



# Valued Advisor Contracting Questionnaire

Most of this form is fillable. Please complete fully, *leaving no fields blank*. Please return to [contracting@adams-moore.com](mailto:contracting@adams-moore.com) or fax to (704) 522-9118. Thank you!

**Type of contract:**

- Individual (commissions are paid to you personally – please complete only Section 1 below)
- Business Entity (only if you own the corporation – please also complete Section 2 below)
- Solicitor (commission are paid to another corporation other than your own)

For solicitors, the business/principal to whom commissions will be assigned must also be appointed. Therefore, please complete a separate contracting package for the business/principal and submit to Adams-Moore with your solicitor contracting questionnaire.

## SECTION 1

Your First, Middle and Last Name (as it appears on your insurance license)	
Date of Birth & City and State of Birth	DOB: _____ City and state of birth: _____
Phone Numbers	Office: _____ Home: _____ Fax: _____ Cell: _____
Social Security Number	
Resident Insurance License Number and State (if applicable) Click here to look up: <a href="https://sbs-nc.naic.org/Lion-Web/jsp/sbsreports/AgentLookup.jsp">https://sbs-nc.naic.org/Lion-Web/jsp/sbsreports/AgentLookup.jsp</a>	# _____ State _____
National Producer Number Click here to look up: <a href="https://pdb.nipr.com/html/PacNpnSearch.html">https://pdb.nipr.com/html/PacNpnSearch.html</a>	
Email address	
Marital Status	<input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Widowed
Spouse's Name, if applicable	
Driver's License Information	DL#: _____ State of Issue: _____ Issue Date: _____ Expiration Date: _____
Current mailing address and <i>county of residence</i>	Address: _____ County: _____
Start date of mailing address:	

**SECTION 2 – For Corporate Contracts**

Please complete the section below ONLY if you are requesting a corporate appointment and only if own the corporation to be appointed. If this is an individual appointment, DO NOT complete Section 2.

Principal's Full Name	
Principal's Title	
Principal's E-Mail Address	
<b>Company Type</b>	<input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> LLC <input type="radio"/> LLP <input type="checkbox"/> S-Corp or <input type="checkbox"/> C-Corp
Tax ID Number for Business	
Full Business Name, as it appears on the corporation business insurance license	
Business Address & County of Address (no PO Boxes)	Address:  County:
Website address of business, if available	
Company Phone & Fax Number	Phone (      ) Fax (      )

## EMPLOYMENT HISTORY

Please provide past **5 years** of employment history. If you have been a self-employed insurance agent, you do not need to list the carriers you've represented. Just write in "self-employed".

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_

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

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_

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

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_

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

## RESIDENTIAL ADDRESS HISTORY

Please provide the past **5 years** of residential address history.

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

\_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

\_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

\_\_\_\_\_

## LICENSES & COMPLIANCE

The completion of Anti-Money Laundering training every two years is mandatory to be appointed with any insurance carrier.

1. Anti-Money Laundering (All licensed agents must complete AML training each year. Without evidence of this training, no one may be appointed with any carrier. Please check below to indicate where you completed your AML training. If you have not completed AML training, please call us.)

LIMRA Please provide your password to the LIMRA website. We can then print evidence of completion if needed without your help.) Password \_\_\_\_\_ Date Completed \_\_\_\_\_

(To access LIMRA to complete AML training, please go to <https://aml.limra.com>. Your login will be your NPN.

Other Provider's Name: \_\_\_\_\_ Date Completed \_\_\_\_\_  
(If completed through a provider other than LIMRA, please fax us a copy of the course completion certificate. Carriers will not accept with physical evidence of completion.)

2. Are you a registered representative with FINRA?  No  Yes, CRD # \_\_\_\_\_

Broker/Dealer's name: \_\_\_\_\_

3. Please list any credentials you currently hold: (e.g. CLU, ChFC, CFP, etc.) \_\_\_\_\_

4. In what states do you wish to be appointed? \_\_\_\_\_

**As of 6/2019, ALL states except NM, AR, & NC require every advisor to complete a 4-HR Annuity Certification Training through an outside vendor. Please provide a copy of your certificate to Adams-Moore. Thank you.**

## E&O INSURANCE – NAIC 4-HOUR ANNUITY TRAINING CERTIFICATE

Please fax us a copy of your current E&O insurance certificate and NAIC Training Certificate. The E&O certificate **must include your full name** as the insured and show your coverage limits. If your name is not listed on the certificate, please provide a letter from the E&O carrier listing agents covered under the agency policy. Most carriers will not appoint without evidence of insurance.



Adams-Moore, LLC (877) 888-0858

[Contracting@Adams-Moore.com](mailto:Contracting@Adams-Moore.com)

Fax (704) 522-9118

# Legal Questions for Contracting and Appointment Requests

Please answer the following questions. If you answer YES to any question, be sure to provide a full, detailed explanation including specific 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 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 of 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 statutes?	<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 an 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)(you may omit family court).	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<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 your contract or appointment or permitted you to resign for a reason 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	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 transactions or business?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<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 (E&O) carrier ever denied, paid claims on or cancelled your coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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? Have you ever been the subject of a consumer initiated complaint?	<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 a 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 of such 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 authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If you answered any questions YES, provide an explanation that includes dates, actions, and descriptions. Attach additional paper if necessary.**

**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: \_\_\_\_\_

# LETTER OF EXPLANATION

Please provide explanations for any "Yes" answers above. Or, if you have an explanation already on paper that you wish to include, you may fax it with your kit to us at (704) 522-9118.

Date of Action: \_\_\_\_/\_\_\_\_/\_\_\_\_

Action: \_\_\_\_\_

Reason: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

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Date of Action: \_\_\_\_/\_\_\_\_/\_\_\_\_

Action: \_\_\_\_\_

Reason: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

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Date of Action: \_\_\_\_/\_\_\_\_/\_\_\_\_

Action: \_\_\_\_\_

Reason: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

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**\*NOTE\* Use additional paper if necessary**

## 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. Please use BLACK ink.



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: