

# 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

Jessica Strauss | x7702 | [jstrauss@pfsinsurance.com](mailto:jstrauss@pfsinsurance.com)



# CONTRACT APPLICATION

Agent Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_  
*(If Applicable)*

Personal Name or Principal: \_\_\_\_\_

Insurance License #: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
*(MM/DD/YYYY)*

NPN #: \_\_\_\_\_  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: \_\_\_\_\_  
*(Within 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 information about carriers, products, and lead opportunities.

Preferred Method of Contact: \_\_\_\_\_  Email  Phone  Text  
*(Can Select Multiple Methods)*

INITIALS

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# LEGAL QUESTIONS

## For Contracting and Appointment Requests

<b>1</b>	Have you ever been charged or convicted of, or plead guilty to, or no contest to, any Felony, Misdemeanor, federal and/or state insurance, and/or securities or investments regulations and/or statutes? Have you ever been on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1A</b>	Have you ever been convicted of, or plead guilty or no contest to, any Felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1B</b>	Have you ever been convicted of, or plead guilty or no contest to, any Misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1C</b>	Have you ever been convicted of, or plead guilty or no contest to, any violation or federal or state securities or investment related regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1D</b>	Have you ever been convicted of, or plead guilty or no contest to, any violation of state insurance department regulation or statute?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1E</b>	Has any foreign government, court, regulatory agency, and/or exchange ever entered an order against you related to investments and/or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1F</b>	Have you ever been charged with any Felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1G</b>	Have you ever been charged with any Misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1H</b>	Have you ever been on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2</b>	Have you ever been, or are you currently being, investigated, have any pending indictments, lawsuits, and/or have ever been in a lawsuit with any insurance companies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2A</b>	Are you currently under investigation by any legal or regulatory authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2B</b>	Are you currently under investigation by any insurance companies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2C</b>	Have you ever been, or are you currently involved in, any pending indictments, lawsuits, civil judgments, and/or other legal proceedings (civil or criminal)? (You may omit family court.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2D</b>	Have you ever been named as a defendant or co-defendant in any lawsuit, or have you ever sued, or been sued, by any insurance companies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b>	Have you ever been alleged to have engaged in any fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4</b>	Have you ever been found to have engaged in any fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5</b>	Has any insurance or financial services company, or broker-dealer, terminated your contract or appointment, or permitted you to resign for any reason other than lack of sales?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5A</b>	Were you terminated and/or resigned because you were accused of violating insurance and/or investment-related statutes, regulations, rules, and/or industry standards of conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5B</b>	Were you terminated and/or resigned because you were accused of fraud and/or the wrongful taking of property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5C</b>	Were you terminated and/or resigned because of failure to supervise in connection with insurance and/or investment-related statutes, regulations, rules, and/or industry standards of conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6</b>	Have you ever had an appointment with any insurance companies terminated for cause and/or been denied any appointment(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>7</b>	Does any insurer, insured, and/or other person claim any commission charge-back and/or other indebtedness from you as a result of any insurance transactions and/or business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>8</b>	Has any lawsuit or claim ever been made against your surety company, and/or errors and omissions insurer, arising out of your sales and/or practices, or, have you been refused surety bonding and/or E&O coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>8A</b>	Has a bonding and/or surety company ever denied, paid on, and/or revoked a bond for you? Or, have you ever had a claim filed against your surety company?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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# LEGAL QUESTIONS (CONT.)

For Contracting and Appointment Requests

8B	Has any Errors & Omissions (E&O) carrier ever denied, paid claims on, and/or canceled your coverage? Or, have you ever had a claim filed against your E&O carrier?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Have you ever had an insurance and/or securities license denied, suspended, canceled, and/or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Has any state and/or federal regulatory body found you to have been a cause of an investment- and/or insurance-related business having its authorization to do business denied, suspended, revoked, and/or restricted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Has any state and/or federal regulatory agency revoked and/or suspended your license as an attorney, accountant, and/or federal contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Has any state and/or federal regulatory agency found you to have made any false statements or omissions, and/or have been dishonest, unfair, and/or unethical?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Have you had any interruptions in licensing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Has any state, federal, and/or self-regulatory agency filed a complaint against you, fined, sanctioned, censured, penalized, and/or otherwise disciplined you for a violation of their regulations, and/or state and/or federal statues? Have you ever been the subject of a consumer initiated complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14A	Has any regulatory body ever sanctioned, censured, penalized, and/or otherwise disciplined you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14C	Have you ever been the subject of a consumer initiated complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Have you personally, and/or any insurance and/or securities brokerage firms with whom you have been associated, filed a bankruptcy petition and/or declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15A	Have you personally filed a bankruptcy petition or declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15B	Has any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition and/or been declared bankrupt either during your association and/or within five years after termination of such association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15C	Is the bankruptcy pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Have you ever had any judgments, garnishments, and/or liens against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Are you connected in any way with a bank, savings and loan association, and/or other lending or financial institutions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Have you ever used any other names or aliases?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you have any unresolved matters pending with the Internal Revenue Services and/or other taxing authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "YES" to any of the questions above, please provide an explanation that includes dates, actions, and descriptions. You can attach additional paper if necessary.

