



SureLC

Version 2.0

Producer User Guide

Web Version

Revision: June 15, 2013

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1.0 OVERVIEW

Your agency has subscribed to use SureLC, a licensing& contracting automation software. At some point in your career, you will likely need to be contracted with multiple insurance companies to sell their products. Rather than you manually filling out each insurance company's contracting paperwork whenever you need a new appointment, SureLC automates this process. You setup your profile in SureLC one time, and then whenever you need an appointment with a new insurance carrier, or you need a new non-resident appointment, SureLC automates this process for you and your agency.

2.0 GETTING STARTED

2.1 What You Need

To use SureLC, you need:

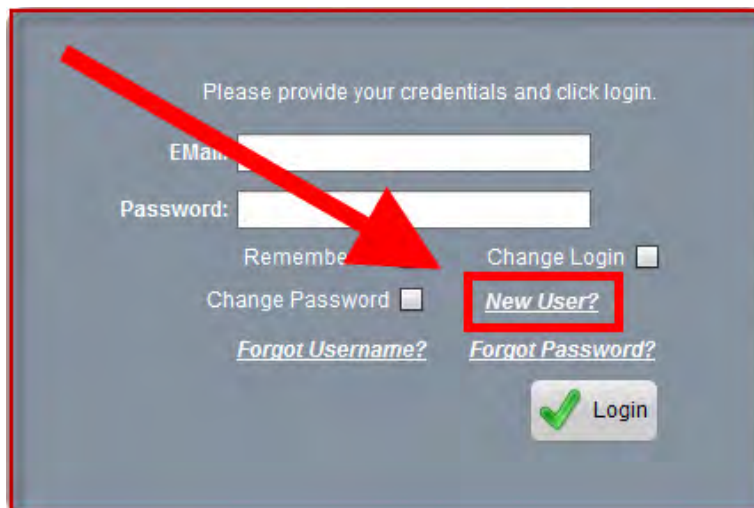
- Internet Connection
- A scanner hooked up to your computer **OR** the ability to fax documents.
- Please contact your Marketing Organization for the SureLC URL address.

2.2 Login Credentials

2.2.1 New User

From the main login page, you'll add yourself as a new Producer and create your own login credentials. Your Marketing Organization will send you a link that will bring you to the user screen. Click on "New User" and fill in information to create a username and password.

- Select "NEW USER" from the main login page.

A screenshot of the SureLC login interface. At the top, it says "Please provide your credentials and click login." Below this are two input fields: "Email:" and "Password:". To the right of the "Password:" field is a "Remember Me" checkbox and a "Change Login" checkbox. Below the "Email:" field is a "Change Password" checkbox. To the right of the "Change Password" checkbox is a red box containing the text "New User?". Below the "New User?" link are two links: "Forgot Username?" and "Forgot Password?". At the bottom right is a "Login" button with a green checkmark icon.

- Enter the four Required fields (SSN#, Last Name, email and Password)
- Select the Checkbox labeled "OK to pull my PDB Report".
- Select the "ADD ME" button

Agency: Your Agency Name

Affiliation:

NIPR Name:

☐ NPN ☐ License/State ☒ SSN

SSN: ⚠ This field is required.

Last Name: ⚠ This field is required.

Phone:

Fax:

Cell:

eMail: ⚠ This field is required.

Password: ⚠ This field is required.

+ - required fields

☒ Ok to pull my PDB Report

Note: Authorization to pull your PDB report is required in order to proceed with the paperless electronic contracting process through SureLC. If you decide not to authorize pulling your PDB report, contact your Marketing Organization so they can send you Carrier forms to complete manually.

2.2.2 Change Email / Username

Your Username is your email address that was created at the time of your initial registration. If your email has changed, you'll need your username changed to match your personal information on your profile in SureLC.

- Enter your OLD email address
- Enter your password
- Select Change Login, then click on Login

Please provide your credentials and click login.

EMail:

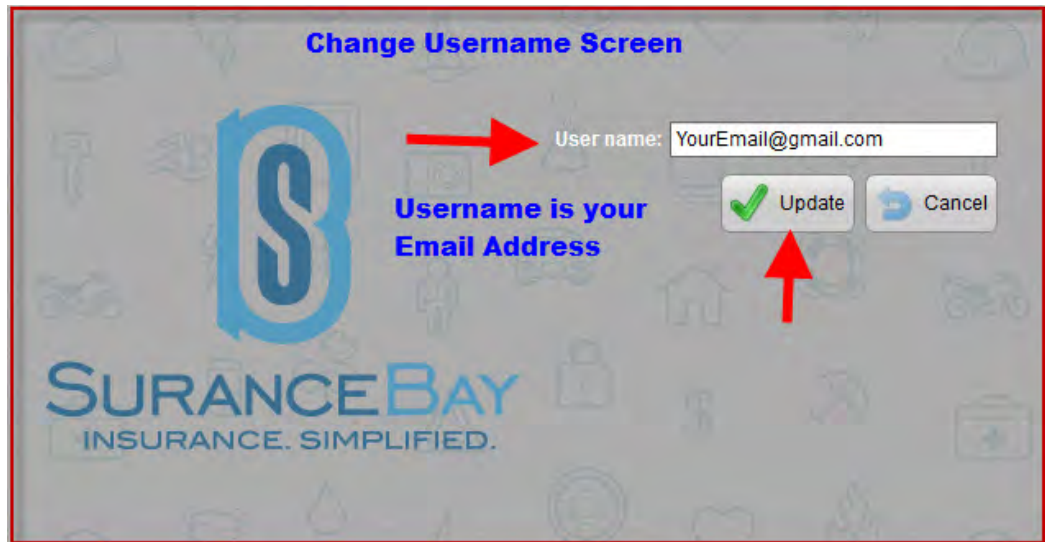
Password:

Remember Me ☐ Change Login ☒

Change Password ☐

[Forgot Username?](#) [Forgot Password?](#)

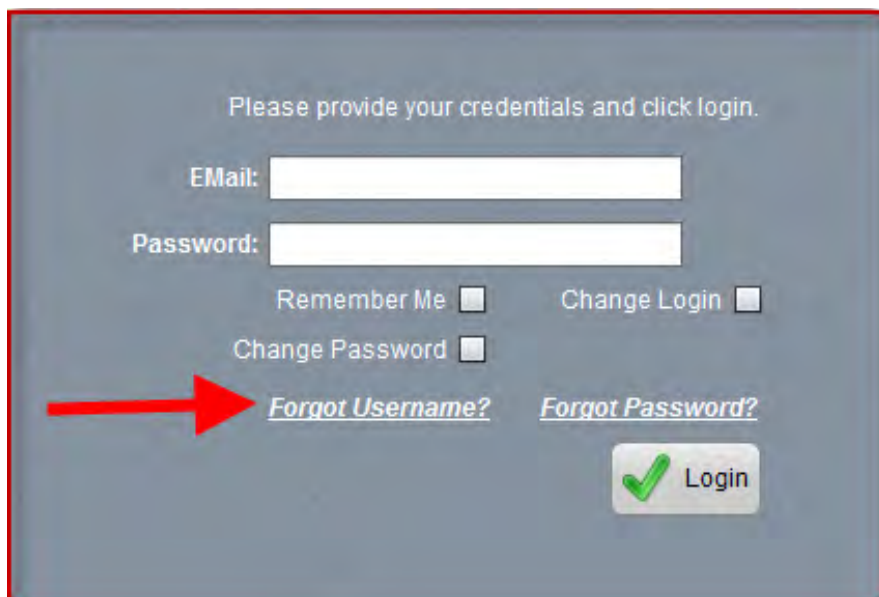
- Enter your new username which is your current email address on file in SureLC.
- Select the "Update" button.



2.2.1 Forgot Email / Username

If your email has changed and you have forgotten what was originally setup, you can request to have it sent to you.

- Select the "Forgot Username" hyperlink.



- Enter your SSN# or your cell number.
- Enter your Last Name.
- A drop down selection will populate to confirm the email address or cell # selection.

- Select the "SEND USERNAME" button.
- This will be sent to you via email or text message based on your selection.

Please provide your SSN or cell number, Last name and click "Send username".

SSN or cell number:

Last name:

Emails:

2.2.2 Change Password

- Enter your email address
- Enter your current password
- Select Change Password, then click on Login

Please provide your credentials and click login.

Email:

Password:

Remember Me ☐ Change Login ☐

Change Password ☒

[Forgot Username?](#) [Forgot Password?](#)

- Enter your new Password twice.
- Select the "Update" button.

Change Password Screen



Enter your **NEW** password twice

Password:
 Repeat Password:

☒ Update

SURANCEBAY
INSURANCE. SIMPLIFIED.

2.2.3 Forgot Password

- Select the "Forgot Password" hyperlink.

Please provide your credentials and click login.

Email:

Password:

☐ Remember Me
 ☐ Change Login
 ☐ Change Password

[Forgot Username?](#)
[Forgot Password?](#)

- Enter your SSN# or your cell number.
- Your email address and cell number on file will populate - Please select one for your preferred method of retrieval.
- Select the "RESET PASSWORD" button.
- This will be sent to you via email or text based on your selection.

Please provide your SSN or cell number and click "Reset Password".

SSN or cell number:

SEND PASSWORD TO:

☒ YourEmail@gmail.com

3.0 SETTING UP YOUR PROFILE

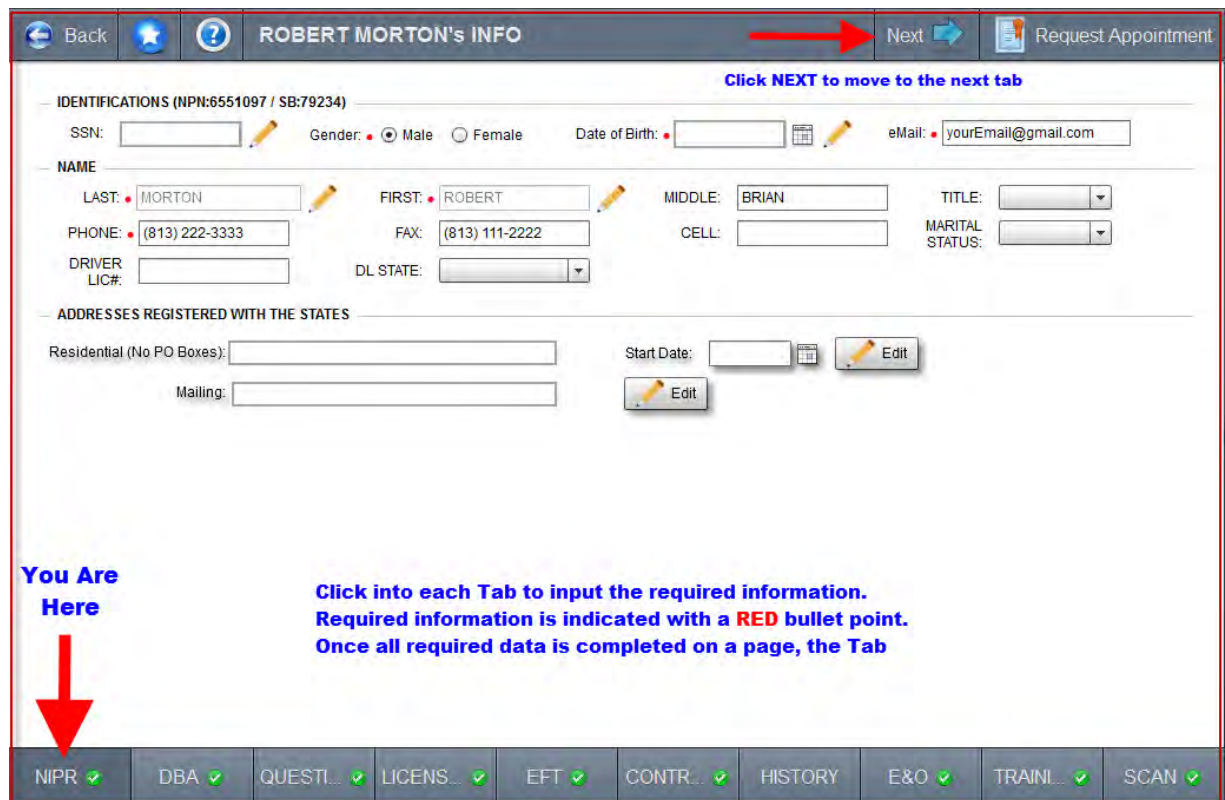
Once you set up your profile in SureLC, it will be used to populate all requested contracting paperwork. After logging in, click on the Producer Info icon.



3.1.1 NIPR Tab

This information is fed from NIPR (National Insurance Producer Registry). The more information you provide here, the fewer questions you'll need to answer as contract requests are processed.


- Complete all Required fields with a **RED** bullet point.

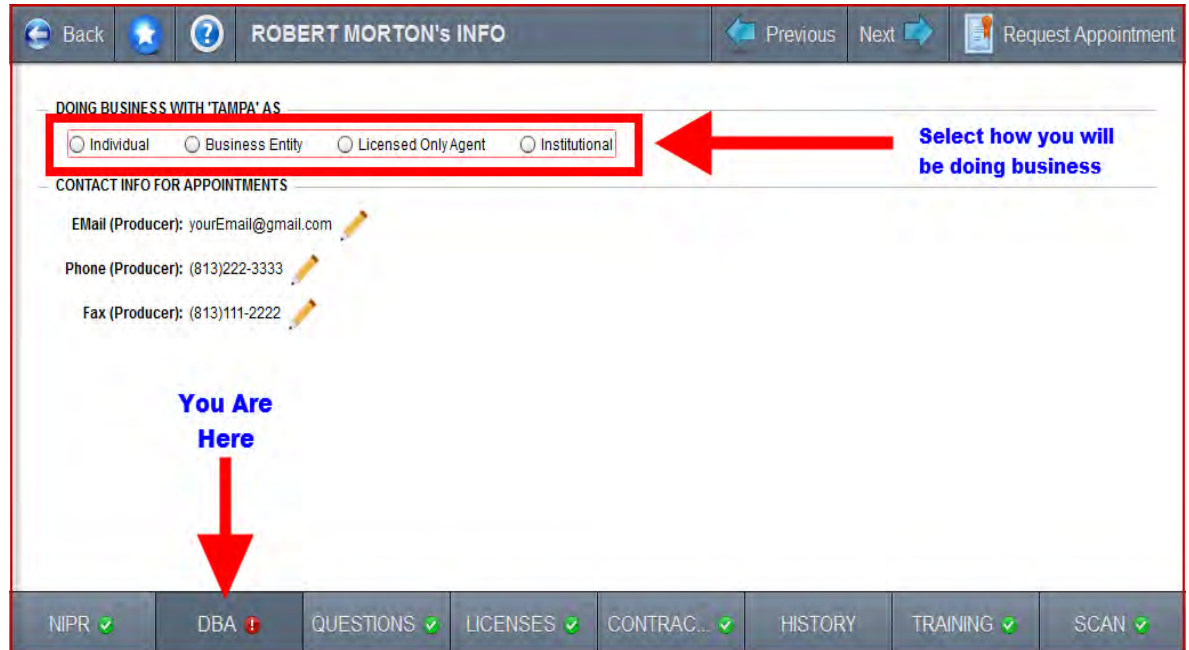


3.1.2 DBA Tab

The DBA selection explains how you will be doing business. This will affect how forms are populated, and how commissions will be paid.

- Enter a DBA selection.

- Confirm your contact information is accurate. Click on the pencil icon  to make any necessary corrections.




Back ? ROBERT MORTON's INFO Previous Next Request Appointment


DOING BUSINESS WITH 'TAMPA' AS


☐ Individual ☐ Business Entity ☐ Licensed Only Agent ☐ Institutional

Select how you will be doing business

CONTACT INFO FOR APPOINTMENTS

Email (Producer): yourEmail@gmail.com 

Phone (Producer): (813)222-3333 

Fax (Producer): (813)111-2222 

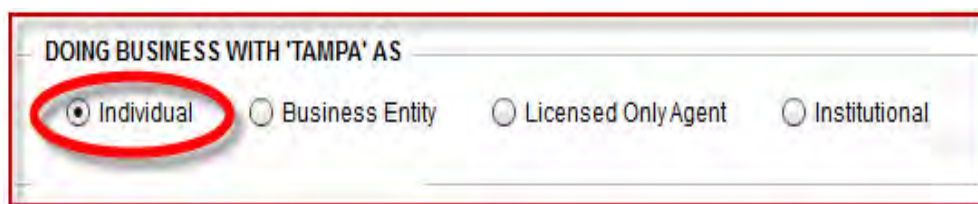
You Are Here

NIPR ☒ DBA ☒ QUESTIONS ☒ LICENSES ☒ CONTRAC... ☒ HISTORY TRAINING ☒ SCAN ☒

3.1.2.1 Individual

Individual agents are independent contractors for the insurance companies they represent. While the agent collects commissions, they do not collect a salary from the companies they represent. Typically 1099 would apply to the Producers SSN#.

- Select Individual



DOING BUSINESS WITH 'TAMPA' AS

☒ Individual ☐ Business Entity ☐ Licensed Only Agent ☐ Institutional

Optional Item - Individual Producer Has Solicitors

Individual Producers may have LOA Solicitor Agents underneath their hierarchy with the carriers.

If applicable you'll want to ensure the "HAS SOLICITORS" checkbox is selected so downline agents will be able to be set-up properly in SureLC.

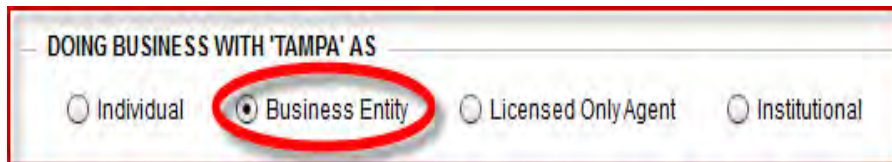
- Select "HAS SOLICITORS"



3.1.2.2 Business Entity

Business Entities are Principals or Signing Officers for their own company and intend to have 1099 apply to the Tax ID# for their company.

- Select Business Entity



- Enter the EIN#
- Enter your Title
- Select the "Has Solicitor" checkbox if you'll have License Only agents (Solicitors) underneath your hierarchy.
- Is your BusinessEntity registered with NIPR (National Insurance Producer Registry)? Select the applicable button below:
 - If YES - "RETRIEVE FROM NIPR".
 - If NO- "CREATE WITHOUT NIPR".



3.1.2.3 Licensed Only Agent (Solicitor)

License OnlyAgents (LOA) are appointed and authorized by an Agent/Agency to solicit and receive applications for insurance as a representative. LOA's are not usually given the power to bind coverage but are required to be licensed.

Carriers pay all commissions directly to the Agent/Agency the LOA/Solicitor works for, and the LOA is paid from the company they work for.

- Select License Only Agent
- Contact your Marketing Organization to let them know WHO you solicit for.

DOING BUSINESS WITH 'TAMPA' AS

☐ Individual
 ☐ Business Entity
 ☒ Licensed Only Agent
 ☐ Institutional

PLEASE NOTE: You will need to contact your Marketing Organization directly to let them know WHO you solicit for.

3.1.2.4 Institutional

Institutional agents are registered representatives who usually work for a Broker Dealer.

Carriers pay all commissions directly to the Broker Dealer the agent represents, and the agent is paid directly by their Broker Dealer.

- Select Institutional

DOING BUSINESS WITH 'TAMPA' AS

☐ Individual
 ☐ Business Entity
 ☐ Licensed Only Agent
 ☒ Institutional

PLEASE NOTE: Your Market Organization will know who your Broker Dealer is based on the FINRA verification completed under your Training Tab. If there are any changes needed, please contact your Marketing Organization directly.

3.1.3 Questions Tab

Review and answer all Background Questions. Please ensure you scroll through the entire page to ensure all questions have been answered. Any unanswered questions will halt the contract request process and possibly delay business submitted.

Back ROBERT MORTON's INFO Previous Next Request Appointment

Please answer these questions in details. SuranceBay will not share information with carriers unless it is explicitly requested as required part of standard contracting.

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 and statutes? Have you ever been on probation? ☐ Yes ☐ No

2. Have you ever been or are you currently being investigated, have any pending indictments, lawsuits, or have you ever been in lawsuit with insurance company? ☐ Yes ☐ No

3. Have you ever been alleged to have engaged in any fraud? ☐ Yes ☐ No

4. Have you ever been found to have engaged in any fraud? ☐ Yes ☐ 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? ☐ Yes ☐ No

6. Have you ever had an appointment with any insurance company terminated for cause or been denied an appointment? ☐ Yes ☐ No

You Are Here

NIPR ☒
 DBA ☒
 QUESTIONS ☒
 LICENSES ☒
 CONTRAC... ☒
 HISTORY
 TRAINING ☒
 SCAN ☒

- If you answer a question "Yes", there may be sub-questions that populate.
- If Sub-questions populate, you must answer all appropriate sub-questions that relate to your incident.
- Provide a Date of the Incident.
- Select the "Related Documents" button to upload supporting documentation or write your own Letter of Explanation.

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? ☒ Yes ☐ No

14a. Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you? ☐ Yes ☒ No

14b. Has any state, federal or self-regulatory agency filed a complaint against you, fined or sanctioned you? ☐ Yes ☒ No

14c. Have you ever been the subject of a consumer initiated complaint? ☒ Yes ☐ No

When:

No attached document

3.1.3.1 Upload Supporting Documentation

Upload a prepared Letter of Explanation or any supporting documentation, such as Court Documents, etc....

You'll need to upload an explanation and/or documentation for each question you answer "YES".

Each question is answered independently with each Carrier's contracting forms. This is to ensure your documentation is only sent to the Carrier if applicable to the unique set of questions asked for that particular contract.

- Select Upload
- Retrieve your supporting documentation from wherever you have it saved on your computer.
- Attach as many documents needed.

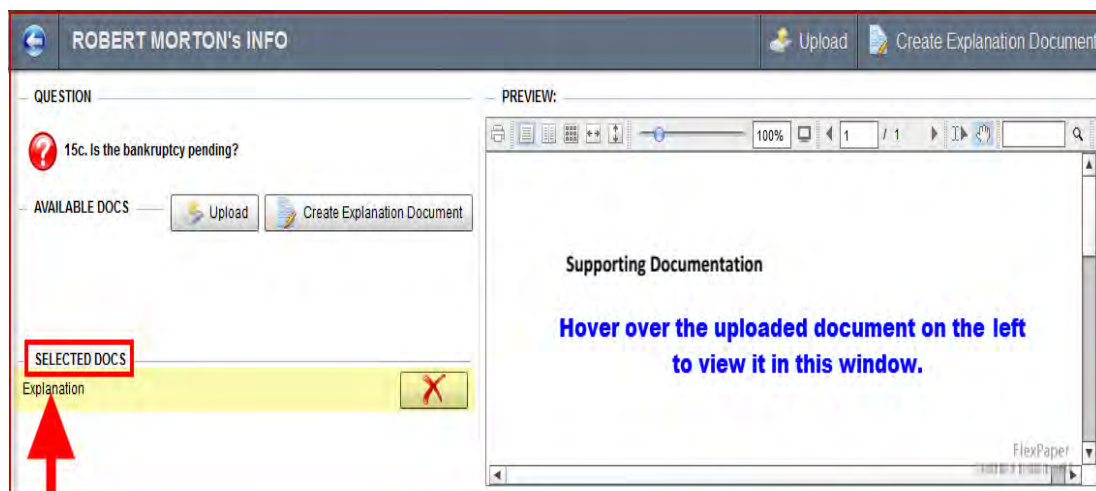
QUESTION

15c. Is the bankruptcy pending?

AVAILABLE DOCS

SELECTED DOCS

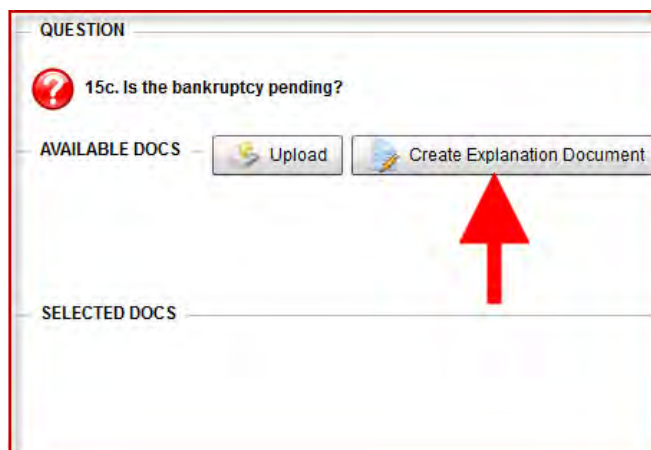
- Your uploaded document is moved to the **SELECTED DOCS** section.
- **AVAILABLE** documents are simply a holding tank for all explanation forms available. In order for form to be applied to the specific question asked, it will need to be listed in the "**SELECTED DOCS**" section.



- Use the back arrow button in the top left hand corner to go back to the full list of question.

3.1.3.2 Create a Letter of Explanation

Some questions can be easily explained in your own words. To create your own Letter of Explanation simply select the option indicated in the screenshot below.



- Select "CREATE EXPLANATION DOCUMENT" button
- Provide Occurance Date, Action, Reason, and Explanation.
- Select GENERATE DOCUMENT..

ROBERT MORTON's INFO [Upload] [Create Explanation Document]

QUESTION
 15c. Is the bankruptcy pending?

AVAILABLE DOCS [Upload] [Create Explanation Document]

SELECTED DOCS

PROVIDE EXPLANATION

Occurrence date: 07/22/2012

Action: State Action

Reason: State the Reason

Explanation: Write out your explanation here with all supporting details.

[Generate Document]

- Your uploaded document is moved to the **SELECTED DOCS** section.

ROBERT MORTON's INFO [Upload] [Create Explanation Document]

QUESTION
 15c. Is the bankruptcy pending?

AVAILABLE DOCS [Upload] [Create Explanation Document]

SELECTED DOCS

Question: Occurrence Date: Actions Taken: Reason: Explanation:
 MORTON, ROBERT BRIAN Appendix: Questionnaire Answers
 Explanation 15c. Is the bankruptcy pending? 07/22/2012 State Action

PREVIEW:

MORTON, ROBERT BRIAN
Appendix: Questionnaire Answers Explanation

Question: 15c. Is the bankruptcy pending?
 Occurrence Date: 07/22/2012
 Actions Taken: State Action
 Reason: State the Reason
 Explanation: Write out your explanation here with all supporting details.

- Use the back arrow button in the top left hand corner to go back to the full list of question.

3.1.3.3 Removing Documentation

Remove any documentation that is now old, or simply not applicable.

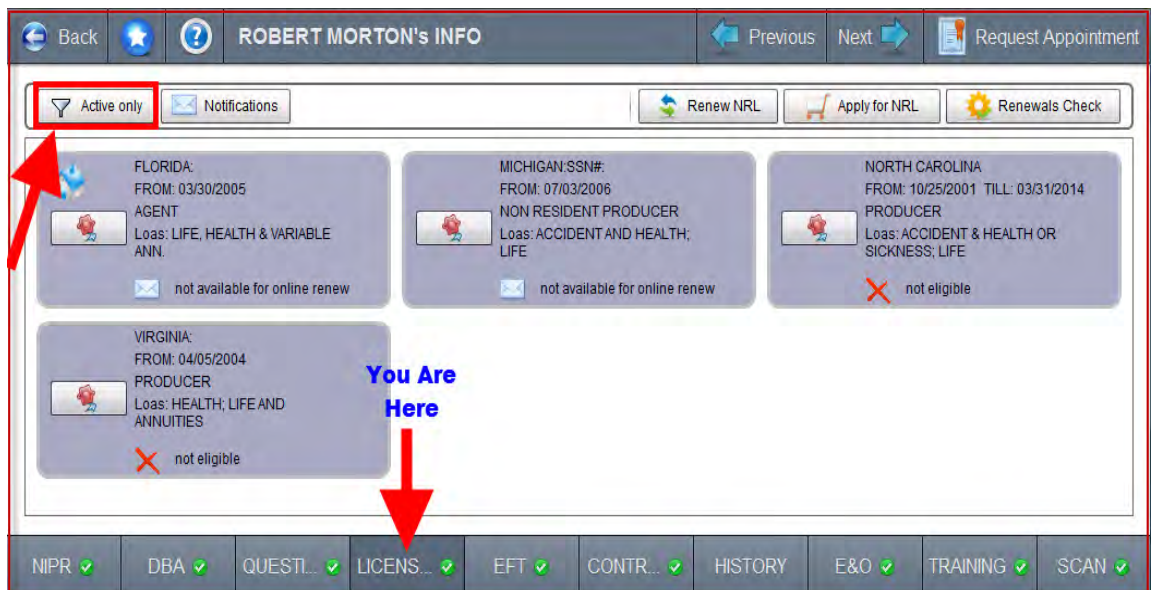
- Go to Scan Tab
- Hover over the document with your mouse, and select the Blue File cabinet icon.
- Or simply click into the file and re-label the document as "ARCHIVED".
- Any documents that have been archived will no longer apply to contract requests.

3.1.4 Licenses Tab

View your state license records. SureLC provides routine data updates from NIPR (National Insurance Producer Registry).

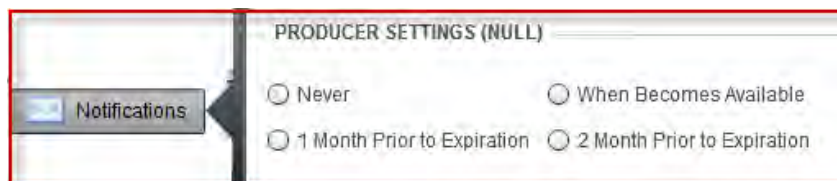
3.1.4.1 Licenses Filter

Click on the filter button to view ALL License records including Active and Inactive records.



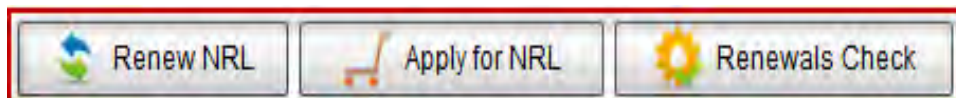
3.1.4.2 License Reminder Notifications

Set reminder notifications to alert you when renewals are coming due.

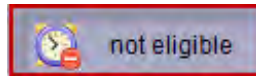
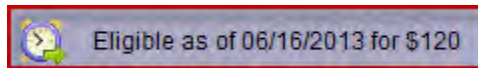


3.1.4.3 Renewal Check

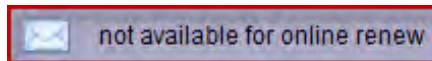
Run a quick Renewal Check to verify which licenses are due for renewal and which are eligible for completion online.



- See if any renewal licenses are eligible. Any stating "NOT ELIGIBLE" could simply mean the license is not due for renewal at this time.

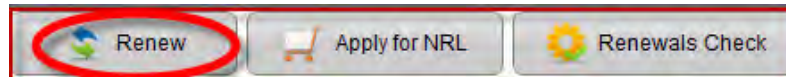


- See if licenses are available for online renewal.



3.1.4.4 Renew Licenses

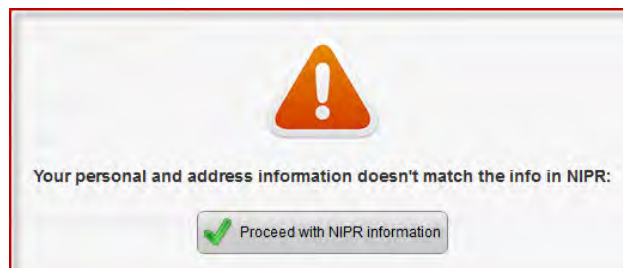
- Select RENEW button and choose the licenses you would like to renew by placing a checkmark next to each license record.



LICENSE INFORMATION		
Arizona: 8650 Expires On: 2013-08-31 Description: Insurance Professional Line of Authority Producer, Accident-Health/Sickness; Producer, Life State Fee: \$120.00 Total: \$120.00	Colorado: 2037 Expires On: 2013-08-31 Description: Producer Line of Authority Life, Accident and Health State Fee: \$120.00 Total: \$120.00	Illinois: 233287 Expires On: 2013-08-31 Description: Producer Line of Authority Life, Health State Fee: \$250.00 Total: \$250.00
Mississippi: 9201053 Expires On: 2013-08-31 Description: Insurance Producer Line of Authority Life, Accident and Health State Fee: \$150.00 Total: \$150.00	North Dakota: 233287 Expires On: 2013-08-31 Description: Producer Line of Authority Accident & Health, Life & Annuity State Fee: \$25.00 Total: \$25.00	West Virginia: 233287 Expires On: 2013-08-31 Description: Producer Line of Authority Life, Accident and Sickness State Fee: \$50.00 Total: \$50.00

Processing Fees: \$29.33

- The address on file in SureLC will be verified against what is on file with NIPR. If there's a discrepancy you'll receive an alert message as follows:

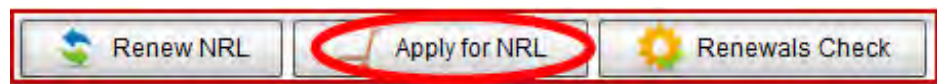


- If you receive this message you have two options.
 1. Proceed with the address on file through NIPR.
 2. Revert out of the license request, contact NIPR directly to correct the address, then proceed back through the renewal request through SureLC.
- Complete all required fields under the Personal Information and employment history, if it wasn't retrievable from your SureLC records.
- Answer all Background questions
- Accept all disclosures and fees for each state you are renewing. Place a checkmark in the ACCEPTED box for each.
- Enter Credit Card details to complete the transaction.

3.1.4.5 Apply for NEW Non-Resident Licenses

Easily apply for a NEW non-resident state license right through SureLC.

- Select the APPLY button




- Select the states you wish to apply for
- Select NEXT

Select applicable states						
Alaska <input type="checkbox"/>	Alabama <input checked="" type="checkbox"/>	Arkansas <input type="checkbox"/>	Arizona <input type="checkbox"/>	California <input type="checkbox"/>	Colorado <input type="checkbox"/>	Connecticut <input type="checkbox"/>
District of Columbia <input type="checkbox"/>	Delaware <input type="checkbox"/>	Georgia <input type="checkbox"/>	Hawaii <input type="checkbox"/>	Iowa <input type="checkbox"/>	Idaho <input type="checkbox"/>	Illinois <input type="checkbox"/>
Indiana <input type="checkbox"/>	Kansas <input type="checkbox"/>	Kentucky <input type="checkbox"/>	Louisiana <input type="checkbox"/>	Massachusetts <input type="checkbox"/>	Maryland <input type="checkbox"/>	Maine <input type="checkbox"/>
Michigan <input type="checkbox"/>	Minnesota <input type="checkbox"/>	Missouri <input type="checkbox"/>	Mississippi <input type="checkbox"/>	Montana <input type="checkbox"/>	North Carolina <input type="checkbox"/>	North Dakota <input type="checkbox"/>
Nebraska <input type="checkbox"/>	New Hampshire <input type="checkbox"/>	New Jersey <input type="checkbox"/>	New Mexico <input type="checkbox"/>	Nevada <input type="checkbox"/>	New York <input type="checkbox"/>	Ohio <input type="checkbox"/>
Oklahoma <input type="checkbox"/>	Oregon <input type="checkbox"/>	Pennsylvania <input type="checkbox"/>	Rhode Island <input type="checkbox"/>	South Carolina <input type="checkbox"/>	South Dakota <input type="checkbox"/>	Tennessee <input type="checkbox"/>

- Make all applicable selections for License Type and Line of Authority.
- Select NEXT

Back Apply for NR Licenses ROBERT BRIAN MORTON Total Amount: \$6.24 Previous Next

Alabama Price: \$60.00 
 Producer \$60.00
 Loas: Life, Health

Make all applicable selections

☒ **Producer**

☒ Life ☒ Health ☐ Variable Life & Variable Annuity ☐ Non-Resident Reciprocal
☐ Bail Bond ☐ Dental Services ☐ Legal Services ☐ Motor Club

State Fee: \$60.00

☐ **Surplus Line Broker**

☒ None

State Fee if selected: \$220.00

☐ **Adjuster**

☒ Crop
 Requirement: Cannot be held with Property and Casualty(including Workers' Compensation and Crop)

☐ Worker's Compensation
 Requirement: Cannot be held with Property and Casualty(including Workers' Compensation and Crop)

☐ Property and Casualty (excluding Workers Compensation and Crop)
 Requirement: Cannot be held with Property and Casualty(including Workers' Compensation and Crop)

☐ Property and Casualty (including Workers Compensation and Crop)
 Requirement: Cannot be held with any of the other adjuster loas

State Fee if selected: \$100.00

- Enter Required Personal Data
- Address listed should reflect how you are listed with NIPR (National Insurance Producer Registry). If this address is inaccurate, you'll need to login to NIPR directly and have this corrected before applying for a license or renewal through SureLC.
- Verify 5 years of Employment History. Please EDIT or ADD History as needed.
- Select NEXT

Back Apply for NR Licenses ROBERT BRIAN MORTON Total Amount: \$6.24 Previous Next

PERSONAL INFORMATION

Email Address: yourEmail@gmail.com Business Phone: (612) 222-3333 Business Email: jament@email.org
 Home Phone: (813) 222-3333 Business Fax: (813) 111-2222 Business Website:

1. Enter Required Data highlighted RED

ADDRESS INFORMATION

NIPR Residence Address
 504 EMBERWOOD DR, BRANDON, FL, U.S.A., 33511-7945

NIPR Business Address
 504 EMBERWOOD DR, BRANDON, FL, U.S.A., 33511-7945

NIPR Mailing Address
 504 EMBERWOOD DR, BRANDON, FL, U.S.A., 33511-7945

2. Verify the address

EMPLOYMENT RECORDS (5 YEARS)

Include full history including self employment, full-time education, military service and unemployment up till today

August (08) / 2007 Company: ABC Agency
 CURRENT Position: President
 Location: Brandon, FL, United States

3. Verify address history for the last 5 years.

+ Add Edit Remove

- Verify all Background Questions are complete.
- Select NEXT

Back Apply for NR Licenses ROBERT BRIAN MORTON Total Amount: \$6.24 Previous Next

Verify Background Questions

BACKGROUND QUESTIONS

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? ☐ Yes ☒ No

Note: "Crime" includes a misdemeanor, a felony or a military offense.

You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine.

2. Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration? ☐ Yes ☒ No

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license, or registration. "Involved" also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others ☐ Yes ☒ No

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? ☐ Yes ☒ No

5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? ☐ Yes ☒ No

6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? ☐ Yes ☒ No

7. Do you have a child support obligation in arrearage? ☐ Yes ☒ No

- Certify and accept any fees.
- Select NEXT

Back Apply for NR Licenses ROBERT BRIAN MORTON Total Amount: \$6.24 Previous Next

Certify and accept any fees

APPLICANT'S CERTIFICATION AND ATTESTATION

The producer must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.

2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.

3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.

4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.

5. I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.

6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.

7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

☒ Accepted

FEE REFUND

Fees are not refundable

☒ Accepted

- Add or edit Credit Card information for payment of fees.
- Select PROCESS

Back Apply for NR Licenses ROBERT BRIAN MORTON Total Amount: \$6.24 Previous Process

Add Credit Card info for payment and Process

AVAILABLE CREDIT CARDS

TESTNAME LASTNAME
<INVALID CARD NUMBER>
Exp Date: 08/2014

Edit Remove New

Processing Fees: -\$53.76
State Fees: \$60.00

3.1.5 EFT Tab

This tab will only be available for Brokerage Associates doing business as an INDIVIDUAL or BUSINESS ENTITY.

PLEASE NOTE: If you are doing business as a "Licensed Only Agent" or "Institutional" Producer, this tab will not be available.

- Upload a copy of a voided check. There are 3 options:
 - Use Upload button from the EFT Tab
 - Use the Camera Capture button from the EFT tab.
 - Upload from the SCAN Tab.
- Enter your Routing Number, Account Number and Account Type.
- If the name on your checking/savings account is different than your personal name, please provide that information in the space provided.

Back ROBERT MORTON's INFO Print Form Previous Next Request Appointment

Transit/Routing: Account #: **2 Enter Data**

Checking Savings

BANK ADDRESS

Name on the account, only if different: **3. Enter if Applicable**

Upload PERSONAL Voided Check **1. Upload copy**

Use Camera for Capture

ELECTRONIC FUND TRANSFERS (EFT)

Account Owner Name (Required): ROBERT BRIAN MORTON

Transit/ABA #: Account #: Financial Institution Name: Branch Address: City: State: Zip: Account Type: Checking Saving Phone:

By signing below I hereby authorize the Company to initiate credit entries and, if necessary, adjustments for credit entries in error to the checking and/or savings account indicated on this form. This authority is to remain in full effect until the Company has received written notification from me of its termination. I understand that this authorization is subject to the terms of any agent or representative contract, commission agreement, or loan agreement that I may have now, or in the future, with the Company.

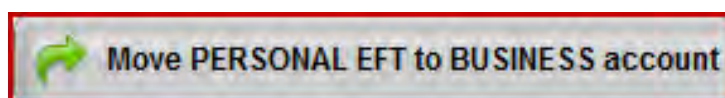
Signature: Date: 06/17/2013

You Are Here

Attach copy of the check here for checking account or deposit slip for saving account.

NIPR DBA QUESTI LICENS EFT CONTR HISTORY E&O TRAINING SCAN

- If you are doing business as a BUSINESS ENTITY, move the data and voided check to your BUSINESS ACCOUNT.
- Simply click on the button displayed below.



3.1.6 Contracts Tab

The Contracts Tab is not a required tab, it simply provides a means for tracking your Active and Inactive Contracts/Appointments.

- The Contracts section tracks your Appointments with the CARRIER.
- The Appointments section tracks your STATE appointments

Contracts

Carrier	Agent #	Active	Start Date
Massachusetts Mutual Life Insurance Company	MM444	<input checked="" type="checkbox"/>	12/04/2008
Integrity Life Ins Co	Integrity777	<input checked="" type="checkbox"/>	02/10/2009
Banner Life Insurance Company	ENTER AGENT#	<input checked="" type="checkbox"/>	10/29/2010
C.M. Life Insurance Company	ENTER AGENT#	<input checked="" type="checkbox"/>	12/04/2008

Appointments

State	County Code	Status	From	Renew On	Line of Authority	Code	Termination R...
Florida	State	Appointed	12/08/2008	09/30/2013		1543	
North Carolina		Appointed	12/04/2008		LIFE	16	
North Carolina		Appointed	12/04/2008		ACCIDENT & HEAL	935	

You Are Here

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3.1.7 History Tab

Provide your last 5 years history for employment and residence. This is Optional Data, but the more information provided, the fewer questions needed when requesting a contract.

EMPLOYMENT RECORDS (5 YEARS)

Include full history including self employment, full-time education, military service and unemployment up till today

August (08) / 2007
CURRENT
Company: ABC Agency
Position: President
Location: Brandon, FL, United States

ADDRESS HISTORY (5 YEARS)

Address History is less than 5 years old

January (01)/31/2009
CURRENT
504 EMBERWOOD DR
BRANDON, FL 335117945

You Are Here

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- Select The ADD button

EMPLOYMENT RECORDS (5 YEARS)

Include full history including self employment, full-time education, military service and unemployment up till today

Employment History is less than 5 years

→ Add Edit Remove

- Enter Required fields
- Date fields only require Month and Year (Click on Year to change the Year)
- Select the SAVE button

EMPLOYMENT RECORDS (5 YEARS)

Include full history including self employment, full-time education, military service and unemployment up till today

Company: ADC Agency Position: President

Location: Brandon, FL, United States

From: Aug / 2007 To: May / 2013

→ Save Cancel

3.1.8 E&O Tab

Maintain a current copy of your E&O declaration page.

PLEASE NOTE: Institutional Producers will not have an E&O tab to maintain as they are typically covered under their Broker Dealer's Master Policy.

Summary and Options

Enter your own INDIVIDUAL E&O Certificate. You will need to provide policy information as well as PDF/Image of the certificate.

→ Create Personal E&O

Back Summary Previous Next Request Appointment

Summary and Options

Personal E&O Click in to Edit

Policy #:

Carrier:

Limits/Case: Total:

Certificate #:

Starts: Expires:

Please upload only **INDIVIDUAL** E&O certificate here.

Upload Another Certificate

Use Camera For Another Snapshot

PERSONAL E&O POLICY
 Policy #, Carrier:
 Case Limit is , Total Limit is , Expires on
 This is individual policy
 Case Limit is required (at least \$500k); Total Limit is required; Policy
 Number is required; Carrier is required; Started On date is required;
 Expiration date is required

Edit Personal E&O

2. Enter Data

1. Upload Copy

You Are Here

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- Upload a copy of E&O Policy. There are 3 options:
 - Use the Upload button from the E&O Tab
 - Use the Camera Capture button from the E&O Tab.
 - Upload from the SCAN Tab.
- Enter your E&O policy data in the fields provided.

