

CONTRACTING TRANSMITTAL



Agent Contracting & Hierarchy Information

CONTRACTING SUBMISSION DATE: _____

AGENT NAME: _____

AGENCY NAME (IF APPLICABLE): _____

DIRECT UPLINE NAME (IF APPLICABLE): _____

COMMISSION LEVEL (PER AGENCY OWNER): _____

NOTES: _____

Contracting Required Item Checklist

- State License (All licensed States)
- AML Certificate (Please sign certificate)
- *Annuities Certification (State Required Certificate)
- *Long Term Care Certification (State Required Certificate)
- Error & Omission Insurance
- Copy of Voided Check
- LFC – Direct Deposit Authorization/ W-9
- Letter of explanation (if applicable)
- Carrier Contracting Kit with Annualization Form

Please do not submit contracts until all required items are attached to ensure submission to carrier.

(*) Items are only necessary if you are looking to contract for Annuities or LTC product lines.

FOR INTERNAL USE ONLY

Carriers Submitted: _____

Date Submitted to Carriers: _____

NOTES: _____