\_\_\_\_\_

*By signing this form, I attest that the information I have provided is true to the best of my knowledge. I acknowledge that if any of the information changes, I will notify my agency office within five (5) days of such a change. Furthermore, I understand that my agency may contact me when I need to answer any and all carrier-specific questions.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# BANKING INFORMATION

Bank Routing #: \_\_\_\_\_

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

Branch Name or Location: \_\_\_\_\_

*\*Be sure to attach a voided check*

## OTHER INFORMATION

Requesting Commission Advancing?  Yes  No

List a Beneficiary: \_\_\_\_\_

Relationship: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Resident Driver's License State: \_\_\_\_\_

Have you taken an AML course within the past two (2) years?  
*(Anti-Money Laundering)*  Yes  No

Course Name: \_\_\_\_\_

Course Date: \_\_\_\_\_  
*(MM/YYYY)*

Where were you born?

State: \_\_\_\_\_ City: \_\_\_\_\_

**Long-Term Care Partnership Certification:** Please attach the certificate or CE Update.

I confirm that all of the 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 #: \_\_\_\_\_

Issue Date: \_\_\_\_\_  
(MM/DD/YYYY)

Expiration Date: \_\_\_\_\_  
(MM/DD/YYYY)

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

Have you ever been cited, fined, suspended, revoked and/or refused a license by any state? If yes, provide the date and state:  Yes  No

Date: \_\_\_\_\_  
(MM/YYYY)

State: \_\_\_\_\_

Have you previously been appointed with SelectHealth?  Yes  No

Please list any languages that you speak fluently: \_\_\_\_\_

## Professional References

Please list any professional associations to which you belong:  
(Including date of membership)

Please list two (2) professional references that can attest to your honesty, professionalism, and ethical standards of practice:  
(Including the phone number to reach them)

## 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 an additional page.)

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

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# LETTER OF EXPLANATION

Use additional paper if necessary.

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:

## LICENSES

AML (Anti-Money Laundering) Provider:  LIMRA  None  Other  
(If other, please provide certificate of completion)

Date Completed: \_\_\_\_\_  
(MM/DD/YYYY)

Are you a registered representative with FINRA?  Yes  No  
(If "yes", please provide the broker and/or dealer's name)

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: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

You can Earn Extra Money

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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 the agents covered under agency policy.*

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# 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:

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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.

CARRIER(S)	✓	NON-RES STATES	CARRIER(S)	✓	NON-RES STATES
Aetna Medicare Advantage/ Coventry <b>LINK</b>			Humana <b>LINK</b>		
Aetna Medicare Supplement (ACI/ CLI)			Independence Blue Cross		
AGLA Life with Living Benefits			John Hancock		
AIG/ Corebridge			Lincoln Financial		
Alignment Health <b>LINK</b>			LUMICO MS <b>LINK</b>		
American Equity			Medico Group		
Americo			Molina ACA <b>LINK</b>		
Americo Legacy			Molina MA <b>LINK</b>		
Anthem BCBS/ Empire/ Amerigroup/ Caremore <b>LINK</b>			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 <b>LINK</b>		
Athene, IA Annuity			National General (Allstate)		
Atlantic Coast Life			National Guardian Life		
Banker's Fidelity Life/ Assurance Company			National Guardian Life Med Supp <b>LINK</b>		
BayCare <b>LINK</b>			National Life Group <b>LINK</b>		
Blue Cross Blue Shield MI <b>LINK</b>			National Western		
Blue Cross Blue Shield OK, MT, NM, TX			Nationwide		
Bright ACA <b>LINK</b>			North American Company (NACOLAH) Life & Annuity		
Brighthouse Financial			Oceanview		
Capitol Life - Med Supp <b>LINK</b>			Oscar Health <b>LINK</b>		
Cigna ACA <b>LINK</b>			Protective Life		
Cigna Final Expense/ Med Supp (Arlic/ Loyal American / CHLIC)			Prudential		
Cigna HealthSpring (Bravo Health) <b>LINK</b>			Regence		
Clover Health <b>LINK</b>			Royal Neighbors of America		
Columbian Mutual Life Insurance Company			SCAN		
Combined Insurance Company of America			SelectHealth <b>LINK</b>		
Devoted Health <b>LINK</b>			Sentinel Security Life Insurance Company		
Emblem/ Connecticutare <b>LINK</b>			Simply <b>LINK</b>		
Equitable Annuity			Sons of Norway <b>LINK</b>		
Equitrust			The Standard		
F&G			Transamerica New York		
F&G (Legacy)			Transamerica Premier		
Foresters Financial/ Foresters Life			United Home Life <b>LINK</b>		
Freedom/ Optimum <b>LINK</b>			UnitedHealthcare <b>LINK</b>		
Global Atlantic			USIC MS <b>LINK</b>		
Great American			Washinton National		
Great Western GI Life			WellCare <b>LINK</b>		
Guarantee Trust Life			William Penn		
HealthFirst <b>LINK</b>			Other:		

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