

# Associated Life Brokerage Contracting and Licensing Cover Sheet



## For Independent Agents

**Thank you for your licensing and appointment paperwork.**

**In order to provide you with the best service please provide the following information as appropriate. We look forward to working with you.**

Agent Name: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_ DOB: \_\_\_\_\_

Contact Info: Phone #: \_\_\_\_\_ Cell#: \_\_\_\_\_

E-mail: \_\_\_\_\_

Alternate Contacts/Assistant's Information: Name: \_\_\_\_\_

Phone#: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Requirement needed for Carrier to Appoint:

Carrier Name: \_\_\_\_\_ Application State: \_\_\_\_\_

Formal application(s) to be completed for benefit of \_\_\_\_\_  
*Client's name*

Type of Product being Applied for:      Life ( Fixed Variable)      Annuity      LTC      DI  
Contract Type:    Individual (Pay commissions to agent)      Corporate (Pay commissions to Corp and individual)

### Requirements needed for Carrier to appoint:

- Copy(ies) of State License(s)
- Copy of E&O for CORP
- Copy of E&O for Individual
- AML (Anti-Money Laundering) Training Proof of Completion or Date of Completion: \_\_\_\_\_

What Licenses do you currently hold?                      Life      Variable      Health      LTC

Are you licensed for the type of product you will be applying for?      No      Yes

Are you appointed through another General Agency with this carrier?      No      Yes (if yes, please provide details) \_\_\_\_\_

E-mail completed paperwork to: [Info@AssociatedLifeBrokerage.com](mailto:Info@AssociatedLifeBrokerage.com) or Fax to **908-756-8008**  
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