

# GAIN Producer Profile

Email to **marketing@gain1776.com** or fax the completed form to **888-305-8151**

Producer Name: \_\_\_\_\_

Company/DBA Name: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Home Fax #: \_\_\_\_\_

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

Work Phone #: \_\_\_\_\_ Work Fax #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Preferred address for correspondence (check one):  
Home  Business

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Designations: \_\_\_\_\_

Email address: \_\_\_\_\_

Resident State License #: (Individual) \_\_\_\_\_ (Agency/Corporate) \_\_\_\_\_

Do you have E&O coverage for at least 1 million?  No  Yes (If yes, please attach copy.)

When did you complete the last version of the Anti-Money Laundering (AML) Training? (Year) \_\_\_\_\_  
(If not done online through LIMRA, then please attached a copy of the completion certificate.)

Do you have other insurance agents working with you who might be appointed under your hierarchy later?  
 No  Yes, how many or specific names: \_\_\_\_\_

Do you have any past or pending lawsuit(s), regulatory actions, or owe any money to an Insurance Company or Agency which might affect your contracting with insurance carrier(s)?  No  Yes, provide details in a separate letter.

What do you mostly write? (check all that apply)

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Term              | <input type="checkbox"/> Universal Life | <input type="checkbox"/> Whole Life        | <input type="checkbox"/> Long Term Care |
| <input type="checkbox"/> Disability Income | <input type="checkbox"/> Annuities      | <input type="checkbox"/> Critical Illness  | <input type="checkbox"/> Health         |
| <input type="checkbox"/> P&C               | <input type="checkbox"/> Group          | <input type="checkbox"/> Variable Products | <input type="checkbox"/> Securities     |

**Communication Authorization:** Beginning July 1 2005, FCC regulations require us to obtain a written consent from all our clients enabling us to utilize fax or email communications. Without the express written consent, we will not be able to send you any form of communication by fax or email. The following authorization acknowledges that General Agents Insurance Network may send fax and or email communications to the number and or addresses listed below.

Select the method(s) of communication you want to allow (you may select both).

Fax  Home,  Work, or  Other Fax # \_\_\_\_\_

Email  as mentioned above or  Other Email: \_\_\_\_\_

X \_\_\_\_\_

Authorization Signature

Date

This authorization will remain in effect and have no expiration date, unless revoked in writing.

General Agents Insurance Network 1003 Adventure Lane, Suite D, Cedar Park, TX 78613-4016  
**GAIN** the Freedom to **Sell the Best** and **Earn the Most** at 512-989-2223 / 800-847-6426 TODAY!

January 2018