

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 10 | Form #PFSCON-100422

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

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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.

INITIALS

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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#: _____

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: _____

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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

INITIALS

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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:



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.

Danielle Houck
x7712 | dhouck@pfsinsurance.com

CARRIERS	✓	NON-RES STATES	CARRIERS	✓	NON-RES STATES
ACI - New to carrier LINK			F&G (Legacy)		
Aetna Medicare Advantage/ Coventry LINK			Foresters Financial/ Foresters Life		
Aetna Medicare Supplement (ACI/ CLI) LINK			Florida Blue LINK		
AGLA Life with Living Benefits			Freedom/ Optimum LINK		
AIG			Geisinger		
Alignment Health LINK			Gerber Life		
American Home Life LINK			GLIC Rx LINK		
American Equity			Global Atlantic		
American General Life Brokerage Annuity			Great American		
Americo			Great Western GI Life		
Americo Legacy			Guarantee Trust Life		
AmeriHealth			HealthFirst LINK		
Anthem BCBS/ Empire/ Amerigroup/ Caremore LINK			Health Partners		
Atlantic Med Supp LINK			Highmark/ UPMC		
Athene Annuity & Life Assurance Company			Humana LINK		
Athene, IA Annuity			Independence Blue Cross		
Baltimore Life			John Hancock		
Banker's Fidelity Life/ Assurance Company			Kemper		
Banner Life			Lincoln Financial		
BayCare LINK			LUMICO MS LINK		
Blue Cross Blue Shield of TX LINK			Medico Group		
Blue Cross Blue Shield of OK LINK			Molina ACA LINK		
Blue Cross Blue Shield of NM LINK			Molina MA LINK		
Blue Cross Blue Shield of MT LINK			Mutual of Omaha Med Supp/ PDP		
Blue Cross Blue Shield MI LINK			Mutual of Omaha Insurance Company (Omaha Insurance, United of Omaha Life Ins., United World Life Ins.)		
Bright ACA LINK			Nassau Annuity		
Brighthouse Financial			National Care Dental LINK		
Capitol Life Med Supp LINK			National General (Allstate Med Sup) LINK		
Cigna ACA LINK			National Guardian Life		
Cigna Final Expense/ Med Sup (Arlic/ Loyal American/ CHLIC)			National Guardian Life Med Supp LINK		
Cigna HealthSpring (Bravo Health) LINK			National Life Group LINK		
Clover Health LINK			National Western		
Columbian Mutual Life Insurance Company			Nationwide		
Devoted LINK			North American Company (NACOLAH) Life & Annuity		
Emblem/ Connecticare LINK			Oceanview		
Equitable Annuity			Oscar Health LINK		
Equitrust			Pacific Guardian Life		
F&G			People's Health LINK		



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.

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CARRIERS	✓	NON-RES STATES
Prospertiy Med Supp LINK		
Protective Life		
Prudential		
Regence		
Royal Neighbors of America		
SCAN LINK		
Select Health LINK		
Sentinel Security Life Insurance Company		
Simply LINK		
Sons of Norway LINK		
The Standard		
Transamerica New York		
Transamerica Premier		
Ultimate Link		
Ultimate Health Plans LINK		
United Home Life LINK		
United National Life		
United Security Assurance		
UnitedHealthcare LINK		
UnitedHealthcare ACA LINK		
UnitedHealthOne		
USIC MS LINK		
Washington National		
WellCare/ Allwell/ Centene LINK		
William Penn		
Other:		

INITIALS

DATE