

# 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](http://WWW.PFSINSURANCE.COM) IS REQUIRED TO PROCESS CONTRACTING

*ALL PAGES MUST BE SIGNED*

1 of 9 | Form #PFSCON-021622



# 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

\_\_\_\_\_  
INITIALS

\_\_\_\_\_  
DATE



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.*

INITIALS

DATE



# 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.*

INITIALS

DATE



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

\_\_\_\_\_  
INITIALS

\_\_\_\_\_  
DATE



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

Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## 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](http://www.pfsinsurance.com)

\_\_\_\_\_  
INITIALS

\_\_\_\_\_  
DATE



## 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

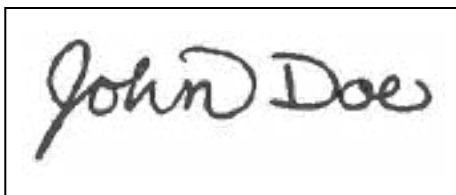
I, \_\_\_\_\_, hereby authorize Pinnacle Financial Services to affix or append a facsimile of my signature, as set forth below, to all required signature fields on all Insurance Carrier documents through the software or through any other means, including without limitation, by e-mail or orally. For which 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:



John Doe



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 <b>LINK</b>			Independence Blue Cross		
Aetna Medicare Supplement (ACI/ CLI) <b>LINK</b>			John Hancock		
AGLA Life with Living Benefits			Kemper		
AIG			Lincoln Financial		
Alignment Health <b>LINK</b>			LUMICO MS <b>LINK</b>		
American Equity			Medico Group		
American General Life Brokerage Annuity			Molina ACA <b>LINK</b>		
Americo			Molina MA <b>LINK</b>		
Americo Legacy			Mutual of Omaha Med Supp/ PDP		
AmeriHealth			Mutual of Omaha Insurance Company (Omaha Insurance, United of Omaha Life Ins., United World Life Ins.)		
Anthem BCBS/ Empire/ Amerigroup/ Caremore <b>LINK</b>			Nassau Annuity		
Assurity Legacy			National Care Dental <b>LINK</b>		
Athene Annuity & Life Assurance Company			National Guardian Life		
Athene, IA Annuity			National Guardian Life Med Supp <b>LINK</b>		
Baltimore Life			National Life Group <b>LINK</b>		
Banker's Fidelity Life/ Assurance Company			National Western		
Banner Life			Nationwide		
BayCare <b>LINK</b>			North American Company (NACOLAH) Life & Annuity		
Blue Cross Blue Shield MI <b>LINK</b>			Oceanview		
Bright ACA <b>LINK</b>			Oscar Health <b>LINK</b>		
Brighthouse Financial			Pacific Guardian Life		
Capitol Life Med Supp <b>LINK</b>			People's Health <b>LINK</b>		
Cigna ACA <b>LINK</b>			Prospertiy Life <b>LINK</b>		
Cigna Final Expense/ Med Sup (Arlic/ Loyal American/ CHLIC)			Prospertiy Med Supp <b>LINK</b>		
Cigna HealthSpring (Bravo Health) <b>LINK</b>			Protective Life		
Clover Health <b>LINK</b>			Prudential		
Columbian Mutual Life Insurance Company			Regence		
Combined Insurance Company of America			Royal Neighbors of America		
Devoted <b>LINK</b>			SCAN <b>LINK</b>		
Emblem/ Connecticare <b>LINK</b>			SelectHealth <b>LINK</b>		
Equitable Annuity			Sentinel Security Life Insurance Company		
Equitrust			Simply <b>LINK</b>		
F&G			Sons of Norway <b>LINK</b>		
F&G (Legacy)			The Standard		
Foresters Financial/ Foresters Life			Transamerica New York		
Florida Blue <b>LINK</b>			Transamerica Premier		
Freedom/ Optimum <b>LINK</b>			Ultimate Health Plans <b>LINK</b>		
Geisinger			United Home Life <b>LINK</b>		
Gerber Life			United National Life		
GLIC			United Security Assurance		
Global Atlantic			UnitedHealthcare <b>LINK</b>		
Great American			UnitedHealthcare ACA <b>LINK</b>		
Great Western GI Life			UnitedHealthOne		
Guarantee Trust Life			USIC MS <b>LINK</b>		
HealthFirst <b>LINK</b>			Washington National		
Health Partners			WellCare/ Allwell/ Centene <b>LINK</b>		
Highmark/ UPMC			William Penn		
Humana <b>LINK</b>			Other:		

INITIALS  
ALL PAGES MUST BE SIGNED

DATE