



Dear Valued Agent,

Welcome to Level Four Insurance Services. In an effort to make contracting as simple and efficient as possible, we are providing a leading edge technology package that greatly improves the contracting process. By completing this packet, we can establish your appointment with nearly all life insurance carriers in the industry. As of January 2011, 157 carriers allow us to use this process. This is a one-time process that will not have to be repeated as long as you are utilizing Level Four Insurance Services as your general agency.

Enclosed you will find a two page data sheet with all the information needed to establish your contracting profile with Level Four Insurance Services. 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 near future!

Please call me if you have any questions or concerns.

Megan Weeks

Contracting Manager

mweeks@levelfourinsurance.com

(866) 834-1040 Phone

(972) 404-0561 Fax

Next Level Contracting Checklist

- All pages of contracting paperwork
- AML Certification (not for LIMRA)
- E&O Coverage Page
- Copy of all state licenses
- Copy of voided check

Next Level Contracting

Please send all documents to:

Attn: Megan Weeks, LFIS

Phone: (866) 834-1040

Fax: (972) 404-0561

E-mail: mweeks@levelfourinsurance.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

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