DirectBenefits | Trusted Coverage. One Place.

CONTRACTING MADE EASY

MVP Service Solutions has now moved to online contracting. We will take all necessary steps to get you contracted and, if you wish, arrange to have your commissions deposited directly into your checking or savings account.

You can save time by taking advantage of our fillable forms, which can allow this paperwork to be completed faster! Or, you can print it out.

If using fillable forms, once all entries are made, print and sign where required on the Agent Data Sheet, Background Questionnaire, and Signature Page.
(Be sure to keep a copy for your records!) *

Complete the Agent Data Sheet & Background Questionnaire. (Be sure to provide your signature in the CENTER of the box on the Required Signature page.) If you wish the convenience of direct deposit, complete the form and send along with a voided check. To any yes answers please provide a letter of explanation and supporting documents.

To expedite processing,we must receive a copy of your agent license(s) and E&O as soon as possible.

You may email all of the above to: concierge@directbenefits.com

Any questions please give us a call at 800-620-5010 Option #4

As you will see on the Agent Data Sheet, some carriers require Errors & Omissions coverage. E & O coverage is a worthwhile investment, considering the affordable premium versus the high levels of liability the policy covers. And Coverage is pro-rated for the period you are covered. Be sure to include a copy of your E & O contract when submitting this paperwork.

* Please note: This type of fillable form is unable to save information entered into fields. Once completed, you will need to print physical copies (One for yourself, one to sign/submit to our office).

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: _____

Mailing Address (No PO Boxes) 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?	☐ Yes ☐ No
1A	Have you ever been convicted of or plead guilty or no contest to any Felony?	☐ Yes ☐ No
1B	Have you ever been convicted of or plead guilty or no contest to any Misdemeanor?	☐ Yes ☐ 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?	☐ Yes ☐ No
1D	Have you ever been convicted of or plead guilty or no contest to a violation of state insurance department regulation or statute?	☐ Yes ☐ No
1E	Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud?	☐ Yes ☐ No
1F	Have you ever been charged with any Felony?	☐ Yes ☐ No
1G	Have you ever been charged with any Misdemeanor?	☐ Yes ☐ No
1H	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 a lawsuit with an insurance company?	☐ Yes ☐ No
2A	Are you currently under investigation by any legal or regulatory authority?	☐ Yes ☐ No
2B	Have you been under investigation by any insurance company?	☐ Yes ☐ 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).	☐ Yes ☐ 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?	☐ 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 a reason other than lack of sales?	☐ Yes ☐ No
5A	Were you terminated/resigned because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of conduct?	☐ Yes ☐ No
5B	Were you terminated/resigned because you were accused of fraud or the wrongful taking of property?	☐ Yes ☐ No
5C	Failure to supervise in connection with insurance or investment related statues, regulations, rules or industry standards of conduct?	☐ 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
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?	☐ Yes ☐ 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?	☐ 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 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
14A	Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?	☐ Yes ☐ No
14B	Has any state, federal, or self-regulatory agency filed a complaint against you, fined o sanctioned you?	☐ Yes ☐ No
14C	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
15A	Have you personally filed a bankruptcy petition or declared bankruptcy?	☐ Yes ☐ 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?	☐ Yes ☐ No
15C	Is the bankruptcy pending?	☐ 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

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 7 years of employment history:

From: ____/____/____ To: ____/____/____

Company: _____ Position: _____

Location: _____

From: ____/____/____ To: ____/____/____

Company: _____ Position: _____

Location: _____

From: ____/____/____ To: ____/____/____

Company: _____ Position: _____

Location: _____

Address History -- Please provide past 7 years of address history:

***NOTE* Attach additional info if needed**

From: ____/____/____ To: ____/____/____ ***City/State Not Needed***

Line 1: _____ Line 2: _____ Zip code: _____

From: ____/____/____ To: ____/____/____ ***City/State Not Needed***

Line 1: _____ Line 2: _____ Zip code: _____

From: ____/____/____ To: ____/____/____ ***City/State Not Needed***

Line 1: _____ Line 2: _____ Zip code: _____

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

Form **W-9**
(Rev. November 2017)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC | C Corporation | S Corporation | Partnership | Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person** ▶ | **Date** ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

Gerber Life Insurance Company

Schedule of Commissions

Level 3

Guaranteed Life
Year 1
55.00%

Grow Up Plan	
Face Amounts ≤ $24,999	**Face Amounts ≥ $25,000**
Year 1	**Year 1**
40.00%	50.00%

College Plan			
10 - 15 Years	**16 - 20 Years**	**Single Premium**	**5 Years of Premium**
Year 1	**Year 1**	**Year 1**	**Year 1**
9.00%	17.00%	2.75%	3.50%

Accident Protection – All States Except FL	
Face Amounts ≤ $249,999	**Face Amounts ≥ $250,000**
Year 1	**Year 1**
45.00%	55.00%

Accident Protection - FL	
Face Amounts ≤ $99,999	**Face Amounts ≥ $100,000**
Year 1	**Year 1**
45.00%	55.00%

Writing Agents cannot be paid more than Level 4 compensation.

Compensation equals percent shown minus downline commissions paid.