

# CONTRACT REQUEST FORM

**PLEASE COMPLETELY FILL OUT ALL FIELDS AND  
INCLUDE A COPY OF YOUR  
INSURANCE LICENSE, DRIVERS LICENSE,  
E&O INSURANCE AND A VOIDED CHECK.**

Once you have completed the contract please return by

Faxing all documents to 630-527-2551

Or

Scan documents and email back using We Transfer for large files.

Go to [wetransfer.com](http://wetransfer.com)

+Add Files

Send to [contracting@myfieldtrainer.com](mailto:contracting@myfieldtrainer.com)

Please direct questions to [contracting@myfieldtrainer.com](mailto:contracting@myfieldtrainer.com)

630-410-9629

16W241 S Frontage Rd  
Suite 33  
Burr Ridge, IL 60527  
630-426-9714

# My Field Trainer



Fax - 630-571-2551 or Email - [contracting@myfieldtrainer.com](mailto:contracting@myfieldtrainer.com)

NPN:

SSN:

Date of Birth:

Hiring Manager

First Name:

Middle Name:

Suffix:

Gender:

Marital Status:

Spouse:

Male

Female

DL State:

Driver Lic#

Exp Date

Email:

Title:

Phone:

Fax:

Cell:

## Address History (7 years)

From      Too      Full Address:

From      Too      Full Address:

From      Too      Full Address:

From      Too      Full Address:

From      Too      Full Address:

From      Too      Full Address:

From      Too      Full Address:

16W241 S Frontage Rd  
Suite 33  
Burr Ridge, IL 60527  
630-426-9714

# My Field Trainer



Fax - 630-571-2551 or Email - [contracting@myfieldtrainer.com](mailto:contracting@myfieldtrainer.com)

## Employment Records (7 years)

From      Too      Company, Position, Full Address:

From      Too      Company, Position, Full Address:

From      Too      Company, Position, Full Address:

From      Too      Company, Position, Full Address:

From      Too      Company, Position, Full Address:

From      Too      Company, Position, Full Address:

From      Too      Company, Position, Full Address:

## FINRA Registration INFO

Are you currently a registered representative with FINRA?      Yes      No

## Anti-Money Laundering Course Completion

AML Training Provider:      None      LIMRA      Other      Completed On:

## Questions:

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 statute? 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

16W241 S Frontage Rd  
Suite 33  
Burr Ridge, IL 60527  
630-426-9714

# My Field Trainer



Fax - 630-571-2551 or Email - [contracting@myfieldtrainer.com](mailto:contracting@myfieldtrainer.com)

- |  |     |    |
|--|-----|----|
| 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?  | yes | no |
| <hr/>  |     |    |
| 8. Has any lawsuit or claim ever been made against your surety company, or errors and omission insurer, arising out of your sales or practices, or have you been refused surety bonding or E&O coverage?   | yes | no |
| <hr/>  |     |    |
| 9. Have you ever had an insurance or securities license denied, suspended, canceled or revoked?  | yes | no |
| <hr/>  |     |    |
| 10. Has any state or federal regulatory body found you to have been a cause of an investment OR insurance-related business having it's authorization to do business denied, suspended, revoked or restricted?  | yes | no |
| <hr/>  |     |    |
| 11. Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor?  | yes | no |
| <hr/>  |     |    |
| 12. Has any state or federal regulatory agency found you to have made a false statement or omission or been dishonest, unfair, or unethical?   | yes | no |
| <hr/>  |     |    |
| 13. Have you ever had any interruptions in licensing?  | yes | no |
| <hr/>  |     |    |
| 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 |
| <hr/>  |     |    |
| 15. Have you personally or any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition or declared bankruptcy?   | yes | no |
| <hr/>  |     |    |
| 16. Have you ever had any judgments, garnishments, or liens against you?   | yes | no |
| <hr/>  |     |    |
| 17. Are you connected in any way with a bank, savings & loan association, or other lending or financial institution?   | yes | no |
| <hr/>  |     |    |
| 18. Have you ever used any other names or aliases?   | yes | no |
| <hr/>  |     |    |
| 19. Do you have any unresolved matters pending with the Internal Revenue Service or other taxing authority?  | yes | no |
-



## 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 Independent Insurance Specialist 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, 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 Carries 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 here under.

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.

A large, empty rectangular box with a thin black border, intended for the user to sign in the center.