



**MarketShare[®]
Financial**

Welcome to MarketShare Financial Contracting & Licensing

We're excited to work with you! We would like to make your contracting process with MarketShare Financial as easy as possible so you can concentrate on growing your business. We set up all agents on our Online Contracting System to streamline the appointment process and reduce extra work and time that would be required by the agent.

Initial Contracting involves 3 very important steps:

1. **Complete the attached Questionnaire.** It's very important you **answer ALL the questions** in order to ensure prompt processing, but those noted in red are mandatory. Not completing the Questionnaire fully may delay your contracting.
2. **Sign the signature page with a dark pen within the box as large as possible.** This will be your electronic signature that will be used to "sign" all contracting paperwork.
3. **Fax the Questionnaire, Signature Page and ALL contracting documents** listed on Page 5 of the Questionnaire to MarketShare Financial.

Notice: Please only request carriers that you are currently submitting business to or will be submitting business to within 7 business days.

Subsequent Contracting Requests:

After you have completed the Initial Contracting, we've made it easy for you to get appointed with additional carriers. All that you'll need to do is send an email with the carrier(s) you wish to be appointed with to **Karen Reece, Director, Operations**, at kreece@marketsharefinancial.com. Please only request carriers that you plan to submit business to within the next 7 business days. We will take care of the rest! It's that easy.

If you have any questions about the contracting process or requirements, please feel free to contact:

Karen Reece
MarketShare Financial
Director, Operations
kreece@marketsharefinancial.com
Toll Free: 800-421-8260, ext 2463
Local: 317-573-2250, ext 2463
Fax: 317-573-2254

AGENT CONTRACTING QUESTIONNAIRE

APPOINTMENT INFORMATION

Appointment Type (check one):

Individual:

Corporate (principal of company & agency are state licensed):

Solicitor (not principal, assigning commissions to agency):

Line of Business (check all that apply):

Life: Fixed/Immediate/Indexed Annuity: LTC/Med Supp:

Carrier being requested: _____

Are you submitting new business?: YES NO

Client's Name: _____

Date on App: _____ **Resident State:** _____

PERSONAL INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Nickname or any alias used in past, including maiden name: _____

Birthplace: _____ Are you a US citizen: YES NO SSN: _____

DOB: _____ Email Address: _____

Cell Phone: _____ Business Phone: _____ Business Fax: _____

Home Address: _____ Home Phone: _____

_____ Month/Year Moved In: _____

Please provide 10 year residency history with to and from dates (attach a sheet, if necessary):

E&O INFORMATION

Do you have E&O? YES NO

Please attach a copy of your E&O Declaration with the name of the insurance company. You must show the amount per claim, aggregate amount and expiration date.

BUSINESS INFORMATION

Name of Business: _____

Street Address: _____ Mailing Address (if different): _____

Desired Mailing Address: Home Business Title with Agency _____

LICENSING INFORMATION

Resident State License Number: _____ Years in Business: _____

Florida Producers: List the counties in Florida that you conduct business: _____

List all non-resident states you will conduct business:

SECURITIES REGISTRATION

Are you registered to sell securities? YES NO

Broker-Dealer: _____ CRD #: _____ Rep Number: _____ Branch #: _____

Broker-Dealer Address: _____

DIRECT DEPOSIT INFORMATION (Required by the carriers)

Bank Name: _____

Bank Address: _____ Bank Phone: _____

Account Number: _____ Routing Number: _____



CONTINUING EDUCATION

Please indicate if you have completed the following continuing education courses.

- Anti-Money Laundering (AML) Training: YES NO Date of Completion: _____

Training Program/Service: _____

- NAIC Annuity & Suitability (for your home state, if required): YES ___ NO ___

Please provide a copy of your Certificate of Completion.

- Long Term Care (LTC) Continuing Education: YES ___ NO ___

Please provide all LTC CE Certificates of Completion.

COMMISSION INFORMATION

Pay commissions to: Me ___ My Company ___ Other ___

If commissions should be paid to your company, complete the following:

COMPANY INFORMATION

Name of Company: _____

Tax ID: _____ Year Established: _____

Are you a principal/officer of the company? YES ___ NO ___

If YES, provide your title: _____ If NO, provide the name of the principal: _____

Is the company licensed with the state? YES ___ NO ___ (Please provide a copy of the business state license)

If commissions should be paid to someone other than you or your company, please explain who should receive your commissions.

OTHER INFORMATION

Name: _____ Relationship: _____

Address: _____ Phone: _____

_____ Email: _____

ADDITIONAL INFORMATION

EMPLOYMENT HISTORY: Provide employment history for the past 10 years (attach separate sheet, if necessary).

Company: _____ Address: _____ To: _____ From: _____

Company: _____ Address: _____ To: _____ From: _____

Company: _____ Address: _____ To: _____ From: _____

BENEFICIARY INFORMATION: List your primary beneficiary(ies) and relationship.

CREDIT REPORT: If a credit report is run by the carrier, would you like one mailed to you?: YES ___ NO ___

AUTHORIZATION

By signing below, you agree to comply with the carriers' compliance, training and regulatory standards. You also are giving MarketShare Financial and its affiliates' permission to submit all necessary contracting forms and information and apply your electronic signature to the carrier(s) on your behalf.

Signature

Printed Name

Date

REQUIRED DOCUMENTS CHECKLIST

1. Agent Contracting Questionnaire _____
2. Legal Questionnaire (Page 6) _____
3. Individual Licenses _____
4. Company Licenses (if applicable) _____
5. E&O Declaration Page _____
6. Voided Check _____
7. AML Certificate of Completion OR LIMRA Completion Page screen shot _____
8. NAIC Annuity & Suitability Training Course Certificate of Completion _____
9. Best Interest Course Completion (course RegEd 490 or 491) _____
10. LTC Continuing Education Certificate of Completion _____
11. Signature Page (Page 8) _____

Please fax or email to Karen Reece: 317-573-2254 (FAX) or kreece@marketsharefinancial.com.

