

## HELLO AND WELCOME TO INSURANCE AGENCY MARKETING SERVICES

Below you will find information on how to register in SureLC, our e-contracting system.

The information below will guide you on how to register in SureLC, create your contracting profile and request carrier contracts/appointments as needed.

*\*\*\*Please Note: Google Chrome is the preferred internet browser for use with SureLC\*\*\**

### REGISTRATION:

Copy and paste this link into your internet browser to access SureLC: <https://surelc.surancebay.com/sbweb/agency/86>  
Follow the steps to allow Adobe Flash Player (if needed)

- On the log in screen, click **New User**. (Even if you use SureLC through another agency, if this is the first time contracting under this agency, you still need to click New User) After you create a profile, you can use the link above and your new password to review and edit your personal information or request new contracts/appointments.
- Once you are registered and logged into the system, click **My Info** to create your online contracting profile.

### NIPR TAB:

- Shows basic demographic information on file at NIPR
- Information can be changed on this screen, but will not be changed at NIPR. It is recommended to also reach out to NIPR to update your informatin.
- Once all required information is entered, the **NIPR Tab** at the bottom of the screen will show a green check mark.

### DBA TAB:

- How are you doing business with our agency?
- Individual (carrier pays commissions to you directly)
- Business Entity (carrier pays commissions to your firm that you are an officer of)
- Licensed Only Agent (carrier pays commissions to the agency or agent you designate) - please contact Licensing@firstheartland.com and indicate who you want to setup to receive your commissions. It must be added on the backend and the appointment paperwork cannot be processed without this information.
- Once all required information is entered, the **DBA Tab** at the bottom of the screen will show a green check mark.

### QUESTION TAB:

- These are 19 of the most common background questions asked on carrier contracting forms. The answers to these questions will be mapped onto the carrier appointment paperwork.
- If you answer Yes to any of these questions, be sure to either upload an explanation document or create one using th SureLC system.  
\* If any of your answers change, please update this tab or contact Licensing@firstheartland.com
- Once all required information is entered, the **Questions Tab** at the bottom of the screen will show a green check mark.

### EFT TAB:

- Click Upload *Business/Personal Voided Check*.
- If you are signed up as a *Licensed Only Agent* on the **DBA Tab**, you will not see the **EFT Tab**.
- Once your check is uploaded, enter the Routing and Account numbers and choose an account type.
- Once all required information is entered, the **EFT Tab** at the bottom of the screen will show a green check mark.



#### HISTORY TAB:

- Here you can enter 7 years of address and employment history
- This information is not mandatory in order for you to request carrier contracts. Whether you enter this information or not, the **History Tab** will not show a green check mark.

#### TRAINING TAB:

- Verify your FINRA information, if applicable.
- **AML Training:**
- To add a new training: click on “Add AML Training” and complete the fields and upload a copy of your AML certification.
- If the system is displaying a current AML training, you can use the edit button to edit or upload a copy if it missing.
- Once all required information is entered, the **Training Tab** at the bottom of the screen will show a green check mark.

#### E&O TAB:

- Click *Upload Existing E&O*
- Enter policy information
- Click *Upload Certificate*
- Once all required information is entered, the **E&O Tab** at the bottom of the screen will show a green check mark.

#### SCAN TAB:

- Upload any other ancillary documents that need to be included in your contracting profile by clicking the blue file folder icon. (i.e. annuity certificate, articles of incorporation etc...)
- Click *Signature Capture* to digitally create and save your signature. If you prefer to handsign a form to be uploaded into SureLC, please contact [Licensing@firstheartland.com](mailto:Licensing@firstheartland.com) and request a Signature Authorization Form.
- Once all required information is entered, the **Scan Tab** at the bottom of the screen will show a green check mark.

