



Contracting Request for CarePartners of Connecticut

To expedite the contracting process, please complete the attached forms.

- GarityAdvantage will enter your data into our online contracting tool
- We will forward you a completed contract to review, sign and submit

Step 1: Complete and Sign the Following Items:

- ☐ Relationship Hierarchy Transmittal
- ☐ CarePartners Appointment Application
Be sure to indicate if contracting as an individual or corporation
- ☐ Legal Questions for Contracting and Appointment Requests
- ☐ Electronic Funds Transfer (EFT)
- ☐ Signature Authorizing SuranceBay , LLC to affix your signature to electronic documents

Step 2: Return completed contracting material to us via email or fax:

Email: LISA@croweandassociates.com
Fax: (203) 567-6235

Questions? Call (203) 796-5403

CarePartners of CT

Relationship Hierarchy Addendum

To be completed by Garity Advantage

Carrier: CarePartners of Connecticut	
Agency: <u>Crowe and Associates,</u>	#
RMO Name/Entity:	RMO#
SGA Name/Entity:	SGA#
MGA Name/Entity:	MGA#
GA Name/Entity:	GA#
Agent Name:	Agent#
Solicitor Name:	Solicitor#
Garity Signature:	Date:
Check the following appointment level:	

- ☐ RMO
- ☐ SGA 2
- ☐ SGA
- ☐ MGA 2
- ☐ MGA
- ☐ GA 2
- ☐ GA
- ☐ AGENT
- ☐ SOLICITOR

LICENSED STATE: Connecticut (CT)

CarePartners (CPCT) Appointment Application

THIS IS A WRITABLE FORM*

Please Print or Type: All fields must be complete and legible

Individual Information (All Individual Information fields required for all Appointment Applications).				
Legal Name (As name appears on Individual Resident State Insurance License)				
Last:		Middle		First:
Social Security Number	Birth Date (MM/DD/YYYY)	Alias/Other Names:		
Resident Address				
City		State	County (FL Only)	Zip Code
Resident Phone Number		Business Phone Number		Fax Number
Email Address				
Appointment Type: <input type="checkbox"/> Individual OR <input type="checkbox"/> Corporation			This must match information provided on the Agreement and W-9.	
Mailing Preference: <input type="checkbox"/> Residential OR <input type="checkbox"/> Business			If applying as an individual, but prefer mail be delivered to your business, fill in the Business Address section below.	
If Applying as a Corporation, the following information is also required. (You must be a Principal of the Corporation to Apply).				
Corporation Name			Principal	
Corporate Tax ID			Business Phone	
Business Address				
City		State	County	Zip
Errors and Omissions Attestation of Coverage (\$1,000,000 per occurrence or 1,000,000 annual aggregate required)				
Name of Carrier			Policy #	

By signing this attestation I am agreeing that I have met, and will maintain, the required Errors and Omissions coverage during my contract with CarePartners (CPCT). I understand that failure to have met and maintained the Errors and Omissions coverage requirements will result in immediate termination.

Applicant's Signature: _____

SIGNATURE

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 and 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 regulation?	<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 regulation or statute?	<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 any Felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1G	Have you ever been charged with any 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 indictments, 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 a reason other than lack of sales?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5A	Were you terminated/resigned 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 terminated/resigned 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 terminated for cause or been denied an appointment?	<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 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? Or, have you ever had a claim filed against your surety company?	<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? Or, have you ever had a claim filed against your E&O carrier?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Have you ever had an insurance 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	Have you ever had any 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: _____

ELECTRONIC FUND TRANSFERS (EFT)

Account Owner Name (Required): _____

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: _____

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

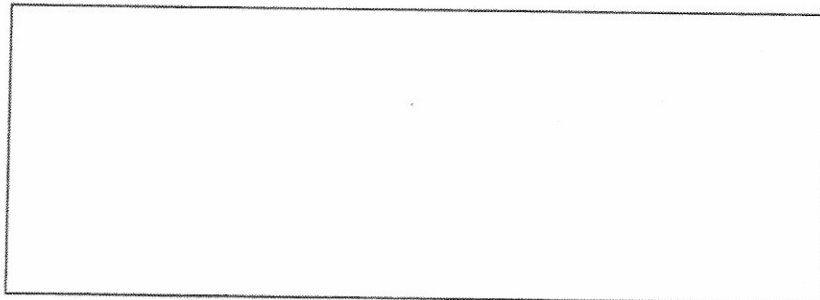
Signature Authorization

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.



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