

CONTRACTING WITH PINNACLE

Welcome to Pinnacle Financial Services!

To get started, please fill out the forms included with this cover page and fax, or send using a secure email, 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 [Pinnacle Financial Services](#) for details.

Please fax to 267-386-8135 or send using the Secure Email on our website.

If you have any questions, please call **1 (800) 772-6881** for assistance.

We look Forward to Partnering with you!

REGISTRATION ON WWW.PFSINSURANCE.COM IS REQUIRED TO PROCESS CONTRACTING

ALL PAGES MUST BE SIGNED

1 of 9 | Form #PFSCON-031621



CONTRACT APPLICATION

Agent Name: _____ SSN: _____ - _____ - _____

Agency Name (if applicable): _____ Tax ID: _____ - _____

Personal Name or Principal: _____

Insurance License Number: _____ Birth Date (MM/DD/YYYY) ____/____/____

NPN Number: _____ 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 in 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 Pinnacle Financial Services Compliance updates.

Additionally, by checking here, I agree to let Pinnacle Financial Services send me carriers, products, and lead opportunities.

Preferred Method of Contact (can select multiple methods): Email Phone Text

INITIALS

DATE



BACKGROUND INFORMATION

All "Yes" Answers Must Have an Explanation to be Processed

Is there any indebtedness to any insurance company? If yes, provide the name of the company, amount, and the repayment agreement: Yes No

Have you ever been convicted of a felony or misdemeanor other than a traffic offense? If yes, explain and provide the date(s) of each: Yes No

Have you had your driver's license revoked? If yes, explain and provide date(s): Yes No

Are you in the process of, or have you ever, filed for bankruptcy? If yes, explain and answer the following questions: Yes No

Have you ever filed bankruptcy, have been declared bankrupt or insolvent, or have had your salary garnished? Yes No

Have you, or any business of which you were presently are a principal, been involved in a bankruptcy action, or compromised liabilities with creditors? Yes No

Have you ever filed a petition for bankruptcy or for protection from creditors? Yes No

Has any insurance or securities brokerage firm, with whom you have been associated, ever filed a bankruptcy petition or been declared bankrupt (either during your association or within 5 years after termination of such association)? Yes No

When was bankruptcy filed (MM/DD/YYYY)? ____ / ____ / ____

What was the amount of your bankruptcy? _____

Please select which you filed: Chapter 7 Chapter 11 Chapter 13

Please provide the date you filed for bankruptcy (MM/DD/YYYY): ____ / ____ / ____

Please provide the date your bankruptcy was paid off, (if applicable) (MM/DD/YYYY): ____ / ____ / ____

Are you now, or have you ever been, employed by, or associated with to any degree, directly or indirectly, a bank, savings and loan, or other financial institution? Yes No

Are you now subject of any complaint, investigation, or proceeding which could result in a yes answer to any of the preceding questions? Yes No

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Have you ever been refused a bond or Errors and Omissions Insurance? If yes, please explain: Yes No

Have you ever had your insurance license suspended or revoked? If yes, please explain: Yes No

Have you ever had disciplinary action taken against you with any Department of Insurance? If yes, please explain: Yes No

Are you, or at this present time, or have you been within the past five years, involved in any civil litigation, judgments, liens, or foreclosures? If yes, please explain: Yes No

Have you ever been denied an appointment with any insurance company? If yes, please explain: Yes No

Have you ever been terminated for cause by any insurance carrier? If yes, please explain: Yes No

BANKING INFORMATION

Bank Routing Number (9 digits): _____ Account Number: _____

Branch Name or Location: _____

***BE SURE TO ATTACH A VOIDED CHECK**

OTHER INFORMATION

Requesting Commission Advancing? Yes No

List a Beneficiary: _____ Relationship: _____

Resident Driver's License State: _____ Driver's License Number: _____

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

If yes, provide the date of the AML (Anti-Money Laundering):

