



You'll "Lovett" One Time Contracting

Dear Valued Agent,

Welcome to Lovett Financial Inc. 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 simple packet, we can establish your appointment with nearly all life insurance carriers in the industry. There are currently over 160 carriers that 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 Lovett Financial Inc. as your general agency.

Enclosed you will find a two page data sheet with all the information needed to establish your contracting profile with Lovett Financial Inc. Please fill out the data sheet entirely and return it via e-mail or fax with a copy of your current E&O dec page, AML (Anti-Money Laundering) certificate, and a copy of a voided check.

We look forward to working with you in the near future! If you have any questions or concerns, please do not hesitate to call us.

bob@lovettfinancial.net or rich@lovettfinancial.net

Fax (813) 935-2605

Local (813) 936-9193

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Name: _____

SSN: _____ Date of Birth: _____ Gender: _____

If compensation is going to an entity, entity Tax ID: _____

Entity Name _____ Type(LLC, C Corp, S Corp) _____

Your Title _____ E-Mail: _____

Phone: _____ Fax: _____ Cell: _____

Residential Address (No P.O. Boxes)

Street: _____

City: _____ State: _____ Zip: _____

Business Address

Street: _____ Suite: _____

City: _____ State: _____ Zip: _____

AML Training: If completed through LIMRA, date completed _____

To complete through LIMRA please follow the link below.

http://nailba.limra.com/Nailba_default.html

If not through LIMRA please include certificate with packet

Are you currently registered with FINRA? _____

If yes-

Broker/Dealer: _____ CRD#: _____

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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

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 SureanceBay, 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.

A large empty rectangular box with a black border, intended for the user to sign in the center.

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: