

## Crowe and Associates – Contracting Kit

Welcome to Crowe and Associates!

To get started, please fill out the forms included with this cover page and fax 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 corp license and void check in addition to your individual license.
- If applying for Athene and are a corp, please provide corporate resolution or list of authorized signers.
- Please be advised that some carriers charge resident and/or non-resident appointment fees. Contact Crowe and Associates for details.

**Please Fax to 203-567-6235.**

If you have any questions, please call [203.796.5403](tel:203.796.5403).

We look forward to partnering with you and helping you increase production.



203.796.5403  
[croweandassociates.com](http://croweandassociates.com)



# Contract Application

Agent Name: \_\_\_\_\_ Social Security No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

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

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

Insurance License No.: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NPN Number:**

Male  Female

Agent Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

UPS Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone Res: (\_\_\_\_) \_\_\_\_\_ Bus: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Previous Address in the last 10 years: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

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

I agree to receive all carrier required emails, and Crowe and Associates Compliance updates.

Additionally, by checking here, I agree to let Crowe and Associates send me carriers, products, and lead opportunities.

Preferred Method of Contact (Can select multiple methods) :

- Email
- Phone
- Text

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Date



## Background Information

**\*All Yes Answers Must Have An Explanation To Be Processed**

Is there any indebtedness to any insurance company?  Yes  No

If yes, give name of company, amount and repayment agreement:

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Have you ever been convicted of a felony or a misdemeanor other than a traffic offense?  Yes  No

If Yes, Explain and provide dates for each

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Have you had your driver's license revoked?  Yes  No If Yes, Explain and provide dates

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Are you in process of, or have you ever filed for bankruptcy?  Yes  No If Yes, Explain/ Answer the Following Questions

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Have you ever filed bankruptcy, been declared bankrupt or insolvent, or had your salary garnished?  Yes  No

Have you, or any business of which you were presently are a principal, been involved  Yes  No  
in a bankruptcy action, or compromised liabilities with creditors?

Have you ever filed a petition for bankruptcy or for protection from creditors?  Yes  No

Has any insurance or securities brokerage firm with whom you have been associated  
ever filed a bankruptcy petition or been declared bankrupt, either during your  Yes  No  
association or within 5 years after termination of such association?

When was it filed? Month/Day/Year:   Month                      Day                      Year

What was the amount of your bankruptcy?

Please select which you filed:

Chapter 7

Chapter 11

Chapter 13

Please select the date you filed for bankruptcy:

Please select the date your bankruptcy was paid off. (if applicable)

Are you now or have you ever been employed by, or associated with to any degree, directly, or  Yes  No  
indirectly, a bank, savings and loan or other financial institution?

Are you now subject of any complaint, investigation, or proceeding which could  Yes  No  
result in a yes answer to any of the preceding questions?

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Initials

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Date

Have you ever been refused a bond or Errors and Omissions Insurance?  Yes  No If Yes, Explain

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Have you ever had your insurance license suspended or revoked?  Yes  No If Yes, Explain

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Have you been fined or had disciplinary action taken against you with any Department of Insurance?  
 Yes  No If Yes, Explain \_\_\_\_\_

Are you, at the present time, or have you been within the past five years, involved in any civil litigation, judgments, liens or foreclosures?  Yes  No If Yes, Explain

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Have you ever been denied an appointment with any insurance company?  Yes  No If Yes, Explain

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Have you ever been terminated for cause by any insurance carrier?  Yes  No If Yes, Explain

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### Banking Information

Bank Routing Number (9 digits): \_\_\_\_\_

Account number: \_\_\_\_\_

Branch Name or location: \_\_\_\_\_

**BE SURE TO ATTACH A VOIDED CHECK**

### Other Information

Requesting Commission Advancing?  Yes  No

List a beneficiary: \_\_\_\_\_ Relationship? \_\_\_\_\_

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

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

If Yes, Date of AML (Anti Money Laundering) \_\_\_\_/\_\_\_\_/\_\_\_\_ Course Name: \_\_\_\_\_

Where were you born? (City, State) \_\_\_\_\_

Long Term Care Partnership certification: please attach certificate or CE update

I confirm that all information is true and correct, and I have given Crowe & Associates my permission to enter the information on my behalf.