Date (MM/YYYY): _____ / _____ Course Name: _____

Where were you born? (City,State) _____

LONG-TERM CARE PARTNERSHIP CERTIFICATION: Please Attach Certificate or CE Update
I confirm that all information is true and correct, and I have given Pinnacle Financial Services 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 Number: _____

Issue Date (MM/DD/YYYY): ____ / ____ / ____ Expiration Date (MM/DD/YYYY): ____ / ____ / ____

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

Have you ever been cited, fined, suspended, revoked, or refused a license by any state? Yes No

If yes, provide the state, month, and year: State: _____ Date (MM/YYYY): ____ / ____

Have you previously been appointed with SelectHealth? Yes No

Please list any languages, other than English, that you speak fluently: _____

PROFESSIONAL REFERENCES

List any professional associations to which you belong:

Name of Organization: _____ Member Since (MM/DD/YYYY): ____ / ____ / ____

Name of Organization: _____ Member Since (MM/DD/YYYY): ____ / ____ / ____

List two professional references that can attest to your honesty, professionalism, and ethical standards of practice:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

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 another page):

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

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LETTER OF EXPLANATION

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:

USE ADDITIONAL PAPER IF NECESSARY

LICENSES

AML Provider: Limra None Other

Date Completed (MM/DD/YYYY): ____ / ____ / ____

If other, please provide certificate of completion.

Are you a Registered Rep with FINRA? Yes No

If yes, 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: _____

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YOU CAN EARN EXTRA MONEY

CALL YOUR SALES DIRECTOR FOR MORE DETAILS ON OUR REFERRAL PROGRAM!

65 W Street Rd, Suite A-101 | Warminster, PA 18974 | 1 (800) 772-6881 | 267-386-8136 | www.pfsinsurance.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

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



SIGNATURE

GENERAL AGENT: Pinnacle Financial Services

I, _____, hereby authorize Pinnacle Financial Services 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 Pinnacle Financial Services to submit all such forms and agreements on my behalf, for the purposes of being Contracted to sell products of Carriers through Pinnacle Financial Services. I hereby release, indemnify and hold harmless Pinnacle Financial Services 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 Pinnacle Financial Services 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 267-386-8135.
Additionally, please sign in the center of the box below:***

EXAMPLE:





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.

CARRIERS	✓	NON-RES STATES	CARRIERS	✓	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			National Care Dental LINK		
Athene, IA Annuity			National Guardian Life		
Baltimore Life			National Guardian Life Med Supp LINK		
Banker's Fidelity Life/ Assurance Company			National Life Group LINK		
BayCare LINK			National Western		
Blue Cross Blue Shield MI LINK			Nationwide		
Bright ACA LINK			North American Company (NACOLAH) Life & Annuity		
Brighthouse Financial			Oceanview		
Capitol Life - Med Supp LINK			Oscar Health LINK		
Cigna ACA LINK			Protective Life		
Cigna Final Expense/ Med Sup (Arlic/ Loyal American/ CHLIC)			Prudential		
Cigna HealthSpring (Bravo Health) LINK			Regence		
Clover Health LINK			Royal Neighbors of America		
Columbian Mutual Life Insurance Company			SCAN		
Combined Insurance Company of America			SelectHealth LINK		
Devoted LINK			Sentinel Security Life Insurance Company		
Emblem/ Connecticare LINK			Simply LINK		
Equitable Annuity			Sons of Norway LINK		
Equitrust			The Standard		
F&G			Transamerica New York		
F&G (Legacy)			Transamerica Premier		
Foresters Financial			United Home Life LINK		
Foresters Life			United Security Assurance		
Freedom/ Optimum LINK			UnitedHealthcare LINK		
Global Atlantic			USIC MS LINK		
Great American			Washington National		
Great Western GI Life			WellCare LINK		
Guarantee Trust Life			William Penn		
HealthFirst LINK			Other:		

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