3.1.9 TRAINING Tab

Easily retrieve your training data by simply answering a few questions. SureLC allows easy access to it right when you need it and provides copies for your Marketing Organization or Broker Dealer.

Back Summary Previous Next Request Appointment

ROBERT MORTON's INFO

FINRA REGISTRATION INFO

Are you currently a registered representative with FINRA? ☒ Yes ☐ No

CRD#: 12345 Broker/Dealer: Broker Dealer Reload

ANTI-MONEY LAUNDERING COURSE COMPLETION

Provider: Limra Completed On: 07/07/2012 Screenshot: Not available Setup

HONORS

CLU: ☐ ChFC: ☐ CFC: ☐ CFP: ☐ MDRT: ☐

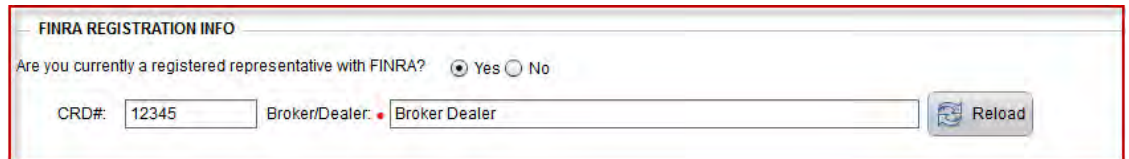
FLMI: ☐ NQA: ☐ Other: ☐

You Are Here

NIPR ✓ DBA ✓ QUESTI... ✓ LICENS... ✓ EFT ✓ CONTR... ✓ HISTORY E&O TRAINING ✓ SCAN ✓

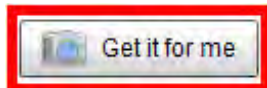
3.1.9.1 FINRA Registration Info

- If you are currently a Registered Rep with FINRA, you can easily have the data uploaded into SureLC. By selecting the YES radio button, SureLC will begin searching the FINRA database for verification.

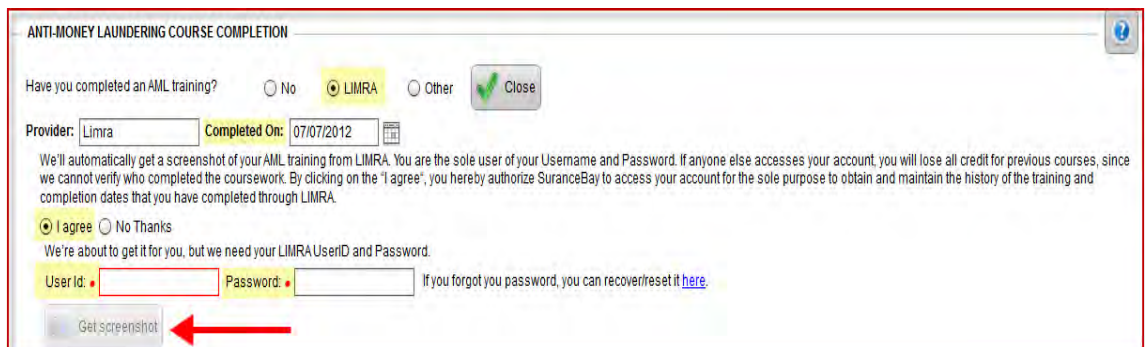
A screenshot of a web form titled "FINRA REGISTRATION INFO". It contains a question "Are you currently a registered representative with FINRA?" with "Yes" and "No" radio buttons. Below this are two input fields: "CRD#" with the value "12345" and "Broker/Dealer:" with the value "Broker Dealer". A "Reload" button is located to the right of the "Broker/Dealer:" field.

3.1.9.2 AML Certification

- Enter your AML certification Provider and Completion Date.
- If you completed your AML through LIMRA, you can retrieve a screenshot of completion by selecting the "GET IT FOR ME" button.



- Agree to the Terms.
- Provide User ID and Password.
- The User ID and Password are the login credentials for the LIMRA website. (**NOT the your SureLC credentials**)
- Select "GET SCREENSHOT"
- If an incorrect completion date is entered, upon retrieving a screenshot the date will automatically be adjusted to reflect the correct date of completion on file with LIMRA
- If you've forgotten LIMRA password, simply select the recover/reset link.

A screenshot of a web form titled "ANTI-MONEY LAUNDERING COURSE COMPLETION". It has a question "Have you completed an AML training?" with "No", "LIMRA", and "Other" radio buttons, and a "Close" button. Below this are "Provider:" and "Completed On:" fields. A paragraph of text explains the process and terms. There are "I agree" and "No Thanks" radio buttons. Below that, it says "We're about to get it for you, but we need your LIMRA UserID and Password." followed by "User Id:" and "Password:" input fields. A link "If you forgot your password, you can recover/reset it here." is provided. At the bottom is a "Get screenshot" button, which is highlighted with a red arrow.

3.1.9.3 Honors

- Select any Honors you hold

3.1.10 SCAN Tab

3.1.10.1 Required Forms

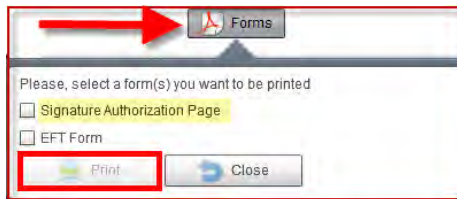
The only Required Form is the Signature Authorization Page. This is so your signature can be applied to contracting paperwork you've requested.

The signature authorization form can be printed or emailed to you for completion. You can also complete this on your monitor using your mouse to write on the screen.

- Select the SIGNATURE CAPTURE button to complete your signature online with your mouse.



- If you would prefer a printed copy of the form to upload. Select the FORMS button.



- Please ensure your signature doesn't extend outside the box or your signature will be cut off at any protruding areas.
- We recommend using a black Sharpie marker.

A screenshot of a "Signature Authorization" form. The form has a title "Signature Authorization" and a block of text explaining the purpose of the form. Below the text, there is a large rectangular box for a signature. A signature, which appears to be "B. M. Post", is written in the box. At the bottom of the form, there is a small text "PRODUCERID79234".

Note: The **Signature Authorization Page** is a required document that you must sign and have uploaded to SureLC. Failure to sign and upload this document to your profile will inhibit your Marketing Organization from producing your contracting paperwork. Should you choose not to sign, you will need to complete your contracting requests manually.

3.1.10.2 Optional Forms

- **Voided Check.**
- **E&O Declaration Page**
- **CE Certification**
- **AML Certification**
- **LTC Certification**
- **Letter of Explanation**
- **Court Documents**

3.1.10.3 Upload Document Process

Forms can be uploaded several different ways. If you don't have a scanner or other means of saving documents to your computer for uploading, please contact your Marketing Organization for assistance and they'll upload the forms for you.

- **CLICK ON BLUE FOLDER** - From the SCAN Tab, click the blue folder and choose the location where the forms have been saved. Once selected, click "Open" to upload forms.
- **DRAG & DROP** - Drag and drop the forms into the large box to the left of the screen as indicated below. Once you release the form it will begin the upload process.
- **UPLOAD SEPARATELY WITHIN EACH TAB** - You always have the option to upload forms separately within each Tab as you move through the profile. For example: Voided Checks can be uploaded from within the EFT Tab.

