



# BURKE BROKERAGE

AN FSA COMPANY



## AGENT QUESTIONNAIRE

### Instructions:

After Completing the Following Pages, Please gather these Documents:

- 1) Individual Resident and/or Non- Resident License(s)
- 2) Corporate License(s) (if requesting agency/corp contract)
- 3) Copy of Voided Check (must match acct info given in this document)
- 4) E&O Deck Page (if you do not have E&O, pls. inform us)
- 5) Written Explanation and/or Court Documentation for Any Questions Answered 'Yes' in Section 9 of this document

....And Fax to:

**888-241-5747**

All Questions Require Answers in Order for Financial Security Associates to Complete the Registration Process on Your Behalf

AGENCY AFFILIATION (IF ANY): \_\_\_\_\_  
WHO REFERRED YOU: \_\_\_\_\_  
HIERARCHY: \_\_\_\_\_  
WHAT TYPE OF LICENSE IS BEING REQUESTED: INDIVIDUAL\_\_\_\_\_  
(CHOOSE ONE) AGENCY\_\_\_\_\_  
LICENSE ONLY\_\_\_\_\_

**Section 1- ABOUT YOU**

1-LEGAL NAME (AS IT APPEARS ON STATE LICENSE):

\_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST

2-GENDER: MALE FEMALE

3-DATE OF BIRTH: \_\_\_\_\_

4-CITY & STATE OF BIRTH: \_\_\_\_\_

5-ARE YOU A U.S. CITIZEN? YES NO

6-IF 'NO', PLEASE PROVIDE VISA OR RESIDENT ALIEN #: \_\_\_\_\_

7-SOCIAL SECURITY NUMBER: \_\_\_\_\_

8-DRIVER'S LICENSE NUMBER: \_\_\_\_\_ ISSUE DATE \_\_\_\_\_ EXPIRATION \_\_\_\_\_

9-MARRIED? YES NO

10-EMAIL ADDRESS: (REQUIRED) \_\_\_\_\_

11-RESIDENCE PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

12-RESIDENCE ADDRESS: \_\_\_\_\_

13-AT CURRENT ADDRESS SINCE: MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

14-LIST PRIOR ADDRESSES FOR PREVIOUS 10 YEARS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME, ADDRESS, PHONE NUMBER & RELATIONSHIP OF CLOSEST RELATIVE (NOT LIVING WITH YOU):

\_\_\_\_\_  
\_\_\_\_\_

**Section 1 (Continued)**

15-CELLULAR PHONE: \_\_\_\_\_

16-PREFERRED METHOD OF CONTACT:   PHONE   FAX   EMAIL   MAIL

17-IF A CARRIER REQUESTS A CREDIT REPORT ON YOU, WOULD YOU LIKE A COPY?   YES   NO

18-DO YOU USE A DBA? IF YES, PLEASE LIST: \_\_\_\_\_

19-HAVE YOU SOLD INSURANCE USING ANY OTHER NAME IN THE PAST 7 YRS?       YES   NO

20-ADDITIONAL IDENTIFICATION OR CONTACT INFORMATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 2- ABOUT YOUR LICENSE(S)**

1-RESIDENT STATE LICENSE & LICENSE NUMBER: \_\_\_\_\_

2-EXPIRATION DATE: \_\_\_\_\_

3-LIST ALL LINES OF BUSINESS FOR WHICH YOU ARE LICENSED TO SELL:

\_\_\_\_\_

4-LIST ALL NON-RES APPOINTMENTS, LICENSE #'S & LINE OF BUSINESS FOR EACH STATE:

\_\_\_\_\_  
\_\_\_\_\_

5-HOW MANY YEARS HAVE YOU BEEN A LICENSED AGENT? \_\_\_\_\_

6-ARE YOU FINRA (NASD) REGISTERED?   YES       NO                   CRD# \_\_\_\_\_

7-DO YOU HAVE A BROKER DEALER?   YES       NO

(PLEASE LIST NAME & ADDRESS): \_\_\_\_\_

8-ARE YOU A MEMBER OF (CIRCLE ALL THAT APPLY): NAIFA , NAILBA, CFP, SFSP, ABA, NTSAA

9-LIST ALL PROFESSIONAL DESIGNATIONS HELD: \_\_\_\_\_

**Section 3- ABOUT YOUR SALES**

1-DO YOU INTEND TO USE TRAINING OR SALES MATERIALS NOT APPROVED BY THE CARRIERS WITH WHOM YOU ARE APPOINTED? YES NO

2-DO YOU SELL INSURANCE IN ANY BANK OR FINANCIAL INSTITUTION? YES NO

3-DO YOU SELL IN THE FEDD, 457 OR OTHER SPECIAL MARKETS? YES NO

4-DO YOU AGREE TO PROVIDE A COPY OF THE SALES DISCLOSURE STATEMENT AND A BUYER'S GUIDE TO ALL ANNUITY APPLICANTS? YES NO

5-WHAT ARE YOUR PRIMARY LINES OF BUSINESS? \_\_\_\_\_

6-LIST YOUR TOP 3 LIFE CARRIERS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7-LIST YOUR TOP 3 ANNUITY CARRIERS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8-LIST YOUR SALES VOLUMES:  
PREVIOUS YEAR LIFE: \_\_\_\_\_  
PREVIOUS YEAR ANNUITY: \_\_\_\_\_  
CURRENT YEAR LIFE: \_\_\_\_\_

