBA harmless and indemnify TBA against any and all liability, loss, claims, damages, fines, penalties, lawsuits, judgments, costs or expenses of any nature (including reasonable attorney's fees incurred by TBA or imposed upon TBA as a result of any allegedly wrongful or tortuous act(s) or omission(s) on the part of the Advisor. Advisor agrees to maintain from the date of this Agreement forward at Advisor's expense, liability insurance coverage with limits of coverage acceptable to TBA. This insurance coverage will include protection against any error or omissions on the part of the Advisor and Advisor's officers, directors, employees, agents and independent contractors. Advisor will be listed as the named insurer. Advisor agrees to provide proof of such insurance to TBA including, but not limited to, a copy of the applicable policy or policies upon the request of TBA. Advisor agrees to notify TBA of any change in coverage within thirty (30) days of said change.

In the event that any commission, premium or fee paid or credited to the Advisor must be refunded, repaid or returned by TBA to the applicable insurer, TBA is authorized but not obligated to make payment on Advisor's behalf and will be reimbursed in full by Advisor within thirty (30) days of notification that such payment is made. If Advisor does not make such reimbursement, TBA is authorized to debit any commissions, which may be due to Advisor until such obligation has been satisfied. If said commissions appear to be insufficient to pay Advisor's obligation in full within ninety (90) days, then Advisor will reimburse TBA in full by certified check on or before the expiration of ninety (90) days. Advisor will also reimburse TBA for any and all costs and expenses including reasonable attorney's fees incurred by TBA in collecting such sums from Advisor. In the event of litigation to determine respective rights, duties and/or obligations of the parties under this agreement, the prevailing party shall be entitled to reasonable attorney's fees. TBA reserves the right to refuse to process business submitted by the Advisor.

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

*Tennessee Brokerage Agency, Inc.*

By: \_\_\_\_\_ Date: \_\_\_\_\_

*Advisor:*

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

1. Male \_\_\_\_\_ Female \_\_\_\_\_
2. Cell Phone Number: \_\_\_\_\_
3. Driver's License Number: \_\_\_\_\_
- a. Driver's License State: \_\_\_\_\_
4. Marital Status: \_\_\_\_\_
5. Mailing Address (if different from Residential / Business Address): \_\_\_\_\_

6. Have you taken LIMRA's Anti-Money Laundering Course? YES NO
- If Yes, when was it taken? \_\_\_\_\_
  - If No, provide details of the Anti-Money Laundering Course you've taken:  
\_\_\_\_\_
  - If you have not taken AML training, you will be required to complete before policies are issued by carriers. You will receive details from the carrier to complete.

7. Are you doing business as:

Individual	Business Entity	Officer/Principal
Incorporated Entity	Solicitor	Institutional

7 A. If doing business as anything other than Individual, please complete the following: (if doing business as an individual, skip to #8).

- EIN: \_\_\_\_\_ - \_\_\_\_\_
- Company Website: \_\_\_\_\_
- Corporate Email Address: \_\_\_\_\_

Company Type: Corporation Partnership LLC LLP

Your Title: \_\_\_\_\_

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

Corporate Phone Number: \_\_\_\_\_

Corporate Fax Number: \_\_\_\_\_

8. We need to collect answers to commonly asked background questions carriers ask on their contracting paperwork. If you answer YES to any of the following questions, please provide full details on a separate page. Failure to provide full details may cause carriers to delay processing your appointment request.

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 and statutes? Have you ever been on probation?	YES	NO
Have you ever been convicted of or plead guilty or no contest to any Felony?	YES	NO
Have you ever been convicted of or plead guilty or no contest to any Misdemeanor?	YES	NO
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
Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud?	YES	NO
Have you ever been charged with any Felony?	YES	NO
Have you ever been charged with any Misdemeanor?	YES	NO
Have you ever been on probation?	YES	NO
Have you ever been or are you currently being investigated, have any pending indictments, lawsuits, or have you ever been in lawsuit with insurance company?	YES	NO
Are you currently under investigation by any legal or regulatory authority?	YES	NO
Have you been under investigation by any insurance company?	YES	NO
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
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
Have you ever been alleged to have engaged in any fraud?	YES	NO
Have you ever been found to have engaged in any fraud?	YES	NO

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
Were you terminated/resigned because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of conduct?	YES	NO
Were you terminated/resigned because you were accused of fraud or the wrongful taking of property?	YES	NO
Failure to supervise in connection with insurance or investment related statutes, regulations, rules or industry standards of conduct?	YES	NO
Have you ever had an appointment with any insurance company terminated for cause or been denied an appointment?	YES	NO
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
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
Has a bonding or surety company ever denied, paid on or revoked a bond for you?	YES	NO
Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled your coverage?	YES	NO
Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?	YES	NO
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
Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor?	YES	NO
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
Have you ever had any interruptions in licensing?	YES	NO
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

Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?	YES	NO
Has any state, federal or self-regulatory agency filed a complaint against you, fined or sanctioned you?	YES	NO
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
In the past ten years, have you personally filed a bankruptcy petition or declared bankruptcy?	YES	NO
In the past ten years, 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
Is the bankruptcy pending?	YES	NO
Are there any unsatisfied judgments, garnishments or liens against you?	YES	NO
Are you connected in any way with a bank, savings & loan association, or other lending or financial institution?	YES	NO
Have you ever used any other names or aliases?	YES	NO
Do you have any unresolved matters pending with the Internal Revenue Service or other taxing authority?	YES	NO

- If you answered any questions yes, please include complete details on a separate page to ensure your appointment requests are not delayed.

18. Are you currently a registered representative of FINRA?      YES              NO

- If Yes, Who is your Broker/Dealer? \_\_\_\_\_

- If Yes, What is your CRD#: \_\_\_\_\_

- If Yes, Completed Date: \_\_\_\_\_

19. Honors (Mark all that apply):

CLU

ChFC

CFP

MDRT

FLMI

NQA

Other: \_\_\_\_\_

20. Provide previous 5 years of employment records: Include start & end dates, company's name, position, and location (leave no gaps).

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21. Provide previous 5 years of address history, including start & end dates (leave no gaps). Include full address (street, city, state, zip).

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## Requested Agent Contracts

Please check the box beside the carrier(s) you wish to be appointed with. Please note that most carriers will not appoint an advisor until new business has been submitted.

Carrier Name	Request Appointment With? (Mark all that apply)	Have you written business with this carrier in the past 6 months?	If Requesting Appointment with this carrier and you have written business with them in the past 6 months, who is the contact at your current marketing organization? (This is needed to expedite any releases).	For TBA Use Only
AMERICAN GENERAL				
AMERICAN NATIONAL				
AVIVA				
AXA-EQUITABLE				
BANNER LIFE				
FIDELITY LIFE				
GENWORTH				
ING/RELIASTAR				
JOHN HANCOCK				
LINCOLN BENEFIT LIFE				
MET LIFE				
MUTUAL OF OMAHA				
NATIONWIDE				
PRESIDENTIAL				
PRUDENTIAL				
SUN LIFE				
TRANSAMERICA				
UNITED HOME LIFE				
UNITED OF OMAHA				
WEST COAST LIFE				

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Advisor Name: \_\_\_\_\_

Please read, sign, and fax back to Heather Meaders at 865-588-9577 or email to [hmeaders@tba.com](mailto:hmeaders@tba.com), along with the rest of the Contracting Paperwork.

## 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.



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:

**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 \_\_\_\_\_, 20\_\_\_\_, by:

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

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

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

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