

Agency Onboarding Requirements

Complete the following enclosed forms:

- _____ Firm Contracting Packet (to be completed by and for signing principal)
- _____ Signature Authorization – (Completed by Principal of Firm) –Sign in BLACK INK
- _____ MRW Website Registration Set Up for principal (required for Case Status Access)
- _____ Case Status Access Agreement
- _____ Available Website Tools & Information
- _____ MRW Financial Contact Sheet

A copy of the following items are required to be submitted with the completed forms:

- _____ Copy of Agency/Firm Life Insurance State License
- _____ Current E&O Dec Page - Showing name of the business AND name of writing agent.
- _____ Void Check (Business account ONLY)

Return completed packet to MRW Financial by fax (813.875.7331) or by email (caron@mrwfinancial.com).

Producer Set-Up Packet

USE HIGH RESOLUTION SCANNER OR HIGH QUALITY FAX

Social Security #: _____ Gender: ____ Date of Birth: ____/____/____

Last Name: _____ First Name: _____ MI: _____

Phone: _____ Fax: _____ Cell: _____

Title: Mr. Mrs. Miss **Marital Status:** Married Single **Maiden Name:** _____

Ms. Dr. Divorced Widower

Email: _____

Resident Insurance License #: _____ State: _____

Driver's License #: _____ DL State: _____

Residential Address (No PO Boxes)

Start Date: ____/____/____

Line 1: _____ Line 2: _____

City : _____ State: _____ Zip code: _____

Business Address (No PO Boxes)

Start Date: ____/____/____

Line 1: _____ Line 2: _____

City : _____ State: _____ 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:

****In order to pay commissions to an agency, the agency must have an insurance license****

Company Type: Corporation Partnership LLC LLP

EIN: _____ Business Name: _____

Website: _____

Phone: _____ Fax: _____ Your Title: _____

Principal Name: _____ Principal Title: _____

Email: _____

Corporate Address (No PO Boxes)

Start Date: ____/____/____

Line 1: _____ Line 2: _____

City : _____ State: _____ 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 or statutes? Have you ever been on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1A	Have you ever been convicted of or plead guilty or no contest to any Felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1B	Have you ever been convicted of or plead guilty or no contest to any Misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1D	Have you ever been convicted of or plead guilty or no contest to a violation of state insurance department regulations or statutes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1E	Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1F	Have you ever been charged with a Felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1G	Have you ever been charged with a Misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1H	Have you ever been on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Have you ever been or are you currently being investigated, have any pending indictment, lawsuits, or have you ever been in a lawsuit with an insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2A	Are you currently under investigation by any legal or regulatory authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2B	Have you been under investigation by any insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> 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).	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Have you ever been alleged to have engaged in any fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Have you ever been found to have engaged in any fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Has any insurance or financial services company or broker-dealer terminated your contract or appointment or permitted you to resign for reason other than lack of sales?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5A	Were you fired because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5B	Were you fired because you were accused of fraud or the wrongful taking of property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5C	Failure to supervise in connection with insurance or investment related statutes, regulations, rules or industry standards of conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Have you ever had an appointment with any insurance company denied or terminated for cause?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

8	Has any lawsuit or claim ever been made against you, 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8A	Has a bonding or surety company ever denied, paid on or revoked a bond for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8B	Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled your coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<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 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14A	Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14B	Has any state, federal, or self-regulatory agency filed a complaint against you, fined or sanctioned 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 or any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition 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 or been declared bankrupt either during your association 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	Are there any unsatisfied judgments, garnishments or liens against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Are you connected in any way with a bank, savings & loan association, or other lending or financial institution?	<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 Service or other taxing authority?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

***NOTE* Use additional paper if necessary**

Date of Action: ___/___/___

Action: _____

Reason: _____

Explanation: _____

Date of Action: ___/___/___

Action: _____

Reason: _____

Explanation: _____

Date of Action: ___/___/___

Action: _____

Reason: _____

Explanation: _____

LICENSES

****Anti-Money Laundering Training Required****

AML training must be completed within two years to be valid**

AML Provider: LIMRA NONE OTHER Date Completed: ___/___/___

If Other, Provide Certificate of Completion.

****Nationwide requires training annually; MetLife ONLY accepts training through LIMRA**

Are you a Registered Rep with FINRA? Yes No

If Yes, Broker/Dealer Name: _____ CRD #: _____

History

Employment -- Please provide past 5 years of employment history:

From: ___/___/___ To: ___/___/___

Company: _____ Position: _____

Address: _____

From: ___/___/___ To: ___/___/___

Company: _____ Position: _____

Address: _____

From: ___/___/___ To: ___/___/___

Company: _____ Position: _____

Address: _____

Address History -- Please provide past 5 years of address history:

From: ___/___/___ To: ___/___/___

Line 1: _____ Line 2: _____

City : _____ State: _____ Zip code: _____

From: ___/___/___ To: ___/___/___

Line 1: _____ Line 2: _____

City : _____ State: _____ Zip code: _____

From: ___/___/___ To: ___/___/___

Line 1: _____ Line 2: _____

City : _____ State: _____ Zip code: _____

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 SureanceBay, 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

Website Registration

As the principal of your agency, you may elect to register your firm on our website allowing you to access to all applications your firm has submitted to MRW Financial. Please answer the questions below to register your firm.

Section 1 – Answer/Review the following:

- 1- Have you reviewed and signed the Case Status Access Agreement (Ed 1/2020)? If yes, please include a copy with this form. If no, please contact caron@mrwfinancial.com for a copy.

- 2- Have you ever been registered on MRW Financial’s website? _____
 - a. Yes – If previously registered as an individual agent, do you want to use the same log in for your firm? (Choosing this option will show all cases linked to your office. You will not be able to filter out personal business and cannot submit iGo applications.) _____

Section 2 – Complete Website Registration Information:

Full Business Name: _____

Email for Registration: _____

Desired Username: _____

Desired Password: _____

Signatures:

Principal Name

Office Name

Principal Signature

Date

Accessing Cases Online with MRW Financial

Read this page to understand what information is and is NOT available on MRW's website and how it should be utilized.

Statements of Agreement:

Initial next to each and return to MRW to receive online access.

- _____ 1. Your User ID and Password should not be shared with anyone other than those needing access. Signing into the MRW website will provide access to **all** cases processed by MRW for your office and should be treated as highly sensitive and confidential information, **not** to be shared with individual producers.
- _____ 2. The information available on www.mrwfinancial.com is **NOT a live stream from the carrier website**. The information is manually updated and changed by MRW staff through MRW's case management database and should not be relied upon for an exact replica of the carrier requirements or status.
- _____ 3. Case Status is to be used solely for the purposes of New Business Processing and **will NOT reflect ANY inforce changes** from the carrier or the client. MRW Financial does not maintain or update inforce status or changes to inforce policies in our system. The agent should contact the carrier to verify **ALL** information on an inforce policy.
- _____ 4. While we always strive to provide the most accurate and update information, the carrier has sole and final discretion on premiums, requirements, policy status, etc. and will always supersede any information on the MRW Financial website or communication.
- _____ 5. The premium, rate class and other details may not be an accurate reflection of the actual inforce policy at the carrier due to occasionally required adjustments. All details should be confirmed with your dedicated MRW Case Manager prior to updating your agents and or internal case statuses.
- _____ 6. MRW Financial may deny online access at any time for any reason deemed necessary.

Signatures:

I agree to the terms and conditions listed above.

Principal Name

Agency Office Name

Principal Signature

Date

Available Tools and Information

Below is a list of some of the more popular tools and guides available on our website. For a more detailed tutorial, please contact Caron Moore at caron@mrwfinancial.com.

Quotes – You can run your own term and GUL quotes through this link and now you have the ability to save the quote to return to later.

Carrier Forms – Access all carrier forms for new business and policy owner service.

iGo (electronic) Applications – Fill out your application online and guarantee a complete and “In Good Order” submission with the iGo Application tool.

Carrier Underwriting Guides – Access carrier build charts, exam requirements and rate class guidelines for tobacco use and medical history guidelines.

Preliminary Underwriting Questionnaires – These questionnaires will guide you on the exact information needed to have carriers look at a situation before submitting a formal application. They do not need to be signed by the client. Complete the information and send to MRW Financial to see what carrier will offer your client the best rate.

Agent Contracting Tools – Access change forms, E&O coverage options, AML Training information and guidelines on Pre-Appointment States.



MATT WICHMAN

MANAGING DIRECTOR

Ext. 25 | matt@mrwfinancial.com

In 1998, Matt founded MRW Financial and brings more than 25 years of experience from all levels of the insurance industry. Matt is a member of NBA, NAILBA, Tampa Association of Insurance and Financial Advisors, and has also served on several committees. MRW has been a Brokerage Qualifying member for Top of the Table MDRT since 2011.



MARIE KING COLBERT, CFP®, CLTC®

LIFE BROKERAGE MANAGER

Ext. 23 | marie@mrwfinancial.com

Marie is a licensed agent and also maintains NASD series 6 securities license. Marie assists agents with custom case design, preliminary underwriting, and advanced sales concepts. She works hard to make sure each agent is equipped with the most competitive and individualized solutions to surpass the goals and objectives of their clients.



TOM VASSALLO

ANNUITY & LTC SPECIALIST

Ext. 27 | tom@mrwfinancial.com

Tom brings over 30 years of long-term care experience to MRW Financial. Tom's previous experience includes Sun Insurance Marketing Network, where he supported over 30,000 advisors for long term care and was nationally recognized as a long-term care expert. With Tom's vast experience in long-term care, he will be a great asset in helping you and your clients develop a plan to address their long-term care needs.



SHELLEY BURKE

OPERATIONS MANAGER

Ext. 21 | shelley@mrwfinancial.com

Shelley came to MRW from Franklin Templeton Investments with 16 years of Customer Service and Correspondence experience. She has lived in the Brandon area for 13 years with her family and is here to offer any support our agents may need.



LISA SMYTH

CONTRACTING & NEW BUSINESS CASE MANAGER

Ext. 22 | lisa@mrwfinancial.com

Lisa joined MRW Financial in 2013 with 11 years of experience working as a case manager with some of the top carriers in our industry. She handles our local agents' new business and contracting throughout the new business process — and is available in our office to go over your applications and review requirements with you as needed.



CARON MOORE

REMOTE CONTRACTING & NEW BUSINESS CASE MANAGER

813.875.6331 | caron@mrwfinancial.com

Caron brings over 12 years of case management experience and handles our remote agents' new business and contracting during the new business process along with commissions. Her extensive experience and insight of case management allows our agents an ease of doing business.



LAUREN BANKER

MARKETING ASSISTANT

Ext. 24 | lauren@mrwfinancial.com

Lauren is responsible for Customer Relationship Management, social media, graphic design, marketing automation and email campaigns. Lauren uses these platforms to engage and educate advisors on current products, sales concepts, upcoming webinars and more. She will also be able to assist advisors with custom branded marketing and sales materials.



DON GARROW

UNDERWRITING CONSULTANT

(813) 875-6331 | don@mrwfinancial.com

Don's experience includes senior underwriter and director roles with Aetna, Executive Life, American General and Transamerica. Don retired in 2007 from home office roles and became an independent consultant.



HEATHER SPRAGUE

UNDERWRITING CONSULTANT

(813) 875-6331

Heather's experience includes senior underwriting roles with CIGNA and Lincoln Financial. In 2005 she went independent and maintains a relationship with underwriting officers at most life brokerage companies.

CONTACT US TODAY



(813) 875-6331 (LOCAL) (800) 967-7661 (NATIONAL)



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