



CROWE & ASSOCIATES

CONTRACTING WITH CROWE & ASSOCIATES

Welcome to Crowe & Associates!

To get started, please fill out the forms included with this cover page and fax, or send using a secure email, 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 a corporate license and voided check in addition to your individual license.
- If applying for Athene and are a corporation, 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 & Associates](#) for details***

Please fax to 203-567-6235 or send using the Secure Email on our website.

If you have any questions, please call **203-796-5403** for assistance.

We look forward to partnering with you!

REGISTRATION WITH CROWE & ASSOCIATES IS REQUIRED TO PROCESS CONTRACTING



CROWE & ASSOCIATES

Contract Application

Agent Name: _____ SSN: _____ - _____ - _____

Agency Name (if applicable): _____ Tax ID: _____ - _____

Personal Name or Principal: _____

Insurance License Number: _____ Birth Date (mm/dd/yyyy) ____ / ____ / ____

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: _____ Business: _____

Fax: _____ Mobile: _____

Email 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 & Associates Compliance updates.

Additionally, by checking here, I agree to let Crowe & 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? If yes, provide the name of the company, amount, and the repayment agreement: Yes No

Have you ever been convicted of a felony or misdemeanor other than a traffic offense? If yes, explain and provide the date(s) of each: Yes No

Have you had your driver's license revoked? If yes, explain and provide date(s): Yes No

Are you in the process of, or have you ever, filed for bankruptcy? If yes, explain and answer the following questions: Yes No

Have you ever filed bankruptcy, have 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 in a bankruptcy action, or compromised liabilities with creditors? Yes No

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 association or within 5 years after termination of such association)? Yes No

When was bankruptcy filed (mm/dd/yyyy)? ____ / ____ / _____

What was the amount of your bankruptcy? _____

Please select which you filed: Chapter 7 Chapter 11 Chapter 13

Please provide the date you filed for bankruptcy (mm/dd/yyyy): ____ / ____ / _____

Please provide the date your bankruptcy was paid off (if applicable) (mm/dd/yyyy): ____ / ____ / _____

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

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

Initials

Date



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Have you ever been refused a bond or Errors and Omissions Insurance? If yes, please explain: Yes No

Have you ever had your insurance license suspended or revoked? If yes, please explain: Yes No

Have you ever had disciplinary action taken against you with any Department of Insurance? If yes, please explain: Yes No

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

Have you ever been denied an appointment with any insurance company? If yes, please explain: Yes No

Have you ever been terminated for cause by any insurance carrier? If yes, please explain: Yes No

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 out an AML (Anti-Money Laundering) course within the past two years? Yes No

If yes, provide the date of the AML (Anti-Money Laundering):

Date (mm/yyyy): ____ / ____ 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



Additional Information (SelectHealth)

IF NOT SELECTING SELECTHEALTH AS A CARRIER, PLEASE DISREGARD THIS PAGE

Professional Information

Nevada Accident and Health Insurance License Number: _____

Issue Date (mm/dd/yyyy): ____ / ____ / ____ Expiration Date (mm/dd/yyyy): ____ / ____ / ____

Please list the names of the carriers with which you are currently appointed, or applying for appointment: _____

Have you ever been cited, fined, suspended, revoked, or refused a license by any state? Yes No

If yes, provide the state, month, and year: State: _____ Date (mm/yyyy): ____ / _____

Have you previously been appointed with SelectHealth? Yes No

Please list any languages, other than English, that you speak fluently: _____

Professional References

List any professional associations to which you belong:

Name of Organization: _____

Member Since (mm/dd/yyyy): ____ / ____ / ____

Name of Organization: _____

Member Since (mm/dd/yyyy): ____ / ____ / ____

List two professional references that can attest to your honesty, professionalism, and ethical standards of practice:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Disciplinary Actions

Have you ever been excluded from participating in a government healthcare program such as Medicaid or Medicare? Yes No

If yes, please provide complete background and detail of circumstances, paying particular attention to activities affecting interstate commerce, (if needed, you may attach another page): _____

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

Initials

Date



Letter of Explanation

Date of Action (mm/dd/yyyy): ____ / ____ / ____

Action: _____

Reason: _____

Explanation:

Date of Action (mm/dd/yyyy): ____ / ____ / ____

Action: _____

Reason: _____

Explanation:

Date of Action (mm/dd/yyyy): ____ / ____ / ____

Action: _____

Reason: _____

Explanation:

USE ADDITIONAL PAPER IF NECESSARY

Licenses

Date Completed (mm/dd/yyyy): ____ / ____ / ____

AML Provider: Limra None Other

If other, please provide certificate of completion

Are you a Registered Rep with FINRA? Yes No

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



CROWE & ASSOCIATES

Agent Referral Information

Agent Name: _____ Phone: _____ Relationship: _____

Agent Name: _____ Phone: _____ Relationship: _____

Agent Name: _____ Phone: _____ Relationship: _____

Agent Name: _____ Phone: _____ Relationship: _____

Agent Name: _____ Phone: _____ Relationship: _____

Agent Name: _____ Phone: _____ Relationship: _____

Agent Name: _____ Phone: _____ Relationship: _____

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

CALL YOUR SALES DIRECTOR FOR MORE DETAILS ON OUR REFERRAL PROGRAM!

304 Federal Road, Suite 107 | Brookfield, CT 06804 | 1-(203)-796-5403 | www.croweandassociates.com



CROWE & ASSOCIATES

Replace this page with a copy of your E&O Insurance Certificate of Coverage

IMPORTANT: E&O Certificate must list your full name as the insured.

Please use the following examples as reference:

CORRECT:

Name of Insurance Agency

Full Agent Name

Address Line 1

Address Line 2

City, State, ZIP

INCORRECT:

Name of Insurance Agency

Address Line 1

Address Line 2

City, State, ZIP

If an individual's name is not listed correctly, please provide a letter from the E&O Carrier listing agents covered under agency policy.



CROWE & ASSOCIATES

Signature

GENERAL AGENT: Crowe & Associates

I, _____, hereby authorize Crowe & Associates to affix or append a facsimile of my signature, as set forth below, to all required signature fields on all Insurance Carrier documents through the software or through any other means, including without limitation, by e-mail or orally. For which I have authorized Crowe & Associates to submit all such forms and agreements on my behalf, for the purposes of being Contracted to sell products of Carriers through Crowe & Associates. I hereby release, indemnify and hold harmless Crowe & Associates 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.

I affirm that the information I have submitted through the interview process to Crowe & 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 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 and acceptance on any form or agreement 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
Additionally, please sign in the center of the box below:

Example:

John Doe



CROWE & ASSOCIATES

Check the box next to the Carrier names that you would like to select. For non-resident state requests, please write in state next to the carrier. Please be advised that some carriers charge resident and-or non-resident appointment fees. If you are requesting non-resident appointment, please indicate what states in the block provided.

Carriers	✓	Non-Res States	Carriers	✓	Non-Res States
Aetna Medicare Advantage/Coventry			Humana		
Aetna Medicare Supplement (ACI/CLI)			John Hancock		
AGLA- Life with Living Benefits			Liberty Bankers- Med Supp		
American Equity			Lincoln Financial		
American General- Life Brokerage Annuity			LUMICO MS		
Americo			Medico Group		
Americo- Legacy			MetLife		
Anthem BCBS/Empire/ Amerigroup/Caremore			MOO MA		
Assurity Legacy			Mutual of Omaha Insurance Company (Omaha Insurance, United of Omaha Life Ins., United Word Life Ins.)		
Athene Annuity & Life Assurance Company			National Guardian Life		
Athene, IA- Annuity			National Guardian Life- Med Supp		
Baltimore Life			National Western		
Banker's Fidelity Life/ Assurance Company			Nationwide		
Banner Life			North American Company (NACOLAH)- Life & Annuity		
Cigna- Final Expense/ Med Sup (Arlic/Loyal American/CHLIC)			Protective Life		
Cigna- HealthSpring (Bravo Health)			Royal Neighbors of America		
Columbian Mutual Life Insurance Company			SelectHealth		
Combined Insurance Company of America			Sentinel Security Life Insurance Company		
Equitrust			The Standard		
F&G			Thrivent- Med Supp		
F&G (Legacy)			Transamerica New York		
Freedom/Optimum			Transamerica Premier		
Fresenius			United Home Life		
Genworth LTC			United Security Assurance		
Gerber Life- Medicare Supplement			UnitedHealthcare		
Gerber Life Insurance Company			USIC MS		
Global Atlantic			Washington National		
Great American			WellCare		
Great Western- GI Life			William Penn		
Guarantee Trust Life			Other:		

Initials

Date

All Pages Must be Signed
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