



Davis Life & Annuity

Your financial services partner... for life

Thanks for Contracting Through Davis Life & Annuity!

To ensure a timely and smooth process, please include the following:

- Completed and signed contract / SureLC packet
- Copy of all resident and non-resident licenses (corporate as well, if applicable)
- If you answered, "yes" to any question, please attach a letter of explanation
- Copy of Certificate of Completion for Anti-Money Laundering training (LIMRA is the preferred vendor)
- LTC certificate if applicable
- Proof of 4 hours EIA certification training (if state requires)
- Current Errors and Omissions (E&O) Declaration sheet
- Voided check

Some States Do Not Allow New Business to Be Submitted With Contracting

If you are not sure about the rules for a specific carrier, please check with our Contracting Department before submitting a contract.

Some Carriers Do Not Allow New Contracts Without New Business

If you are not sure about the rules for a specific carrier, please check with our Contracting Department before submitting a contract.

Contracting & Licensing Coordinator:

Phone: 800.747.5612

Local: 515.222.0720

Email: Contracting@DavisLife.com

Overnight Mail Address:

3737 Woodland Avenue, Suite 600

West Des Moines, Iowa 50266



Davis Life & Annuity

Your financial services partner... for life

Agent Authorization to Contract with Davis Life & Annuity through SureLC

By signing below, I agree with the following:

1. Any contracting information will be sent to the email address below:

_____.

2. I have requested to be appointed through Davis Life & Annuity with the following carrier(s):

3. I am authorizing Davis Life & Annuity to pull my Producer Data Base (PDB) Report from the National Insurance Producer Registry (NIPR). I understand that the purpose of pulling my PDB Report is to eliminate/reduce the amount of data-entry that is needed in order to complete my agent profile in SureLC. I further understand that a PDB report will automatically populate data on me and/or my agency such information as my: Date of Birth, address, and insurance license and appointment information for all states and carriers that I've ever been affiliated with. I understand that I can visit the NIPR website to learn more about the information included in my PDB report: <https://pdb.nipr.com/pdb.htm>

Printed Name

Date

Signature

Please complete and fax to (888) 618-7444 or email to contracting@davislife.com

Carrier Selection: (The following carriers require e-mail consent to contract):

- | | |
|---|--|
| <input type="checkbox"/> Allianz Life Ins. Co. of North America | <input type="checkbox"/> Foresters |
| <input type="checkbox"/> Allianz Preferred | <input type="checkbox"/> Global Atlantic (formerly Accordia) |
| <input type="checkbox"/> American Equity Investment Life Ins. Co. | <input type="checkbox"/> Great American Life Ins. Co. |
| <input type="checkbox"/> American Equity Investment Life Ins. Co. of New York | <input type="checkbox"/> Guggenheim Life and Annuity Co. |
| <input type="checkbox"/> Americo – Legacy | <input type="checkbox"/> Legacy Marketing Group |
| <input type="checkbox"/> Athene Annuity & Life Assurance Co. | <input type="checkbox"/> Liberty Bankers Life Ins. Co. |
| <input type="checkbox"/> Athene Annuity (previously known as Aviva) | <input type="checkbox"/> National Western Life Ins. Co. |
| <input type="checkbox"/> Equitrust Life Insurance Company – Annuity Products | <input type="checkbox"/> North American Co. for Life and Health Ins. |
| <input type="checkbox"/> Equitrust Life Insurance Company – Life Products | <input type="checkbox"/> Reliance Standard Life Ins. Co. |
| <input type="checkbox"/> Fidelity & Guaranty Life Ins. Co. | <input type="checkbox"/> Zurich |

Carrier Selection: (The following carriers require both new business and e-mail consent* to contract):

- | | |
|--|---|
| <input type="checkbox"/> American General Life Acc. Ins. Co. | <input type="checkbox"/> National Life Group (National Life or LSW) |
| <input type="checkbox"/> American General Life Companies | <input type="checkbox"/> Nationwide Life Ins. Co. |
| <input type="checkbox"/> American National | <input type="checkbox"/> New York Life Ins. and Annuity Corporation |
| <input type="checkbox"/> Assurity Life Ins. Co. | <input type="checkbox"/> New York Life Ins. Co. |
| <input type="checkbox"/> AXA Equitable | <input type="checkbox"/> Principal National Life Ins. Co. |
| <input type="checkbox"/> Banner Life | <input type="checkbox"/> Protective Life – Brokerage |
| <input type="checkbox"/> Genworth Life Ins. Co. | <input type="checkbox"/> Prudential Ins. Co. of America |
| <input type="checkbox"/> John Hancock Life Insurance Co. (USA) | <input type="checkbox"/> Sagicor Life |
| <input type="checkbox"/> Lafayette Life Ins. Co. | <input type="checkbox"/> SBLI – Savings Bank Life of Massachusetts |
| <input type="checkbox"/> Lincoln Financial and Lincoln National Life | <input type="checkbox"/> Security Life of Denver Ins. Co. |
| <input type="checkbox"/> Metropolitan Life Ins. Co. | <input type="checkbox"/> Symetra |
| <input type="checkbox"/> Minnesota Life Ins. Co. | <input type="checkbox"/> Transamerica Life ins. Co. |
| <input type="checkbox"/> Mutual of Omaha/United of Omaha Ins. Co. | <input type="checkbox"/> VOYA ReliaStar Life Insurance Co. |
| | <input type="checkbox"/> VOYA USA Annuity and Life Ins. Co. |

What is e-mail consent? When contracting is submitted and processed for a carrier, an e-mail will be sent requesting approval of the forms from Surance Bay. After consent is given, the forms will be sent to the carrier. This will ensure accurate information is being sent to the carrier. E-mail consent is needed for each carrier and each line of business within each carrier.

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: _____

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 lawsuit with 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 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 ever 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 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

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.

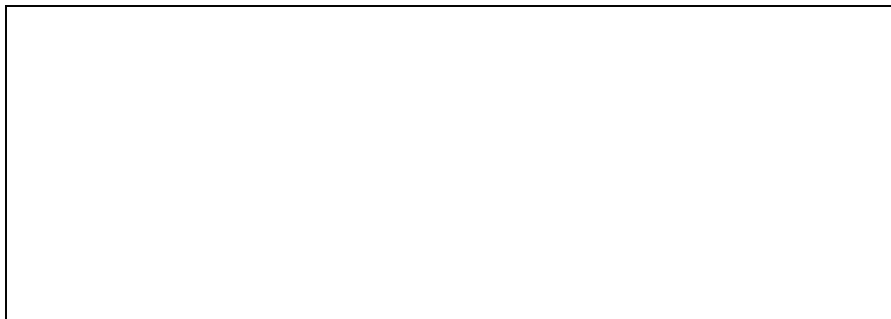
Signature Authorization

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.



PRODUCERIDXXX