



# CONTRACTING WITH TYLER

## Welcome to Tyler Insurance Group!

To get started, please fill out the forms included with this cover page and fax back to us with these additional documents:

- Copy of your insurance license
- Copy of your E&O (if you carry it)
- Copy of a voided check for direct deposit
- Copy of proof of anti-money laundering training
- Copy of written explanation for any background issues (outlined on the Background Information page)
- Copy of CE training certificate (if required in your state)
- If applying as principal of a corporation, please provide a corporate license and voided check in addition to your individual license.
- If applying for Athene and are a corporation, please provide corporate resolution, or list of authorized signers

*Please be advised that some carriers charge resident and-or non-resident appointment fees. Contact **Tyler Insurance Group** for details.*

Please fax to **702-851-5842**.

If you have any questions, please call **1 (725) 605-8995** for assistance.

**We look Forward to Partnering with you!**



# CONTRACT APPLICATION

Agent Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_  
(If Applicable)

Personal Name or Principal: \_\_\_\_\_

Insurance License #: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(MM/DD/YYYY)

NPN #: \_\_\_\_\_ ☐ Male ☐ Female

Agent Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

UPS Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Phone Res: \_\_\_\_\_ Business: \_\_\_\_\_

Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
(Within the last 10 years)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

By signing this form, I acknowledge that all information is true and correct to the best of my knowledge.  
I agree to receive all carrier required emails, and Tyler Insurance Group Compliance updates.

☐ Additionally, by checking here, I agree to let Tyler Insurance Group send me information about carriers, products, and lead opportunities.

Preferred Method of Contact:  
(Can Select Multiple Methods)

☐ Email

☐ Phone

☐ Text

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## LEGAL QUESTIONS

### *For Contracting and Appointment Requests*

<b>1</b>	Have you ever been charged or convicted of, or plead guilty to, or no contest to, any Felony, Misdemeanor, federal and/or state insurance, and/or securities or investments regulations and/or statutes? Have you ever been on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1A</b>	Have you ever been convicted of, or plead guilty or no contest to, any Felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1B</b>	Have you ever been convicted of, or plead guilty or no contest to, any Misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1C</b>	Have you ever been convicted of, or plead guilty or no contest to, any violation or federal or state securities or investment related regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1D</b>	Have you ever been convicted of, or plead guilty or no contest to, any violation of state insurance department regulation or statute?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1E</b>	Has any foreign government, court, regulatory agency, and/or exchange ever entered an order against you related to investments and/or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1F</b>	Have you ever been charged with any Felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1G</b>	Have you ever been charged with any Misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1H</b>	Have you ever been on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2</b>	Have you ever been, or are you currently being, investigated, have any pending indictments, lawsuits, and/or have ever been in a lawsuit with any insurance companies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2A</b>	Are you currently under investigation by any legal or regulatory authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2B</b>	Are you currently under investigation by any insurance companies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2C</b>	Have you ever been, or are you currently involved in, any pending indictments, lawsuits, civil judgments, and/or other legal proceedings (civil or criminal)? (You may omit family court.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2D</b>	Have you ever been named as a defendant or co-defendant in any lawsuit, or have you ever sued, or been sued, by any insurance companies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b>	Have you ever been alleged to have engaged in any fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4</b>	Have you ever been found to have engaged in any fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5</b>	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5A</b>	Were you terminated and/or resigned because you were accused of violating insurance and/or investment-related statutes, regulations, rules, and/or industry standards of conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5B</b>	Were you terminated and/or resigned because you were accused of fraud and/or the wrongful taking of property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5C</b>	Were you terminated and/or resigned because of failure to supervise in connection with insurance and/or investment-related statutes, regulations, rules, and/or industry standards of conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6</b>	Have you ever had an appointment with any insurance companies terminated for cause and/or been denied any appointment(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>7</b>	Does any insurer, insured, and/or other person claim any commission charge-back and/or other indebtedness from you as a result of any insurance transactions and/or business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>8</b>	Has any lawsuit or claim ever been made against your surety company, and/or errors and omissions insurer, arising out of your sales and/or practices, or, have you been refused surety bonding and/or E&O coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>8A</b>	Has a bonding and/or surety company ever denied, paid on, and/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

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## LEGAL QUESTIONS (CONT.)

