

SureLC Contracting Process Steps:

Website: <https://surelc.surancebay.com/sbweb/agency/283>

Click NEW USER



Please provide your credentials and click login.

Email:

Password:

Remember Change Login

Change Password **New User?**

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

Once into the system, complete the following information in your profile:



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 PDR Report

When your profile is complete, click the "MY INFO" button:



Once "MY INFO" you will work through the following ten steps:

(*locate the tabs on the bottom of screen)

1. NPR
2. DBA
3. QUESTIONS
4. LICENSE
5. EFT
6. CONTRACTS
7. HISTORY
8. E&O
9. TRAINING
10. SCAN

1. NPR Tab:

Back ? ROBERT MORTON's INFO Next Request Appointment

Click NEXT to move to the next tab

IDENTIFICATIONS (NPN:6551097 / SB:79234)

SSN: Gender: Male Female Date of Birth: eMail:

NAME

LAST: FIRST: MIDDLE: TITLE:

PHONE: FAX: CELL: MARITAL STATUS:

DRIVER LIC: DL STATE:

ADDRESSES REGISTERED WITH THE STATES

Residential (No PO Boxes): Start Date: Edit

Mailing: Edit

You Are Here

Click into each Tab to input the required information.
Required information is indicated with a **RED** bullet point.
Once all required data is completed on a page, the Tab

NPR ✓ DBA ✓ QUESTIONS ✓ LICENSE ✓ EFT ✓ CONTR. ✓ HISTORY E&O ✓ TRAINING ✓ SCAN ✓

2. DBA Tab:

Back Previous Next Request Appointment

ROBERT MORTON's INFO

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. Question Tab – note you must scroll down to answer all questions

Back Previous Next Request Appointment

ROBERT MORTON's INFO

Please answer these questions in details. SurencBay will not share information with carriers unless it is explicitly requested as required part of standard contracting. All No

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

4. License Filter

ROBERT MORTON's INFO

Active only

FLORIDA
FROM: 03/30/2005
AGENT
Loas: LIFE, HEALTH & VARIABLE ANNU
not available for online renew

MICHIGAN SSN#
FROM: 07/03/2005
NON RESIDENT PRODUCER
Loas: ACCIDENT AND HEALTH, LIFE
not available for online renew

NORTH CAROLINA
FROM: 10/25/2001 TILL: 03/31/2014
PRODUCER
Loas: ACCIDENT & HEALTH OR SICKNESS LIFE
not eligible

VIRGINIA
FROM: 04/05/2004
PRODUCER
Loas: HEALTH, LIFE AND ANNUITIES
not eligible

You Are Here

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

5. EFT Tab:

ROBERT MORTON's INFO

Transit/Routing:
Account #:
 Checking Savings

BANK ADDRESS

Name on the account, only if different:

Upload PERSONAL Voided Check
Use Camera for Capture

2 Enter Data

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: 05/17/2013

You Are Here

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

NPR ✓ DBA ✓ QUESTI ✓ LICENS ✓ EFT ↑ CONTR ✓ HISTORY E&O ✓ TRAINING ✓ SCAN ✓

6. Contract 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

NIPR DBA QUEST LICENS EFT **CONTR.** HISTORY E&O TRAINING SCAN

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

Start Date	End Date	Status	Company	Position	Location
August (08) / 2007		CURRENT	ABC Agency	President	Brandon, FL, United States

ADDRESS HISTORY (5 YEARS)
Address History is less than 5 years old

Start Date	End Date	Status	Address
January (01)/31/2008		CURRENT	504 EMBERWOOD DR BRANDON, FL 335117945

You Are Here

NIPR DBA QUEST LICENS EFT CONTR **HISTORY** E&O TRAINING SCAN

E&O Tab

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

The screenshot shows the 'ROBERT MORTON's INFO' page with the 'E&O' tab selected. The page is divided into two main sections: '1. Upload Copy' and '2. Enter Data'. The '1. Upload Copy' section contains two buttons: 'Upload Another Certificate' and 'Use Camera For Another Snapshot'. The '2. Enter Data' section contains several input fields: 'Policy #', 'Carrier', 'Limits/Case' (with a 'Total' field), 'Certificate #', 'Starts', and 'Expires'. A red box highlights these input fields. To the right of the input fields, there is a 'PERSONAL E&O POLICY' section with a 'Edit Personal E&O' button. A red arrow points to the 'E&O' tab in the bottom navigation bar, with the text 'You Are Here' above it.

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.

The screenshot shows the 'ROBERT MORTON's INFO' page with the 'TRAINING' tab selected. The page is divided into three main sections: 'FINRA REGISTRATION INFO', 'ANTI-MONEY LAUNDERING COURSE COMPLETION', and 'HONORS'. The 'FINRA REGISTRATION INFO' section contains a question 'Are you currently a registered representative with FINRA?' with 'Yes' and 'No' radio buttons, and a 'CRD#' field with the value '12345'. The 'ANTI-MONEY LAUNDERING COURSE COMPLETION' section contains a 'Provider' field with the value 'Limra', a 'Completed On' field with the value '07/07/2012', and a 'Screenshot' field with the value 'Not available'. The 'HONORS' section contains several checkboxes: 'CLU', 'CFC', 'CFC', 'CFP', 'MORT', 'FLMI', and 'NQA'. A red arrow points to the 'TRAINING' tab in the bottom navigation bar, with the text 'You Are Here' above it.

SCAN Tab

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 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.

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 SuncoastLife, LLC and its general agency customers (the "Authorized Parties") to affix or obtain a copy of my signature on all forms relating to any and all required signature fields on forms and agreements of any insurance carrier (a "Carrier") designated by me through the Suncoast website or through any other means, including without limitation, by email or text. The Authorized Parties shall be permitted to create and submit all such forms and agreements on my behalf for the purpose of business authorized by me. 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 attorney's 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 released the terms 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 attorney's 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.

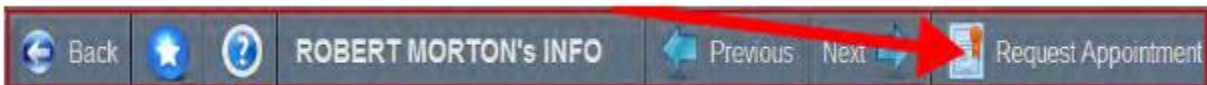
Please sign in the center of the box below.



PRODUCERID79224

NOW REQUEST AN APPOINTMENT

Click "REQUEST APPOINTMENT" in the upper right hand corner:



OR



Please call Neishloss & Fleming with any additional questions or concerns:

800-561-7722