Back Previous Request Appointment

ROBERT MORTON's INFO

Please upload paperwork provided by your GA here - Electronic Signature form, E&O Certificate, Deposit Slip, etc.
You might need to upload additional documents:

- Annuity Training Certification
- LTC CE Training Certification
- Court Documents

Uploaded documents Refresh status Show Archived Signature Capture

To preview/select uploaded files click the entries below

E&O Insurance Uploaded: 05/24/13 09:33 Size: 19324 Status: complete	Signature Uploaded: 05/22/13 08:59 Size: 11762 Status: complete
Signature Image Uploaded: 05/22/13 08:59 Size: 2554 Status: complete	Contract with Medpoint Uploaded: 05/20/13 05:32 Size: 0 Status: complete
E&O Insurance Uploaded: 05/24/13 09:34 Size: 19324 Status: complete	Court Documents Uploaded: 05/25/13 02:49 Size: 0 Status: complete
Voided Check Uploaded: 05/25/13 07:10 Size: 26963 Status: complete	

Click on the Blue Folder.
1. Find the location of your saved forms.
2. Choose the Document.
3. Click OPEN to upload the form.

OR

Drag and Drop your documents
1. Drop them in the white box.
2. Multiple page documents will be sorted and re-named accordingly.

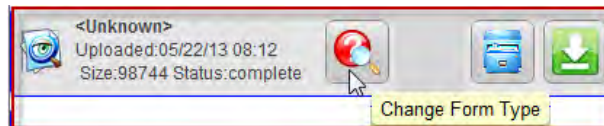
You Are Here

NIPR ✓ DBA ✓ QUEST... ✓ LICEN... ✓ EFT ✓ CONTR... ✓ HISTORY E&O ✓ TRAIN... ✓ **SCAN ✓**

3.1.10.4 Form Types / Labels

Infrequently, SureLC may encounter difficulty recognizing your uploaded files. This is normally due to bad quality PDF files or otherwise unrecognized forms. If you have uploaded files that SureLC does not recognize, you will need to manually tell SureLC what the file type is. Follow these steps:

- Hover your mouse cursor over the form that is unknown.
- The image of the form will populate in the preview screen to the far right.
- Click the "CHANGE FORM TYPE" icon.



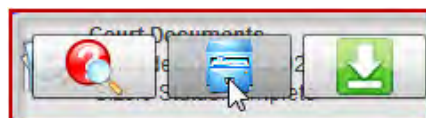
- Select the appropriate form type from the menu that appears.



3.1.10.5 Archive Forms

Archive any documents that are old, expired, or simply not applicable. Any documents that have been archived will no longer apply to contract requests.

- Hover over the document with your mouse and select the Blue File cabinet icon.
- Or simply click into the file and re-label the document as "ARCHIVED".

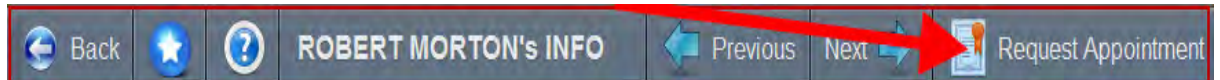


4.0 REQUESTING A CARRIER APPOINTMENT

After your profile has been set up in SureLC, you can request contracting paperwork with any carrier.

4.1 Requesting Appointments

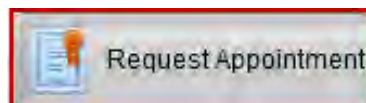
- Click on “REQUEST APPOINTMENT” in the “My Info” section.



- OR, Click on the “MY APPOINTMENTS” Icon on the SureLC Desktop.



- Click on the “REQUEST APPOINTMENT” button to begin the appointment request process:



4.1.1 Step 1 - Carrier and Request Type

A screenshot of the 'Appointment Request / Carrier & Product - Step 1 of 3' form. The form is divided into three main sections: 'Step 1' (left), 'Carrier selection:' (middle), and 'Request:' (right). The 'Step 1' section contains instructions and a red arrow pointing to the 'Carrier selection' section. The 'Carrier selection' section has a search bar with 'ba' and a list of carriers, with 'Banner Life Insurance Company' selected. A red arrow points from the search bar to the 'Request' section. The 'Request' section has a 'Contract' radio button selected and other options like 'Add State', 'Hierarchy', 'Payment', and 'Transfer'. A red arrow points to the 'Next' button in the top right corner. The form is titled 'Appointment Request / Carrier & Product - Step 1 of 3' and has 'Home', 'Star', and 'Question Mark' icons in the top left. The top right has 'Quit' and 'Next' buttons.

4.1.2 Step 2 - State(s) and Product(s)

Home ? Appointment Request / States & Counties - Step 2 of 4 Previous Next

Request Contract for Banner Life Insurance Company

Step 2

Licensed St... Select all states

☒ Florida ☒ Michigan ☐ North Carolina ☐ Virginia

Products:

Variable Life: ☐
Variable Annuity: ☐
Long Term Care: ☐
Group Life and Health: ☐
Fixed Life: ☒
Fixed Annuity: ☐
Disability: ☐
Accident and Sickness: ☐
Med Supplements: ☐
P & C: ☐

1. 2. 3.

4.1.3 Step 3 - Carrier Specific Questions

Home ? Appointment Request / Miscellaneous... Quit Previous Submit

Request Contract for Banner Life Insurance Company to sell Fixed Life in Florida and Michigan

Step 3

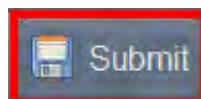
Minimum Transaction Amount (min \$50): *

Commission Payment Frequency:

☐ Daily (EFT required)
☐ Weekly (EFT required)
☒ Standard (3 times per month) *
☐ Bi-weekly (26 times per year)
☐ Monthly

1. Required questions are highlighted in RED 2.

- Select the SUBMIT Button.



- A successful request will show the following notice.

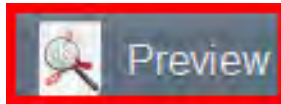
Success

Thank you for your appointment request. It has been submitted and received by our contracting department. You will be notified if anything further is needed.

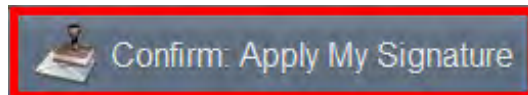
OK

4.1.4 Step 4 - Preview & Confirm

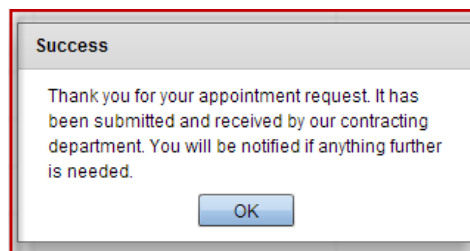
Certain Carriers require you to PREVIEW the forms prior to applying your signature. If you see the PREVIEW button below, you'll need to select it and review the contracting forms.



- Scroll through and review the page to the bottom of the file
- Select the "**CONFIRM: Apply my Signature**" button.



- A successful request will show the following notice.



4.2 Requesting Appointments (Outside of SureLC)

If you prefer not to use SureLC to submit contracting requests, contact your Marketing Organization to get paper contract copies to be completed manually.

- Send your Marketing Organization an email.
- Call your Marketing Organization directly.
- Submit new business to your Marketing Organization, which will prompt them to process appointment paperwork if you are not contracted with the carrier (non pre-appointment states only).

5.0 TROUBLESHOOTING AND FREQUENTLY ASKED QUESTIONS

5.1 Producer Training Video

[Click here](#) for a full-length demo for how to set up your profile and submit appointment requests.

5.2 Printing Problem

SureLC requires that you have Adobe Reader version 9.2 or higher. [Click here](#) to install the most recent version of Adobe Reader.

5.3 Viewing SureLC

To best view SureLC, set your monitor's resolution to 1280 x 800.

If you have any additional problems and/or questions, contact your Marketing Organization for support.



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