

# Allied Horizons

## New Appointment Checklist

- Complete and Sign the attached Guarantee Trust Life Appointment Form.
- Sign and Date the attached Producer Commission Agreement.
- Complete and Sign the attached Form W-9, "Request For Taxpayer Identification Number and Certification".
- Attach a photocopy of your current State Insurance License or Certificate of Authority. If appointing an agency, include a copy of the Agency License.
- NO Appointment Fee Required ... Allied National pays all applicable Appointment Fees!
- Please return the above contracting requirements to Bay Insurance Marketing. Additional supplies will be sent upon receipt of completed contracting paperwork.

If you have any questions, please contact the Marketing Department at Bay Insurance Marketing, 800-878-9399.

Return all completed forms immediately to:

Bay Insurance Marketing  
P.O. Box 1575  
Palm Harbor, Florida 34682  
Phone: 800-878-9399, Fax: 800-878-9467  
E-mail: [marketing@bayinsurance.com](mailto:marketing@bayinsurance.com)



**GUARANTEE TRUST LIFE INSURANCE COMPANY  
 CONTRACT / APPOINTMENT APPLICATION  
 (PLEASE Print or Type All Information)**

<b>ADMIN. USE ONLY:</b>	
State:	_____
<input type="checkbox"/> R	<input type="checkbox"/> NR <input type="checkbox"/> I <input type="checkbox"/> A
Dist. Name	_____
Number:	_____

**PERSONAL INFORMATION**

Name \_\_\_\_\_ SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  Male  Female

Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Marital status:  Single  Divorced  Married Spouse's Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

(If less than 7 years, please provide previous address)

Prior Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

**CORPORATION INFORMATION**

Company Name \_\_\_\_\_ Fed ID # \_\_\_\_\_

Company Insurance License # (Copy Required) \_\_\_\_\_

Indicate other Principal Parties in Partnership or Corporation, list Officers of the Company:

Name _____	Title _____	SS# _____
Name _____	Title _____	SS# _____
Name _____	Title _____	SS# _____
Name _____	Title _____	SS# _____

**FINANCIAL (Attach additional information if necessary)**

Have you or your company:

Declared Bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been a defendant in a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any outstanding and/or unsatisfied judgments or liens against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ever been involved in a business venture that failed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any outstanding debt(s) with any insurance company or companies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "YES" to any of the above, please attach a detailed explanation.

**LICENSING INFORMATION: All Agents must submit a copy of current license(s) (Resident & Non Resident)**

Type of License:  Life  A & H  Broker

How long have you been in the Life field? \_\_\_\_\_ A & H field? \_\_\_\_\_

Have you ever been licensed with GTL?  No  Yes Prior Code # \_\_\_\_\_

Are you full-time in the insurance business?  No  Yes If not, state other business \_\_\_\_\_

\_\_\_\_\_

With which other insurance companies are you presently licensed/appointed? \_\_\_\_\_

\_\_\_\_\_

**BACKGROUND INFORMATION**

Have you ever been investigated or fined by an Insurance Regulatory Authority?  Yes  No  
Has your insurance license ever been suspended or revoked?  Yes  No  
Have you ever plead guilty or “nolo contendere” to or been found guilty of a felony?  Yes  No  
Have you ever had a bond canceled or declined?  Yes  No  
Are you now the subject of any complaint, investigation or proceeding which could result in a “yes” answer to any of the above questions?  Yes  No

If you have answered “Yes” to any of the above questions, please attach a detailed explanation.

**EMPLOYMENT HISTORY**

Current Employer \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_ Start Date: \_\_\_\_\_

Previous Employer \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_ Start Date: \_\_\_\_\_

Prior Previous Employer \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_ Start Date: \_\_\_\_\_

(Please provide 7 years of employment history. Attach additional information if necessary.)

**EDUCATION**

Highest Level of Formal Education:  Grammar School  High School  College  College +

Professional Designations \_\_\_\_\_

**Fair Credit Reporting Act (FCRA)** — Public law requires that we advise you that a routine inquiry by accessing public records, may be made which will provide applicable information concerning your character, general reputation, personal characteristics, and mode of living. By signing below you understand the above and authorize all persons and entities to release information about you they may have. You also acknowledge that you have read and understand the attached “Summary of Your Rights under the Fair Credit Reporting Act.” Upon written request, additional information as to the nature and the scope of the report, if one is made, will be provided.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**This Section is to be completed by the recruiting General Agent:**