9-DO YOU HAVE BUSINESS PENDING OR ARE YOU SUBMITTING AN APP WITH THIS QUESTIONNAIRE? YES NO

-IF YES PLEASE LIST:  
CLIENT'S NAME: \_\_\_\_\_  
CARRIER'S NAME: \_\_\_\_\_  
DATE OF APP: \_\_\_\_\_

**Section 4- ABOUT YOUR E&O COVERAGE**

1-DO YOU CURRENTLY HAVE E&O COVERAGE? YES NO

2-NAME OF E&O CARRIER: \_\_\_\_\_

3-NAME ON POLICY: \_\_\_\_\_

4-E&O PLCY #: \_\_\_\_\_ -EFFECTIVE DATE: \_\_\_\_\_ -EXP. DATE: \_\_\_\_\_

5-DOLLAR AMT. COVERAGE PER CLAIM: \_\_\_\_\_

6-DOLLAR AMT. AGGREGATE COVERAGE: \_\_\_\_\_

7-DEDUCTIBLE AMOUNT: \_\_\_\_\_



**Section 7- ABOUT YOUR ANTI-MONEY LAUNDERING TRAINING**

1-DO YOU CERTIFY THAT YOU HAVE COMPLETED AML TRAINING?      Yes      No

2-DATE OF COURSE COMPLETION: \_\_\_\_\_

3-PLEASE INDICATE THE TRAINING PROVIDER FOR THE AML COURSE YOU TOOK:  
(CHECK ALL THAT APPLY & SPECIFY FULL NAME & CONTACT INFO)

\_\_\_\_\_ INSURANCE COMPANY: \_\_\_\_\_

\_\_\_\_\_ BROKER/DEALER: \_\_\_\_\_

\_\_\_\_\_ BANK: \_\_\_\_\_

\_\_\_\_\_ OTHER VENDOR: \_\_\_\_\_

**Section 8- ABOUT YOUR AGENCY**

**(Complete Only If Agency Contract Is Requested– Principal Must Also Complete Section 1)**

1-LEGAL NAME OF AGENCY: \_\_\_\_\_

2-ADDRESS OF AGENCY: \_\_\_\_\_

3-PHONE NUMBER OF AGENCY: \_\_\_\_\_

4-IF AGENCY USES A DBA, PLEASE INDICATE: \_\_\_\_\_

5-IS YOUR AGENCY A:      CORPORATION      PARTNERSHIP      LLC      (CIRCLE ONE)

6-IN WHAT STATE WAS THE AGENCY INCORPORATED? \_\_\_\_\_

7-IN WHAT YEAR WAS THE AGENCY INCORPORATED? \_\_\_\_\_

8-WHAT IS TAX I.D. NUMBER FOR THIS AGENCY? \_\_\_\_\_

9-IS THE AGENCY LICENSED?    Yes    No    IF YES, LICENSE #?: \_\_\_\_\_

10-ARE YOU AN OFFICER OR PRINCIPAL IN THE AGENCY?      Yes      No

11-WHAT IS YOUR TITLE WITHIN THE AGENCY? \_\_\_\_\_

12-ARE YOU AUTHORIZED TO SIGN AS A REPRESENTATIVE OF THIS AGENCY?    Yes    No

13-WILL YOU SIGN AS A REPRESENTATIVE OF THIS AGENCY AND ALSO IN AN INDIVIDUAL CAPACITY AS AN AGENT?      Yes      No



### Section 9- ABOUT YOUR BACKGROUND

Please Circle YES or NO. If YES, please provide a detailed explanation on a separate page.