#### REQUESTING APPOINTMENTS:

- Click *Appointment Request* in the upper right hand corner of the screen and choose *New Request*.
- Choose a carrier and request product type, and then click *Next*. (you can only choose one carrier at a time).
- Choose a state or states and a product or products, and then click *Next*.
- Answer all carrier specific miscellaneous questions, uploading any supporting documentation as needed, and then click *Next*.
- \* SureLC requires your original 19 background questions to be re-confirmed every 2 months. You will either need to confirm or update your background answers on this step.
- All carriers in SureLC require that you preview the contracting paperwork before submission to the agency. Scroll to the bottom, then click *Confirm* in the upper right hand corner of the screen and choose *Apply My Signature*.
- Some carriers have multiple pages to confirm, such as Allianz. You will need to click “confirm” and “apply my signature” twice.

#### Additional Information:

You can see your current licenses on the Licenses Tab. Please note that SureLC links with NIPR.com every 2 weeks, so any changes made to your licenses will not appear right away

Please direct all questions and issues to:  
**[contracting@iamsinc.com](mailto:contracting@iamsinc.com)**

# **Producer Set-Up Packet**

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

Social Security #: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_ Resident Insurance: \_\_\_\_\_  
Lic. # & State \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Title: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Driver's Lic. #: \_\_\_\_\_ DL State: \_\_\_\_\_ DL Exp Date: \_\_\_\_\_

**Residential Address (No PO Boxes)**

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**City/State Not Needed**

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Mailing Address (No PO Boxes)**

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**City/State Not Needed**

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Doing Business As:**

☐

Individual

☐

Business Entity

☐

Solicitor/LOA

If DBA Solicitor/LOA, list who you are assigning commissions to: \_\_\_\_\_

**Complete the following only if DBA a Business Entity:**

EIN: \_\_\_\_\_ Business Name: \_\_\_\_\_ Website: \_\_\_\_\_

Your Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Principal Name: \_\_\_\_\_ Principal Title: \_\_\_\_\_ Email: \_\_\_\_\_

**Company Type:**

☐

Corporation

☐

Partnership

☐

LLC

☐

LLP

**Corporate Address (No PO Boxes)**

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**City/State Not Needed**

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zip code: \_\_\_\_\_

## **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 and 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 regulation?	<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 any Felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1G	Have you ever been charged with any 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 indictments, 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 terminated/resigned 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 terminated/resigned 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 terminated for cause or been denied an appointment?	<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 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? Or, have you ever had a claim filed against your surety company?	<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? Or, have you ever had a claim filed against your E&O carrier?	<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	Have you ever had any 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**

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

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

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

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

\_\_\_\_\_

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

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

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

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

\_\_\_\_\_

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

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

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

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

\_\_\_\_\_

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

## **LICENSES**

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:* \_\_\_\_\_ *CRD #:* \_\_\_\_\_

\_\_\_\_\_

Please list any Honors you currently hold: \_\_\_\_\_

\_\_\_\_\_

### 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:

**History*****\*NOTE\* Attach additional info if needed*****Employment** -- Please provide past 7 years of employment history:

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

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

Location: \_\_\_\_\_

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

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

Location: \_\_\_\_\_

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

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

Location: \_\_\_\_\_

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**Address History** -- Please provide past 7 years of address history:***\*NOTE\* Attach additional info if needed***From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ ***City/State Not Needed***Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zip code: \_\_\_\_\_

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From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ ***City/State Not Needed***Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zip code: \_\_\_\_\_

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From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ ***City/State Not Needed***Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Zip code: \_\_\_\_\_

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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:

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.

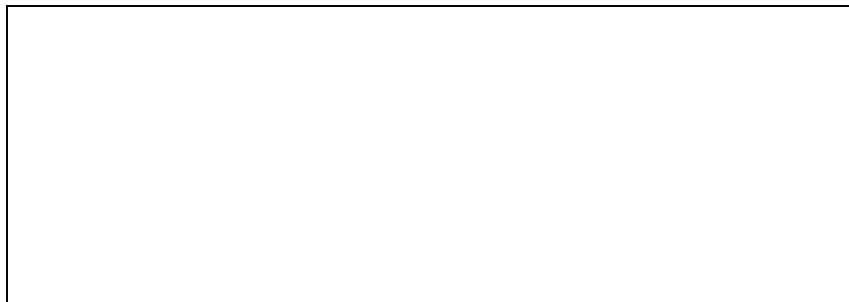
## Signature Authorization

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

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.

A large empty rectangular box with a thin black border, intended for the producer's signature.

PRODUCERIDXXX

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

## ANNUITY

Allianz Preferred	Clear Springs	Legacy Proprietary Prod.	Oxford Life
American Equity	Delaware Life	Liberty Bankers Life	Pacific Guardian
American General	ELCO*	Life of the Southwest	Pacific Life*
American General Proprietary Product	EquiTrust	Lincoln Financial	Principal Financial
American Life	Fidelity & Guaranty	Lincoln Financial of NY	Protective
American National	Fidelity & Guaranty NY	Lincoln Financial Proprietary Product	Sagicor
American National of NY	GBU Financial	Nassau	Sentinel Security Life
Americo	Gleaner	National Western	SILAC*
Aspida	Global Atlantic/Forethought	Nationwide	The Standard
Athene IA	Great American	North American	Upstream
Athene NY	Guaranty Income Life	Oceanview	
Atlantic Coast	Ibexis Life & Annuity	Ohio National	
Brighthouse	Integrity	Ohio State Life*	
	Lafayette Life	OneAmerica	

## LIFE

Accordia Life	Columbus Life	Lincoln Financial of NY	Principal Financial
Aetna	Corebridge (AIG)	LSW	Protective Life
Allianz	Corebridge (AIG) Guaranteed Issue	Lumico	Prudential Financial
American Amicable	ELCO Mutual*	Minnesota Life	Sagicor
American National	Equitable Financial Life Insurance Company	Mutual of Omaha/United of Omaha	Security Mutual Life
American National of NY	Fidelity & Guaranty	Mutual Trust	Securian of NY
Americo	Foresters	Nassau	Sentinel Security Life
Ameritas	GBU Financial	National Life Group	Symetra
Assurity	Gerber	National Western	The United States Life in CO of NY
Baltimore Life	Gleaner	Nationwide	Transamerica Life
Bankers Fidelity	Great Western	North American	Unity
Banner Life	John Hancock	Ohio National	William Penn of NY
Cigna	John Hancock of NY	Oxford Life	
Cincinnati Life	Lafayette Life	Pacific Life	
Columbian Mutual	Lincoln Financial	Pan American	

## SENIOR HEALTH (MEDICARE SUPPLEMENT, MAPD, PDP)

### Medicare Supplements

ACE	Cigna	Mutual of Omaha
Aetna Health	Guarantee Trust Life	Oxford Life
Anthem	Humana	United Health Care
Assured	Lumico	
Bankers Fidelity	Medico	

### Medicare Advantage and Prescription Drug

Anthem	Humana	Mutual of Omaha
Aetna Coventry (MAPD/PDP)	United Health Care	(PDP Only)
Cigna	Wellcare	

### Dental / Vision / Hearing

Ameritas	Medico
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## SINGLE PREMIUM LIFE

Assurity	Lincoln Financial/Money Guard	National Guardian Life	Petersen International
Baltimore Life	Lincoln Financial of NY/Money Guard	National Western	Sagicor
Columbian Mutual	Minnesota Life	OneAmerica/State Life	
ELCO Mutual*	Mutual Trust	Oxford Life	

## DISABILITY / CRITICAL ILLNESS / LTC / HOSPITAL INDEMNITY

Aetna	Assurity	Illinois Mutual	Petersen International Underwriters
American General	Bankers Fidelity	Mass Mutual	Principal DI Group*
Ameritas	Cigna	Mutual of Omaha/United of Omaha	Principal Financial
Anthem	Guarantee Trust Life	Ohio National	Standard Life

Yes, I am registered on FINRA

No, I am not registered on FINRA

CRD#: \_\_\_\_\_

Broker Dealer/FIA Name: \_\_\_\_\_

*\*Paperless contracting is not available for these carriers. We will forward you carrier specific forms or email a link to complete. Updated 06.05.23*