Sub Agent Code: \_\_\_\_\_

Recruiting General Agent Name: **Bay Insurance Marketing**

Code #: **19133**

Pay Writing Agent’s Commissions to:  Recruiting GA only or  Applicant Only

Mail policies to:  Recruiting General Agent or  Applicant (New General Agent)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Product \_\_\_\_\_ 1<sup>st</sup> year Commission Rate \_\_\_\_\_ %

**SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT**

The Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness and privacy of information in the files of every

**Mail To: Bay Insurance Marketing ~ P O Box 1575 ~ Palm Harbor, FL 34682-1575**

Consumer Reporting Agency (CRA). Most CRAs are credit bureaus that gather and sell information about you — such as where you work and live, if you pay your bills on time, and whether you've been sued, arrested, or filed for bankruptcy — to creditors, employers, landlords and other businesses. The FCRA gives you specific rights in dealing with CRAs, and requires CRAs and certain other individuals or entities to provide you with a summary of these rights as listed below. You can find the complete text of the FCRA, 15 U.S.C. 1081 at the Federal Trade Commission's website (<http://www.ftc.gov>).

- **You must be told if information in your file have been used against you.** Anyone who uses information from a CRA to take adverse action against you — such as denying an application for credit, insurance, or employment — must give you the name, address, and phone number of the CRA that provided the report.
- **You can find out what is in your profile.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if an individual or company has taken adverse action against you because of information supplied by the CRA, if you request the report within sixty (60) days of receiving the notice of the adverse action. You are also entitled to one free report every twelve (12) months upon request if you certify that (1) you are unemployed and plan to seek employment within sixty (60) days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you a fee of up to eight dollars to provide you a copy of your report.
- **You can dispute inaccurate or incomplete information with the CRA.** If you tell a CRA that your file contains inaccurate or incomplete information, the CRA must reinvestigate the items (usually within thirty [30] days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs to which it has provided the information of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any changes. If the CRA's investigation does not remove the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within thirty (30) days after you dispute its accuracy or completeness. However, the CRA is not required to remove data from your file that is accurate unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it had reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell a person or entity such as a creditor who reports to a CRA — that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you have notified the source of the error in writing, it may not continue to report the information if it is, in fact, in error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven (7) years old, or ten (10) years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to those who have a need recognized by the FCRA usually to consider an application you have submitted to a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not report to your employer, or prospective employer, about you without your written consent. A CRA may not divulge medical information about you without your consent.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete and return the CRA form approved for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** You may sue a CRA or other party in state or federal court for violations of the FCRA.
- **You may have additional rights.** You may have additional rights under state law and you may wish to contact local consumer protection agency or a state attorney general to learn of your potential rights.

# PRODUCER COMMISSION AGREEMENT

ALLIED NATIONAL, INC., 911 Broadway, Kansas City, MO, 64105, a Third Party Administrator for insurance companies that underwrite the insurance coverage referenced below, herein called Allied, and First Party, the Producer named below, in consideration of the following promises and covenants, AGREE AS FOLLOWS:

1. First Party may submit applications for insurance coverage administered by Allied. On issued certificates, First Party will receive as full compensation the commissions provided under the attached Schedule of Commissions.
2. First Party has no authority to make or alter any certificate, to extend the time of payment of monthly charges, to waive or extend any certificate term, provision, obligation or condition, or to receive any monthly charge due on any certificate.
3. First Party shall not place applications until and unless properly licensed (and appointed, if required) by law.
4. Commissions shall be payable to First Party or its legal representative. The Schedule of Commissions may be modified by Allied at any time upon written notice to First Party. No assignment of commissions (earned or accrued, or to be earned or accrued) shall be binding upon Allied without its written consent.
5. This Agreement shall terminate with respect to an Employer or Insured upon receipt by Allied of written notice from the Employer or Insured that First Party is no longer authorized to act as their agent.
6. Any monthly charges for issued certificates received by First Party shall be promptly paid to Allied.
7. If for any reason coverage under an issued certificate for which First Party is agent is rescinded, terminated retroactively, terminated early, delayed or otherwise modified, or premiums are reformed or otherwise adjusted, First Party hereby agrees to reimburse any and all excess commissions paid on such coverage or premiums. .
8. Allied may, at any time, deduct from any monies due First Party, any indebtedness of First Party to the insurance company or Allied, together with interest at the maximum legal rate and any collection costs incurred by Allied.
9. This Agreement may be terminated for cause by Allied upon written notice to First Party, if First Party:
  - a) withholds any commissions, monthly charges or other monies due the insurance company or Allied;
  - b) fails to comply with applicable law or regulation, or any policy or procedure of Allied or the insurance company;
  - c) knowingly misrepresents any coverage, product or service offered through Allied;
  - d) knowingly or negligently fails to comply with a material term of this Agreement in any manner;
  - e) defrauds or attempts to defraud Allied or the insurance company;
  - f) has any required license revoked or non-renewed;
  - g) uses any advertising materials not authorized by Allied or the insurance company;
  - h) knowingly furnishes false information, or fails to disclose information, of a material nature to Allied; or
  - i) dies, or is dissolved, liquidated or sold.
10. If this Agreement is terminated for cause by Allied, First Party shall not be entitled to any commissions which would otherwise be payable under this Agreement, including renewal commissions, effective as of the date of termination. Either party may terminate this Agreement without cause upon 10 days written notice to the other party.
11. This Agreement constitutes the entire contract between the parties hereto. Any amendment to this Agreement shall be in writing, effective as of the date executed by Allied.
12. Allied retains the right to decline acceptance of any application for coverage, to change or withdraw any insurance certificate, or to change or discontinue any product or service at any time.
13. First Party acknowledges it may receive certain non-public, personal information of individuals insured under coverage administered by Allied ("Clients"). First Party shall:
  - a) securely and privately maintain the confidentiality of all non-public, personal information of Clients ("Client Information") pursuant to applicable state and federal privacy laws and regulations, and covenants and agrees not to use, disclose or in any manner reveal the Client Information other than as necessary for insurance purposes contemplated by this Agreement, to effect, administer or enforce transactions on behalf of and requested by Clients, or to comply with applicable laws or regulations; and
  - b) defend, indemnify and hold Allied harmless from all loss, costs, judgments, settlements, fines, assessments, penalties or other monetary expenditures, including reasonable attorney fees, incurred by Allied, as a direct or indirect result of a violation by First Party of this paragraph 13 of this Agreement.
14. First Party hereby authorizes and consents to receipt of communication from Allied for all purposes as contemplated by and during the term of this Agreement, whether by phone, fax, e-mail, direct mail or any other form of communication.

Effective this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ .

First Party

Producer Name (Please Print): \_\_\_\_\_ SSN or Tax ID # \_\_\_\_\_

Signature:  \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Allied

\_\_\_\_\_ Date: \_\_\_\_\_

Allied National, Inc. Raymond Y. Fushimi, Executive Vice President

Return to: Bay Insurance Marketing  
P.O. Box 1575  
Palm Harbor, FL 34682

**AGENT SCHEDULE OF COMMISSIONS**  
**For all business effective on or after 9/1/06**

**ALLIED Wellness Horizons®** (Underwritten by Guarantee Trust Life): Commissions for Wellness Horizons® are based upon the number of covered employees at time of issue.

<b>Number of covered employees at issue</b>	<b>1<sup>st</sup> YEAR</b>	<b>Renewal (if less than 3 active groups)*</b>
2 to 24	6%	5%
25+	5%	4.5%

\*Commission reduces at renewal if agent has less than 3 active group cases in force at time of renewal (not applicable in Texas). All Allied group plans (health, dental, life, disability) count towards meeting this requirement.

	<b>1<sup>st</sup> YEAR</b>	<b>Renewal</b>
<b>Allied™ Cost Saver in OHIO</b> (Underwritten by Guarantee Trust Life) .....	8%	8%
<b>Allied™ Cost Saver in all other states</b> (Underwritten by Guarantee Trust Life) .....	10%	10%
<b>Allied™ Cost Saver Plus Major Med</b> (Underwritten by Guarantee Trust Life) .....	7%	7%
<b>Allied™ Dental Design</b> (Underwritten by United States Life Ins. Co.) .....	10%	10%
<b>Horizons® Temporary Health*</b> (Underwritten by Guarantee Trust Life) .....	15%	N/A

**\*HORIZONS TEMPORARY HEALTH BONUS:** Any month in which your commission statement includes ten (10) months of commissionable premium for the Allied Temporary Health plan, a 5% bonus will be paid on this premium.

**Allied™ Life and Disability**  
 (Underwritten by The United States Life Insurance Company)

<b>Plan – Group Size (Insured Employees at time of issue)</b>	<b>1<sup>st</sup> Year Commission</b>	<b>Renewal Commission</b>
Standard Plan – All Sizes	15%	10%
Custom Plan – 10 to 24	15%	10%
Custom Plan – 25+	12%	8%

# Request for Taxpayer Identification Number and Certification

**Give form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	
City, state, and ZIP code		
Requester's name and address (optional)		
List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

Social security number												
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**Note:** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**Note:** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Foreign person.** If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

## Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.