1- Have you ever been <b>charged</b> , convicted, or plead no contest (nolo contendere) to any crime or are there criminal charges pending against you or a business with which you are connected?	<b>YES</b>	<b>NO</b>
2- Have you had or do you currently have any outstanding collection accounts, judgments, liens, or garnishments against you or a business of which you were or presently are a principal or have you been party to or are currently a party to any lawsuit, arbitration, or civil litigation?	<b>YES</b>	<b>NO</b>
3- Have you ever been a party to or have you personally violated any securities or commodities law or rule set by any securities or commodities regulatory body, organization, or employer in the commodities or insurance industry?	<b>YES</b>	<b>NO</b>
4- Do you or an organization you have been associated with owe money to any insurance company, financial institution, agency, manager, government regulatory body, or broker dealer, or have any business or personal debts that resulted in collections or charge-offs or have you ever been short in accounts with any employer?	<b>YES</b>	<b>NO</b>
5- Have you or a firm in which you were a partner, officer, or director filed for protection from creditors, been declared bankrupt or insolvent, been party to a bankruptcy or receivership proceeding, compromised liabilities with creditors, or had a direct payment procedure initiated under the Securities Investor Protection Act?	<b>YES</b>	<b>NO</b>
6- Have you ever defaulted on a promissory note, or any other debt, including consumer or credit card debt?	<b>YES</b>	<b>NO</b>
7- Have you ever been bonded?	<b>YES</b>	<b>NO</b>
8- Are you currently bonded?	<b>YES</b>	<b>NO</b>
9- Has a bonding or surety company ever denied, refused, paid out on, canceled, revoked, or refused to continue a bond for you?	<b>YES</b>	<b>NO</b>
10- Is there any reason you cannot secure a bond?	<b>YES</b>	<b>NO</b>
11- Has any insurance department, securities broker-dealer, government agency, or self-regulatory authority ever denied, suspended, revoked, censured, barred your license (as an insurance agent, attorney, accountant, or federal contractor) or registration, disciplined you with fines, entered an order against you, restricted your activities, canceled any contract or appointment with you or any member, partner, officer, or controlling persons in your organization or is there any pending disciplinary action?	<b>YES</b>	<b>NO</b>
12- Have you ever had a claim filed against your Professional Liability or Errors and Omissions insurance coverage or has any E&O Carrier denied, paid claims on, or canceled your coverage?	<b>YES</b>	<b>NO</b>
13- Have you had any complaints or deficiency claims filed against you by any insured/annuitant with any insurance company or state insurance department in the past 10 years?	<b>YES</b>	<b>NO</b>
14- Have you ever used any other names or aliases or used one on a license or other registration?	<b>YES</b>	<b>NO</b>
15- 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?	<b>YES</b>	<b>NO</b>
16- Are you now subject of any complaint, investigation, or proceeding, which could result in a yes answer to any of the preceding questions?	<b>YES</b>	<b>NO</b>

**Section 9- ABOUT YOUR BACKGROUND (continued)**

Please Circle YES or NO. If YES, please provide a detailed explanation on a separate page.

	YES	NO
17- Are You Currently Obligated under a Non-Compete with Any Entity?		
18- Have you ever been placed under special supervision by an employer?	YES	NO
19- In the past 10 years, 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 5 years after termination of such association?	YES	NO
20- Do you agree that you will continually report any adverse action that may be taken against you in relation to the legal questions answered in this interview to all carriers' Legal Department within 5 days of such change?	YES	NO
21- Have you ever been named as a defendant in a criminal indictment or complaint, been arrested, summoned or arraigned in connection with a felony, or been convicted of any felony, or have you ever been convicted, plead guilty or plead no contest to any misdemeanor involving dishonesty or breach of trust?	YES	NO

**Section 10- REQUIRED DOCUMENTS**

You will be emailed several documents that you are required to return in order to be registered with our system. These documents are cover pages with unique ID numbers that, when faxed to the number provided, will attach your licenses & other supporting documentation to your file. A signature card will also be included. Please be sure to fax them to the number on the cover pages.

- 1- I understand that contracts or appointments will not be processed until I have faxed in all Required Documents:   Yes    No
- 2- I understand that I will not be contracted with any insurance carrier until I make such a request:   Yes    No
- 3- I understand that requests for appointments may not be processed until business is submitted:       Yes    No

**Section 11- USER ID & PASSWORD SELECTION**

Please provide Burke Brokerage a USER ID, PASSWORD and PIN number. We will use this information to create your online account. A confirmation e-mail will be sent to you once your online account has been set up. You can then log onto your account to request specific carrier appointments at any time.

**User I.D.:**

**Password:**

**PIN# (must be a 4 digit number):**

**Section 12- REQUIRED SIGNATURE**

By signing below, I am authorizing Burke to create a personal USER ID and PASSWORD in the Efficient Forms' Efficient Contracting Solution using the information provided on this questionnaire. I understand I will receive an e-mail from Burke that will inform me of my USER ID and PASSWORD. I agree to allow Burke to enter the information provided on this questionnaire as well as submitted licenses, E&O coverage, direct deposit information, and additional background information to begin the licensing process for the carriers selected. I understand that the purpose of this datasheet is to collect initial data and that Burke will contact me for additional information that may be required. I understand no contract will be complete until I sign a unique signature form generated from the Efficient Forms' Efficient Contracting Solution and enter a unique PIN.

X



Agent Name: \_\_\_\_\_  
(Please Print Name)

I, \_\_\_\_\_, hereby authorize Financial Security Assoc, Inc DBA Burke Brokerage to affix or append a facsimile of my signature, as set forth below, to required signature fields on all insurance carrier licensing and contracting documents for which I have authorized Burke Brokerage to submit on my behalf.

Please sign in the **CENTER** of the box below using **BLACK** ink. Make your signature **LARGE** enough to fill the box, but do not allow it to touch the outline of the box.

