



# Contracting and Appointment Instructions

In order to complete your contracting request, please complete the following contracting questionnaire. We will then input this information into our contracting system, SureLC, which will store your information and carrier contracting forms. In the future, as you contract with new carriers, this stored information will be used to complete contracting paperwork on your behalf, increasing speed and efficiency.

The vast majority of our carriers participate in this system but if you do not see a particular carrier with whom you want to contract, please contact your marketing rep and they will email you the paperwork.

Once the questionnaire has been completed, you will also need to complete and sign the Signature Page and the EFT Authorization. Signing and submitting the Signature Page authorizes Lakeview Financial to submit your information through our online licensing program and to add you to their email list. Signing the EFT Authorization allows for carriers to direct deposit your commissions.

Please submit the following documents to our office:

- 1) Completed Questionnaire.
- 2) Signed Signature Page
- 3) Completed EFT Authorization Page (be sure to attach a copy of a voided check to this page).
- 4) A copy of your E&O coverage.

These documents can be faxed or emailed to Kate Hall.

**Contact Information for Kate:**  
[licensing@lakeviewfinancial.net](mailto:licensing@lakeviewfinancial.net)  
**208-401-0304 phone**  
**208-629-4677 fax**

**Please indicate your Marketing Sales Rep here \_\_\_\_\_**

**Will you be ordering the meds or would you like Lakeview Financial to order the meds?**

\_\_\_\_\_

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

**Business Mailing Address**

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 5 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 5 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.



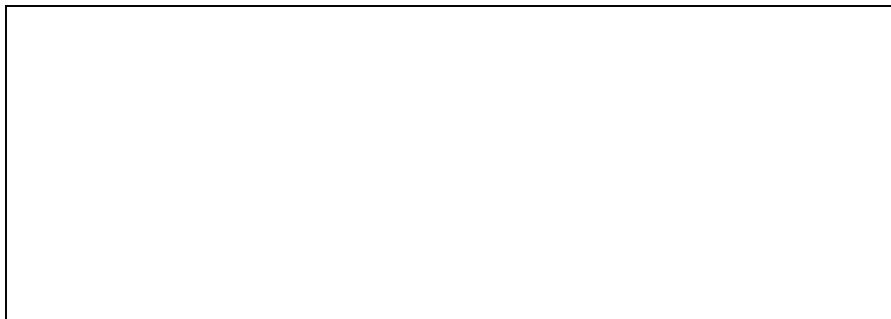
## Signature Authorization

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.



PRODUCERIDXXX



This **Agent Indebtedness Agreement** (this “Agreement”), effective as of the date subscribed below is entered into by and between Lakeview Financial Services, LLC an Idaho limited liability company with its offices located at 10074 W Fairview Ave Boise, ID 83704 and \_\_\_\_\_, an individual or business (the “Agent”), including the down line hierarchy of such agent, if any. The Agent conducts business at the address set forth under such Agent’s name on the signature page of this Agreement. Lakeview Financial Services, LLC and the Agent, in consideration of the premises and mutual covenants and agreements herein contained, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged by Lakeview Financial Services, LLC, agree as follows:

**1. Definitions**

- a. “Lakeview Financial Services, LLC” means any insurance company with which Lakeview Financial Services, LLC has contractually committed, either prior to or after the date of this Agreement, to recruit agents to market and sell insurance products on behalf of such insurance company and with which the Agent is not affiliated with through Lakeview Financial Services, LLC prior to the execution of this Agreement.
- b. Lakeview Financial Services, LLC is, and will be, a party to certain contracts with Lakeview Financial Services, LLC, Carriers under which Lakeview Financial Services, LLC recruits, and will recruit, agents for such Lakeview Financial Services, LLC Carriers;
- c. The result of such recruiting may be a Carrier Selling Agreement; and from time to time, Lakeview Financial Services, LLC, Inc. Carriers, pursuant to a Carrier Selling Agreement, may advance commissions to the Agent, charge back commissions previously paid to the agent, lend money to the Agent or agree to other terms under which the Agent will become indebted to Lakeview Financial Services, LLC, Inc. Carrier (the “Agent Indebtedness”);
- d. Lakeview Financial Services, LLC may, from time to time, be asked by the Lakeview Financial Services, LLC Carrier to guarantee the Agent Indebtedness or to repay, on behalf of the Agent, the Agent Indebtedness; and Lakeview Financial Services, LLC and the Agent, in consideration of the premises and mutual covenants and agreements herein contained, and other good and valuable consideration, receipt and sufficiency of which are hereby acknowledged by Lakeview Financial Services, LLC and the Agent, agree as follows:

**2. Repayment of Agent Indebtedness**

Lakeview Financial Services, LLC and the Agent agree that the Agent is responsible for the Agent Indebtedness (including any Agent Indebtedness arising from such Agent’s down line hierarchy), that the Agent shall repay such Agent Indebtedness pursuant to the terms of the Carrier Selling Agreement or pursuant to any other agreement or arrangement between the Agent and Lakeview Financial Services, LLC Carrier, and that in the event Lakeview Financial Services, LLC pays to the Lakeview Financial Services, LLC Carrier any amount of the Agent Indebtedness, the Agent shall reimburse Lakeview Financial Services, LLC for such amount within 30 days after receipt of notice from Lakeview Financial Services, LLC. **The Agent agrees to pay all costs of collection, including attorney fees, collection agency fees of 25% incurred by Company or its successors or assigns in collecting any Agent Indebtedness.**

**3. Independent Contractor**

The Agent agrees that the Agent will perform all services under this Agreement and the Carrier Selling Agreement as an independent contractor. Nothing in the Agreement or in any Carrier Selling Agreement will be deemed to create an employer-employee, partnership, or joint venture relationship between Lakeview Financial Services, LLC and the Agent.

4. **In the event you acquire a debit with Lakeview Financial Services, LLC, signing the agreement allows us to vectoryour account after 60 days delinquency.**

IN WITNESS WHEREOF, each of and the Agent have executed the Agreement to be effective as of the dateset forth below.

5. **Photo Release:** I additionally grant Lakeview Financial Services, LLC the right to take, use, adapt, modify, reproduce, transmit, display, broadcast, publish, print, and disseminate, in any manner or medium, now known or later devised, my name, image, likeness and voice (hereinafter, my “Publicity Rights”), for the purpose, including but not limited to, promoting and advertising Lakeview Financial Services, LLC and its services. If you do not wish to be included in any photo, please let us know in advance and we will exclude you.

**Lakeview Financial Services, LLC**

**By: Matthew Gallegos**

**Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agency Name, if you are an agency principal:** \_\_\_\_\_

**X Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

(The agreement only impacts agents who may now, or eventually, owe us money, typically for the chargebacks or unpaid advances. We require all licensed agents to sign the agreement; however, in most cases it will not pertain to you but still needs to be completed to work with Lakeview Financial Services, LLC)