



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 information.
- 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 the 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 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

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: _____

From: ____/____/____ To: ____/____/____

Company: _____ Position: _____

Location: _____

From: ____/____/____ To: ____/____/____

Company: _____ Position: _____

Location: _____

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: _____

From: ____/____/____ To: ____/____/____ ***City/State Not Needed***Line 1: _____ Line 2: _____ Zip code: _____

From: ____/____/____ To: ____/____/____ ***City/State Not Needed***Line 1: _____ Line 2: _____ Zip code: _____

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

ANNUITY

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

LIFE

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

MED SUPP

Aetna Health & Life	Cigna	Medico	United Health Care/UHICA
Anthem*	Guarantee Trust Life	Mutual of Omaha/United of Omaha	
Assured*	Humana*	National Guardian Life*	
Bankers Fidelity	Lumico	Oxford Life	

LOCATED ON THE NEXT PAGE

SINGLE PREMIUM LIFE
DISABILITY / CRITICAL ILLNESS / LTC / HOSPITAL INDEMNITY
MEDICARE ADVANTAGE / PRESCRIPTION DRUG PLAN

INSURANCE COMPANY LIST

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	One America/State Life	
ELCO Mutual*	Mutual Trust	Oxford Life	

DISABILITY • CRITICAL ILLNESS • LTC • HOSPITAL INDEMNITY

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

MEDICARE ADVANTAGE • PRESCRIPTION DRUG PLAN

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

ARE YOU REGISTERED ON FINRA?:

YES NO

CRD#: _____

BROKER DEALER / FIA NAME:



Insurance
Agency
Marketing
Services, Inc.

INSURANCE COMPANY LIST

Name: _____

ANNUITY

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

LIFE

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

LOCATED ON THE NEXT PAGE

MED SUPP, SINGLE PREMIUM LIFE
DISABILITY / CRITICAL ILLNESS / LTC / HOSPITAL INDEMNITY
MEDICARE ADVANTAGE / PRESCRIPTION DRUG PLAN



Insurance
Agency
Marketing
Services, Inc.

INSURANCE COMPANY LIST

Name: _____

MED SUPP

Aetna Health & Life	Guarantee Trust Life	National Guardian Life*
Anthem*	Humana*	Oxford Life
Assured*	Lumico	United Health Care/UHICA
Bankers Fidelity	Medico	
Cigna	Mutual of Omaha/United of Omaha	

SINGLE PREMIUM LIFE

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

DISABILITY • CRITICAL ILLNESS • LTC • HOSPITAL INDEMNITY

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

MEDICARE ADVANTAGE • PRESCRIPTION DRUG PLAN

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

Are you registered on FINRA?

Yes

No

CRD#: _____

Broker Dealer / FIA Name: _____