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Date



# Letter of Explanation

Date of Action: \_\_\_\_/\_\_\_\_/\_\_\_\_

Action: \_\_\_\_\_

Reason: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

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Date of Action: \_\_\_\_/\_\_\_\_/\_\_\_\_

Action: \_\_\_\_\_

Reason: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

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Date of Action: \_\_\_\_/\_\_\_\_/\_\_\_\_

Action: \_\_\_\_\_

Reason: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

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

## Licenses

AML Provider:  Limra  None  Other Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

***If Other, Provide Certificate of Completion.***

Are you a Registered Rep with FINRA?  Yes  No

***If Yes, Broker/Dealer Name:*** \_\_\_\_\_ **CRD #:** \_\_\_\_\_



## Agent Referral Information

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.  
Please call your Sales Director for details on our referral program.**

# sig

**Name:**

**General Agent:** Crowe and Associates

I, \_\_\_\_\_, hereby authorize Crowe and Associates 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 Crowe and Associates to submit on my behalf, for the purposes of being Contracted to sell products of Carriers through Crowe and Associates

I affirm that the information I have submitted through the interview process to Crowe and Associates 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.

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 203-567-6235**

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

**Example:**



**Check the box next to the Carrier names that you would like to select:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Aetna Medicare Advantage / Coventry                        | <input type="checkbox"/> Constitution Life   | <input type="checkbox"/> National Guardian Life                   |
| <input type="checkbox"/> Aetna Medicare Supplement (ACI/CLI)                        | <input type="checkbox"/> EquiTrust   | <input type="checkbox"/> National Western                         |
| <input type="checkbox"/> American Equity  | <input type="checkbox"/> F&G   | <input type="checkbox"/> Nationwide                               |
| <input type="checkbox"/> American General - Life Brokerage                          | <input type="checkbox"/> F&G (Legacy)  | <input type="checkbox"/> North American Company (NACOLAH) - Life  |
| <input type="checkbox"/> American General - Life Brokerage Annuity                  | <input type="checkbox"/> Freedom/Optimum   | <input type="checkbox"/> Penn Life                                |
| <input type="checkbox"/> American General - US Life of New York                     | <input type="checkbox"/> Forethought-Annuity   | <input type="checkbox"/> Protective Life                          |
| <input type="checkbox"/> American General - US Life of New York - Annuity           | <input type="checkbox"/> Genworth LTC  | <input type="checkbox"/> Pyramid                                  |
| <input type="checkbox"/> AGLA- Life with Living Benefits                            | <input type="checkbox"/> Gerber Life - Medicare Supplement   | <input type="checkbox"/> Royal Neighbors of America               |
| <input type="checkbox"/> Allianz  | <input type="checkbox"/> Gerber Life Insurance Company   | <input type="checkbox"/> Sentinel Security Life Insurance Company |
| <input type="checkbox"/> Americo  | <input type="checkbox"/> Great American  | <input type="checkbox"/> Settlers Life                            |
| <input type="checkbox"/> Americo- Legacy  | <input type="checkbox"/> Great Western- GI Life  | <input type="checkbox"/> Standard Insurance Company               |
| <input type="checkbox"/> Anthem BCBS / Empire / Amerigroup                          | <input type="checkbox"/> Guarantee Trust Life  | <input type="checkbox"/> Thrivent- Med Supp                       |
| <input type="checkbox"/> Assurity Legacy  | <input type="checkbox"/> Humana  | <input type="checkbox"/> Transamerica New York                    |
| <input type="checkbox"/> Athene Annuity & Life Assurance Company                    | <input type="checkbox"/> John Hancock  | <input type="checkbox"/> Transamerica Premier                     |
| <input type="checkbox"/> Athene, IA- Annuity  | <input type="checkbox"/> Liberty Bankers-Med Supp  | <input type="checkbox"/> United Health Care                       |
| <input type="checkbox"/> Baltimore Life   | <input type="checkbox"/> Lincoln Financial   | <input type="checkbox"/> United Home Life                         |
| <input type="checkbox"/> Banker's Fidelity Life/Assurance Company                   | <input type="checkbox"/> Medico Group  | <input type="checkbox"/> United Security Assurance                |
| <input type="checkbox"/> Banner Life  | <input type="checkbox"/> MetLife   | <input type="checkbox"/> United Teacher                           |
| <input type="checkbox"/> Cigna- Final Expense/Med Supp (Arlic/Loyal American/CHLIC) | <input type="checkbox"/> Mutual of Omaha Insurance Company (United of Omaha Life Ins. ,United World Life Ins.) | <input type="checkbox"/> WellCare                                 |
| <input type="checkbox"/> Cigna- Healthspring (Bravo Health)                         |  | <input type="checkbox"/> William Penn                             |
| <input type="checkbox"/> Columbian Mutual Life Insurance Company                    |  | <input type="checkbox"/> Washington National                      |
| <input type="checkbox"/> Combined Insurance Company Of America                      |  | <input type="checkbox"/> Other: _____                             |