



New Agent Information Collection Form

This form is designed to collect the necessary information to assist new agents in completing their contracting process. The information provided will only be used for this purpose. All the information will be submitted through our online licensing system, SureLC. Signing and submitting the information and Signature Page authorizes FISO GROUP LLC(FISO) to submit your information through our online licensing program. Signing the EFT Authorization allows for carriers and FISO to direct deposit your commissions.

Required Information:

- Last Name (as shown on Driver's License): _____
 - First Name (as shown on Driver's License): _____
 - Social Security Number (SSN): _____
 - Date of Birth (DOB): _____
 - Gender: _____
 - Email Address: _____
 - Phone Number: _____
 - Driver's License State: _____
 - Driver's License Number: _____
 - Driver's License Expiration Date: _____
 - Resident Address: _____
 - Business Address: _____
 - Mailing Address: _____
 - Are you a Registered Rep with FINRA? _____
 - If Yes, Broker/Dealer Name: _____
 - CRD #: _____
 - Please list any Honors you currently hold: _____
 - If AML provider is LIMRA, date completed: _____
 - 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: _____

Principal Name: _____ Principal Title: _____ Email: _____

Company Type:

- Corporation
- Partnership
- LLC
- LLP

Company Address (No PO Boxes) Start Date:

Line 1: _____

City: _____ State & Zip code: _____

Additional Instructions:

Please attach the following documents along with this form and send them to contracting@fisogroup.com:

1. Individual/ or corporate Insurance License
2. Your E&O (Errors and Omissions Insurance)
3. Voided Check
4. AML (Anti-Money Laundering) Certificate(If not with LIMRA)
5. The name of the insurance company you wish to contract with:



Appointment Request Sheet

Please list the carriers that you have pending cases ready to submit(Attach more if needed).

Carrier:	
Client Information	
Last name:	First name:
SSN:	DOB:
Signed Date:	State:
Carrier:	
Client Information	
Last name:	First name:
SSN:	DOB:
Signed Date:	State:

Thank you for your cooperation.

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 Letter of Explanation including specific dates.

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?
 - Yes
 - 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?
 - 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 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 insurer, insured, or other person claim any commission chargeback or other indebtedness from you as a result of any insurance transactions or business?
 - Yes
 - 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?
 - 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 an 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? Have you ever been the subject of a consumer initiated complaint?
- 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. Have you ever had any 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 Internal Revenue Service or other taxing authority?

- Yes
- No

LETTER OF EXPLANATION

Date of Action:

Action:

Reason:

Explanation:

Date of Action:

Action:

Reason:

Explanation:

Date of Action:

Action:

Reason:

Explanation:

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: ____ / ____ / ____.



History

Employment History-- Please provide past 5 years of employment history:

From:	To:
Company: _____	Position: _____
Location: _____	
From:	To:
Company: _____	Position: _____
Location: _____	
From:	To:
Company: _____	Position: _____
Location: _____	

Address History -- Please provide past 5 years of address history:

From:	To:
Line 1: _____	
City: _____	State & Zip code: _____
From:	To:
Line 1: _____	
City: _____	State & Zip code: _____
From:	To:
Line 1: _____	
City: _____	State & Zip code: _____
From:	To:
Line 1: _____	
City: _____	State & Zip code: _____
From:	To:
Line 1: _____	
City: _____	State & Zip code: _____



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.

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

PRODUCERIDXXX



NON-SOLICITATION AGREEMENT

This Agreement is made and effective on

BETWEEN: **FISO GROUP LLC.** (the "Agency"), a company organized and existing under the laws of State of ILLINOIS,

AND: _____ (the "Agent"), an individual who is a licensed insurance agent under the laws of the State of _____, with residency located at _____.

In consideration of the mutual covenants set forth above the below, the Agent consents to the following:

1. NO BUSINESS SOLICITATION

The Agent shall not engage in any business solicitation (e.g. recruiting, commission...etc) with other agents or other agents' clients of FISO.

2. NO RECORDING

The Agent shall not conduct any form of video or audio recording during the training, meeting, conference, and seminar etc. which is held by FISO.

In the event that the Agent fails to abide the above regulations, the Agent would be asked to leave the event immediately, and the Agency reserves the rights to terminate any affiliation with the Agent.

In witness whereof, the parties hereto have executed this Agreement as of the day and year first above written.

AGENT

FISO GROUP LLC (AGENCY)

Authorized Signature

Authorized Signature

Print Name and Title

Print Name and Title



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 for checking account or deposit slip for saving account)