### For Contracting and Appointment Requests

<b>8B</b>	Has any Errors & Omissions (E&O) carrier ever denied, paid claims on, and/or canceled your coverage? Or, have you ever had a claim filed against your E&O carrier?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>9</b>	Have you ever had an insurance and/or securities license denied, suspended, canceled, and/or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>10</b>	Has any state and/or federal regulatory body found you to have been a cause of an investment- and/or insurance-related business having its authorization to do business denied, suspended, revoked, and/or restricted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>11</b>	Has any state and/or federal regulatory agency revoked and/or suspended your license as an attorney, accountant, and/or federal contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>12</b>	Has any state and/or federal regulatory agency found you to have made any false statements or omissions, and/or have been dishonest, unfair, and/or unethical?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>13</b>	Have you had any interruptions in licensing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>14</b>	Has any state, federal, and/or self-regulatory agency filed a complaint against you, fined, sanctioned, censured, penalized, and/or otherwise disciplined you for a violation of their regulations, and/or state and/or federal statutes? Have you ever been the subject of a consumer initiated complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>14A</b>	Has any regulatory body ever sanctioned, censured, penalized, and/or otherwise disciplined you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>14C</b>	Have you ever been the subject of a consumer initiated complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>15</b>	Have you personally, and/or any insurance and/or securities brokerage firms with whom you have been associated, filed a bankruptcy petition and/or declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>15A</b>	Have you personally filed a bankruptcy petition or declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>15B</b>	Has any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition and/or been declared bankrupt either during your association and/or within five years after termination of such association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>15C</b>	Is the bankruptcy pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>16</b>	Have you ever had any judgments, garnishments, and/or liens against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>17</b>	Are you connected in any way with a bank, savings and loan association, and/or other lending or financial institutions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>18</b>	Have you ever used any other names or aliases?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>19</b>	Do you have any unresolved matters pending with the Internal Revenue Services and/or other taxing authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If you answered “YES” to any of the questions above, please provide an explanation that includes dates, actions, and descriptions. You can attach additional paper if necessary.**

*By signing this form, I attest that the information I have provided is true to the best of my knowledge. I acknowledge that if any of the information changes, I will notify my agency office within five (5) days of such a change. Furthermore, I understand that my agency may contact me when I need to answer any and all carrier-specific questions.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## BANKING INFORMATION

Bank Routing #: \_\_\_\_\_

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

Branch Name or Location: \_\_\_\_\_

*\*Be sure to attach a voided check*

## OTHER INFORMATION

Requesting Commission Advancing? ☐ Yes ☐ No

List a Beneficiary: \_\_\_\_\_

Relationship: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Resident Driver's License State: \_\_\_\_\_

Have you taken an AML course within the past two (2) years? ☐ Yes ☐ No  
(Anti-Money Laundering)

Course Name: \_\_\_\_\_

Course Date: \_\_\_\_\_  
(MM/YYYY)

Where were you born?

State: \_\_\_\_\_ City: \_\_\_\_\_

**Long-Term Care Partnership Certification:** Please attach the certificate or CE Update.

I confirm that all of the information is true and correct, and I have given **Tyler Insurance Group** my permission to enter the information on my behalf.

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## ADDITIONAL INFORMATION

**SelectHealth**

*If not selecting SelectHealth as a carrier, please disregard this page.*

### Professional Information

Nevada Accident and Health Insurance License #: \_\_\_\_\_

Issue Date: \_\_\_\_\_  
(MM/DD/YYYY)

Expiration Date: \_\_\_\_\_  
(MM/DD/YYYY)

Please list the names of the carriers to which you are currently appointed with, or applying for appointment:

Have you ever been cited, fined, suspended, revoked and/or refused a license by any state? If yes, provide the date and state: ☐ Yes ☐ No

Date: \_\_\_\_\_  
(MM/YYYY)

State: \_\_\_\_\_

Have you previously been appointed with SelectHealth? ☐ Yes ☐ No

Please list any languages that you speak fluently: \_\_\_\_\_

### Professional References

Please list any professional associations to which you belong:  
(Including date of membership)

Please list two (2) professional references that can attest to your honesty, professionalism, and ethical standards of practice:  
(Including the phone number to reach them)

### Disciplinary Actions

Have you ever been excluded from participating in a government healthcare program such as Medicaid or Medicare? ☐ Yes ☐ No

If "yes", please provide complete background and detail of circumstances, paying particular attention to activities affecting interstate commerce:  
(If needed, you may attach an additional page.)

*By signing this form, I acknowledge that all of the information is true and correct to the best of my knowledge.*

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## LETTER OF EXPLANATION

*Use additional paper if necessary.*

Date of Action: \_\_\_\_\_  
(MM/DD/YYYY)

Action: \_\_\_\_\_ Reason: \_\_\_\_\_

Explanation:

Date of Action: \_\_\_\_\_  
(MM/DD/YYYY)

Action: \_\_\_\_\_ Reason: \_\_\_\_\_

Explanation:

Date of Action: \_\_\_\_\_  
(MM/DD/YYYY)

Action: \_\_\_\_\_ Reason: \_\_\_\_\_

Explanation:

## LICENSES

AML (Anti-Money Laundering) Provider: ☐ LIMRA ☐ None ☐ Other  
(If other, please provide certificate of completion)

Date Completed: \_\_\_\_\_  
(MM/DD/YYYY)

Are you a registered representative with FINRA? ☐ Yes ☐ No  
(If "yes", please provide the broker and/or dealer's name)

Broker/Dealer Name: \_\_\_\_\_

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

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## AGENT REFERRAL INFORMATION

Agent Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**You can Earn Extra Money**

***Call your sales director for more details on our referral program!***

5540 S Fort Apache Rd #100 | Las Vegas, NV 89148 | 1 (725) 605-8995 | [www.tylerinsurancegroup.com](http://www.tylerinsurancegroup.com)

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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 use the following examples as reference:

### Correct:

Name of Insurance Agency

*Full Agent Name*

Address Line 1

Address Line 2

City, State, ZIP

### Incorrect:

Name of Insurance Agency

Address Line 1

Address Line 2

City, State, ZIP

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*If an individual's name is not listed correctly, please provide a letter from the E&O Carrier listing the agents covered under agency policy.*

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## SIGNATURE

General Agent: Tyler Insurance Group

I, \_\_\_\_\_, hereby authorize Tyler Insurance Group to affix or append a facsimile of my signature, as set forth below, to all required signature fields on all Insurance Carrier documents through the software or through any other means, including without limitation, by e-mail or orally. For which I have authorized Tyler Insurance Group to submit all such forms and agreements on my behalf, for the purposes of being Contracted to sell products of Carriers through Tyler Insurance Group. I hereby release, indemnify and hold harmless Tyler Insurance Group 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.

I affirm that the information I have submitted through the interview process to Tyler Insurance Group is correct to the best of my knowledge and acknowledge that I have read and reviewed the documents for which I am authorizing my signature to be affixed to. I acknowledge and agree to indemnify and hold harmless any third party 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 and acceptance on any form or agreement of a facsimile of my signature.

By signing this form, I acknowledge that all information is true and correct to the best of my knowledge.

Please read, sign, and fax back to **702-851-5842**.

*Additionally, please sign in the center of the box below:*

Example:

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Check the box next to the carrier names that you would like to select. For non-resident state requests, please write in state next to the carrier. Please be advised that some carriers charge resident and-or non-resident appointment fees. If you are requesting non-resident appointment, please indicate what states in the block provided.

CARRIER(S)	✓	NON-RES STATES	CARRIER(S)	✓	NON-RES STATES
Aetna Medicare Advantage/ Coventry LINK			Humana LINK		
Aetna Medicare Supplement (ACI/ CLI)			Independence Blue Cross		
AGLA Life with Living Benefits			John Hancock		
Alignment Health LINK			Lincoln Financial		
American Equity			LUMICO MS LINK		
American General Life Brokerage Annuity			Medico Group		
Americo			Molina ACA LINK		
Americo Legacy			Molina MA LINK		
Anthem BCBS/ Empire/ Amerigroup/ Caremore LINK			Mutual of Omaha Med Supp/ PDP		
Assurity Legacy			Mutual of Omaha Insurance Company (Omaha Insurance, United of Omaha Life Ins., United World Life Ins.)		
Athene Annuity & Life Assurance Company					
Athene, IA Annuity			National Care Dental LINK		
Baltimore Life			National Guardian Life		
Banker's Fidelity Life/ Assurance Company			National Guardian Life Med Supp LINK		
BayCare LINK			National Life Group LINK		
Blue Cross Blue Shield MI LINK			National Western		
Bright ACA LINK			Nationwide		
Brighthouse Financial			North American Company (NACOLAH) Life & Annuity		
Capitol Life - Med Supp LINK			Oceanview		
Cigna ACA LINK			Oscar Health LINK		
Cigna Final Expense/ Med Supp (Arlic/ Loyal American / CHLIC)			Protective Life		
Cigna HealthSpring (Bravo Health) LINK			Prudential		
Clover Health LINK			Regence		
Columbian Mutual Life Insurance Company			Royal Neighbors of America		
Combined Insurance Company of America			SCAN		
Devoted Health LINK			SelectHealth LINK		
Emblem/ Connecticare LINK			Sentinel Security Life Insurance Company		
Equitable Annuity			Simply LINK		
Equitrust			Sons of Norway LINK		
F&G			The Standard		
F&G (Legacy)			Transamerica New York		
Foresters Financial			Transamerica Premier		
Foresters Life			United Home Life LINK		
Freedom/ Optimum LINK			United Security Assurance		
Global Atlantic			UnitedHealthcare LINK		
Great American			USIC MS LINK		
Great Western GI Life			Washinton National		
Guarantee Trust Life			WellCare LINK		
HealthFirst LINK			William Penn		
			Other:		