LEGAL QUESTIONNAIRE

Please read and answer the following legal questions carefully. These questions appear on carrier contracting paperwork. Answering 'YES' to any questions does not automatically disqualify you from being appointed.

Have you ever been charged, convicted, or plead no contest (nolo contendere) to any crime or are there criminal charges pending against you or a business with which you are connected?	YES ___ NO ___
Have you had or do you currently have any outstanding collection accounts, judgments, liens, or garnishments against you or a business of which you were or presently are a principal or have you been party to or are currently a party to any lawsuit, arbitration, or civil litigation?	YES ___ NO ___
Have you ever been a party to or have you personally violated any securities or commodities law or rule set by any securities or commodities regulatory body, organization, or employer in the commodities or insurance industry?	YES ___ NO ___
Do you or an organization you have been associated with owe money to any insurance company, financial institution, agency, manager, government regulatory body, or broker dealer, or have any business or personal debts that resulted in collections or charge-offs or have you ever been short in accounts with any employer?	YES ___ NO ___
Have you or a firm in which you were a partner, officer, or director filed for protection from creditors, been declared bankrupt or insolvent, been party to a bankruptcy or receivership proceeding, compromised liabilities with creditors, or had a direct payment procedure initiated under the Securities Investor Protection Act?	YES ___ NO ___
Have you ever defaulted on a promissory note, or any other debt, including consumer or credit card debt?	YES ___ NO ___
Have you ever been bonded?	YES ___ NO ___
Are you currently bonded?	YES ___ NO ___
Has a bonding or surety company ever denied, refused, paid out on, canceled, revoked, or refused to continue a bond for you?	YES ___ NO ___
Is there any reason you cannot secure a bond?	YES ___ NO ___
Has any insurance department, securities broker-dealer, government agency, or self-regulatory authority ever denied, suspended, revoked, censured, barred your license (as an insurance agent, attorney, accountant, or federal contractor) or registration, disciplined you with fines, entered an order against you, restricted your activities, canceled any contract or appointment with you or any member, partner, officer, or controlling persons in your organization or is there any pending disciplinary action?	YES ___ NO ___
Have you ever had a claim filed against your Professional Liability or Errors and Omissions insurance coverage or has any E&O Carrier denied, paid claims on, or canceled your coverage?	YES ___ NO ___
Have you had any complaints or deficiency claims filed against you by any client/customer/insured/annuitant with any insurance company, state or federal securities regulatory agency or commission, or any state insurance department in the last 10 years?	YES ___ NO ___
Have you ever used any other names or aliases or used one on a license or other registration?	YES ___ NO ___
Do you have other information related to criminal, insurance-related complaints, credit, etc., that was not covered by these questions that you wish to disclose?	YES ___ NO ___
Are you not in compliance with state taxes or back child support?	YES ___ NO ___
Are you now or have you ever been employed by, or associated with to any degree, directly or indirectly, a bank, savings and loan or other financial institution?	YES ___ NO ___
Are you now subject of any complaint, investigation, or proceeding which could result in a yes answer to any of the preceding questions?	YES ___ NO ___
Have you ever been refused E&O or a fidelity bond, or has any claim been made against you, your surety company or E&O insurer, arising out of your activities?	YES ___ NO ___
In the previous 3 years, have you been refused E&O or a fidelity bond, or has any claim been made against you, your surety company or E&O insurer, arising out of your activities?	YES ___ NO ___
Are you currently obligated under a non-compete agreement with any insurance company or agency?	YES ___ NO ___

Signature: _____ Date: _____

If you answered 'YES' to any of the Legal Questions, please provide a detailed explanation of your involvement, the actions taken and the results/outcome (if applicable). A detailed explanation is required by the carrier(s). If you do not provide an explanation, your contracting may be delayed.

<p>If you answered 'YES' to a bankruptcy question, please include:</p> <ul style="list-style-type: none">• Type of bankruptcy• Amount• Date of bankruptcy• Payment amount• Anticipated payoff date	<p>If you answered 'YES' to a complaint being filed against you, please include:</p> <ul style="list-style-type: none">• Date of complaint• Dollar value (if applicable)• Full explanation with result
--	--

Provide detailed explanation here:

ELECTRONIC SIGNATURE AND AUTHORIZATION

Name: _____

General Agent: Market Share Financial

I, _____, hereby authorize MarketShare Financial and their affiliates, to act as my agent in fact for the purpose of affixing or appending my signature to all documents necessary to sell product of designated insurance carriers through MarketShare Financial and their affiliates, including applications, contracts and credit and criminal background check authorizations from credit and criminal reporting agencies.

I affirm that the information I have submitted through the interview process to MarketShare Financial is correct to the best of my knowledge and I acknowledge that I have read and approved the representations set forth in each of the documents for which I am authorizing my signature. I acknowledge that third parties (including MarketShare Financial and their affiliates) may rely upon the representations submitted by MarketShare Financial and no person who may act in reliance upon the authority granted hereunder shall incur any liability to me. I further acknowledge and agree to indemnify and hold harmless any third party from and against any and all loss arising out of such party's reliance and acceptance of the representations made in the documents and submitted on my behalf by Market Share Financial or of a facsimile of my signature.

PLEASE READ AND SIGN BELOW. THIS WILL BECOME YOUR ELECTRONIC SIGNATURE APPLIED TO ALL CONTRACTING AND APPOINTMENT REQUIRED PAPERWORK.

Please sign in the center of the box as large as possible with a dark pen.

Example:

