

Welcome to **Scott Financial and Care**

As a licensed team member, you have access to a wide array of carriers that offer top-tier products, competitive commissions, and are suitable for a variety of budgets.

**ACTION REQUIRED:** As a starting point, please complete the steps below to be submitted for contracting with our premium insurance carriers.

**STEP 1:** Complete the Attached Forms

- These forms may not be e-Signed, **they must be hand-signed.**
- Use Black Ink
- Type your answers, if possible, to maximize legibility.

**STEP 2:** Submit the completed forms, and the below listed items to: [Contracting@ScottFinancialCare.com](mailto:Contracting@ScottFinancialCare.com)

- Front/back of state ID
- Voided check or direct deposit form
- Insurance license
- E&O Insurance Certificate

**Note:** Please obtain E&O (Errors & Omissions) insurance prior to submitting paperwork. A copy must be attached.

Must be a minimum of \$1 million.

**REMEMBER:** Incomplete submissions will be returned to you and not submitted to the carriers, resulting in a delay of the contracting process.

Once you have submitted all required documents, please allow 7-30 days to be notified of your approval from each insurance carrier.

**ACT** is designed to expedite the contracting process at **Scott Financial and Care**

1. Fill in the ACT Appointment Data Sheet (pages 2-3)
2. Sign the Authorization To Execute Contract Documents On My Behalf (page 4)
3. Sign the Efficient Forms Signature Authorization (page 5)

### **ACT Appointment Data Sheet Instructions**

Please print clearly when completing the ACT Appointment Data Sheet.

- Fill in all general information.
- All personal history questions must be answered and “Yes” answers require details.
- Print name, sign, and date the Certification at the bottom.
- Read the “Authorization To Execute Contract Documents On My Behalf.”
  - Check the box indicating you have read and understand the authorization.
  - Print name, date, and sign the authorization including Corporate Entity name, if applicable.
- Return the ACT Appointment Data Sheet (2 pages), the Authorization to Execute Contract Documents On My Behalf, and the Efficient Forms signature page for Processing.

**We Will Do the Rest!**



**Recruiter:**  
COURTNEY SCOTT  
c.scott@scottfinancialcare.com  
(678) 310-8004

# ACT APPOINTMENT DATA SHEET

## GENERAL INFORMATION

(Please print clearly)

**Recruiter:**  
COURTNEY SCOTT  
c.scott@scottfinancialcare.com

Name:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Are you a United States Citizen: ☐ Yes ☐ No Gender: ☐ M ☐ F

Drivers License ☐ Yes ☐ No #: \_\_\_\_\_ State: \_\_\_\_\_

Email Address: \_\_\_\_\_

Send Mail To: ☐ Business Address ☐ Residence ☐ Rent ☐ Own

**Residence:** (if you use a PO Box indicate a street address for overnight delivery)

Address: \_\_\_\_\_ County: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Month & Year Moved To Residence: \_\_\_\_/\_\_\_\_

**Business:**

Address: \_\_\_\_\_ County: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Broker Dealer Affiliation: CRD #: \_\_\_\_\_ Broker Dealer Name: \_\_\_\_\_

## CONTACT NUMBERS

Residence Number (\_\_\_\_) \_\_\_\_\_ Business Number (\_\_\_\_) \_\_\_\_\_

Cell Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

## PARTNERSHIP, CORPORATION, DBA INFORMATION

Corporation Name: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

Name and titles of officers of corporate agency: \_\_\_\_\_

## LICENSE INFORMATION

Are you currently licensed? ☐ Yes ☐ No #of years in insurance \_\_\_\_\_

Types of License: ☐ Life ☐ Health ☐ Life/Accident/Health/Variable

Resident License #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ License State: \_\_\_\_\_

## BANKING INFORMATION

**Commissions Payable to:** ☐ Individual ☐ Corporation

EFT is required in order to pay commissions in a timely manner. I authorize commissions to be deposited into my ☐ Savings ☐ Checking account. I also authorize debits to this account for deposits made in error.

Name of Financial Institution

Routing Number

Account Number

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# ACT APPOINTMENT DATA SHEET

## PERSONAL HISTORY

If you answer yes to any of the questions below, please explain in the section provided below.

1. Do you have Errors & Omissions Insurance? ☐ Yes ☐ No  
Name of E&O Carrier and amount of coverage \_\_\_\_\_
2. Have you moved in the last 5 years? If, so list prior addresses below(include county): ☐ Yes ☐ No  
\_\_\_\_\_
3. Has any claim ever been made against you, your surety company, or errors and omissions insurer arising out of insurance securities sales or practices, or have you been refused surety bonding? ☐ Yes ☐ No
4. Have you ever been convicted, pled guilty, pled no contest, had charges dismissed through a first time offender program for any offense, misdemeanor (other than minor traffic violations) or felony charges; or are you under indictment or have charges currently pending against you or a business with which you are connected? ☐ Yes ☐ No
5. Do you currently have a pending bankruptcy or have you ever filed for bankruptcy, been declared bankrupt or insolvent, or had your salary garnished? ☐ Yes ☐ No  
Disposition: ☐ Discharged (mm/dd/yyyy) \_\_\_\_\_ ☐ Open
6. Are you or any business entity in which you have interest at the present involved in any litigation or are there any unsatisfied judgments or liens (including state or federal tax liens) against you or any business entity in which you have interest? ☐ Yes ☐ No
7. Have you ever had a bond denied, paid out or revoked? ☐ Yes ☐ No
8. Have you ever(a) had any life or health insurance producers contract or appointment cancelled for(i)cause,(ii)lack of production, or (iii)involuntarily for any other reason, or (b) had any employment terminated for cause? (if "Yes", please explain) ☐ Yes ☐ No
9. Are you indebted to any Insurance Company/Agency Manager? (including debit balance) ☐ Yes ☐ No
10. a.)Have you, or any business entity in which you have an interest, ever been, or do you anticipate yourself or any such entity being (i) investigated, fined, suspended, placed on probation, or reprimanded by any insurance department, the SEC, or any other regulatory authority; (ii) entering into a consent order with any insurance department, the SEC, or any other regulatory authority; (iii) having an insurance, securities or other professional license or registration refused, suspended, restricted or revoked; or b) are you, or any such business entity currently under investigation by any insurance department, FINRA, the SEC, or any other regulatory authority? ☐ Yes ☐ No
11. Were you ever previously contracted with Mutual Trust Life? ☐ Yes ☐ No
12. Will you be in violation of the 1994 Crime Act if you act as an insurance agent? ☐ Yes ☐ No
13. Did you file a 1033 form in any state due to felony charges covered by 18USC1033 ☐ Yes ☐ No  
Have you completed AML – Anti Money Laundering?  
Provider \_\_\_\_\_ Completion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Yes ☐ No
14. Year you entered the life insurance business \_\_\_\_\_
15. Have you ever held a license (or been known by another name)? (please explain and provide dates)  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you answered yes to any of the above questions, please explain: \_\_\_\_\_

**CERTIFICATION:** I certify that the information contained in the ACT Appointment Data Sheet is true, accurate, and complete, to the best of my knowledge and belief. I understand that if any of the information I have furnished is incorrect or incomplete it may be the basis of rejecting me as an agent or terminating any contracts which have been entered into on the basis of the incorrect or incomplete information.

**SIGNATURE:** Entering my name below constitutes my electronic signature, and is intended by me to have legally binding effect.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_



## AUTHORIZATION TO EXECUTE CONTRACT DOCUMENTS ON MY BEHALF

1. I wish to become contracted and/or appointed with American Classic Agency, Corp. ("ACA"), and the life insurance companies ("the ACA Carriers") listed in paragraph 2 and 3, below, for which it is a marketing organization. I have filled out and electronically signed and submitted an ACT Appointment Data Sheet containing information required to complete the documents listed in paragraphs 2 and below (collectively "the Contract Documents") and to determine whether I qualify for appointment by the ACA Carriers. I understand that all such contracts and appointments are subject to the approval of ACA and the applicable ACA Carriers, to ACA's execution of the ACA Documents (defined below) and to my appointment by the applicable ACA Carriers.
2. In order to be contracted with ACA, I have to execute the following documents, in addition to the ACT Appointment Data Sheet I have already electronically executed ("the ACA Documents"): "Sales Representative Agreement, ACA Security Agreement."
3. In order to be contracted with and appointed by each of the following life insurance companies, I have to complete and execute the standard forms they require in order to contract or appoint an independent agent ("the Insurer Documents"): National Life Insurance Company, Life Insurance Company of the Southwest, Mutual of Omaha Insurance Company, United of Omaha Life Insurance Company, United World Life Insurance Company, Companion Life Insurance Company, Americo Financial Life and Annuity Insurance Company and Great Southern Life Insurance Company, United Home Life Insurance Company, Mutual Trust Life Insurance Company.
4. I authorize an individual of ACA designated by it to, on my behalf, (i) complete each of the ACA Documents and each of the Insurer Documents on the basis of information I have provided in the ACT Appointment Data Sheet and (ii) electronically sign each of such Documents. I agree that each of such documents so completed and so signed shall be legally binding on me, just as if I had myself completed and signed it. This authorization is limited to the documents required for my initially being contracted with and/or appointed by ACA and each of the ACA Carriers, and does not extend to any subsequent changes or amendments to any of the Contract Documents or to the termination of any of them.
5. I understand that I will have access to an electronic copy of each of the ACA Documents and of each Insurer Document completed and executed by ACA on my behalf. When I am notified by email that such access is available, I will promptly use it to review such documents, and will advise ACA by letter or email if there are any errors in any of them, or if I have any objection to any part of them. I understand that I will be legally bound by such documents once they are accepted by ACA and by the respective ACA carriers.
6. If the ACT Appointment Data Sheet indicates that the contracts and appointments are to be in the name of a corporation, partnership or other business entity, the word "I" in this Authorization means both the entity and the individual completing this Authorization. In such case, both the entity's name and the individual's name should be electronically signed as set forth below.

Entering my name (and the name of my corporation or other entity, if any) below, following the word "Signature" in the appropriate box below constitutes my electronic signature and is intended by me to legally bind me to this authorization and to each of the Contract Documents which ACA completes and electronically signs on my behalf.

☐ **I have read and understood the above Authorization.**      **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Please sign in the box:

Corporation Entity Name:

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**Print Name:** \_\_\_\_\_

# sig

Signature Number Please enter

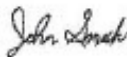
**Name:****General Agent:** American Classic Agency

I, hereby authorize American Classic Agency to affix or append a facsimile of my signature, as set forth below, to all required signature fields on all Insurance Carrier documents for which I have authorized American Classic Agency to submit on my behalf, for the purposes of being Contracted to sell products of Carriers through American Classic Agency .

I affirm that the information I have submitted through the interview process to American Classic Agency 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 loss arising out of its reliance and acceptance of a facsimile of my signature.

**THIS PAGE MUST BE SIGNED BY HAND.  
NO ELECTRONIC SIGNATURES.**

**Please sign in the center of the box below.**

**Example:**

## 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 SuranceBay, 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

**Submit to:** [Contracting@ScottFinancialCare.com](mailto:Contracting@ScottFinancialCare.com)