



iGroup Contract Transmittal

Contract Type:

Marketing Office (MO) or Producer or License Only Producer or Contract Change

Marketing Office Rank:

4 6 8 10

Marketing Office Name _____

Producer Rank:

12 14 16 18 20 22
 24 26 28 30 32 34

Producer Name _____

Hierarchy (reports to):

iGroup Number _____

MO Name and Number _____

Producer Name and Number _____

MO / Producer Requirements:	License Only Producer Requirements:
<input type="checkbox"/> MO 2621 <input type="checkbox"/> Producer 2622	<input type="checkbox"/> LOP 2623
<input type="checkbox"/> Copy of license(s) (resident/non-resident)	<input type="checkbox"/> Copy of license(s) (resident/non-resident)
<input type="checkbox"/> Copy of Errors & Omissions Declaration Page*	<input type="checkbox"/> Copy of Errors & Omissions Declaration Page*
<input type="checkbox"/> Entire hierarchy must be licensed/appointed**	<input type="checkbox"/> Entire hierarchy must be licensed/appointed***
<input type="checkbox"/> Non-resident Appointment Fees	<input type="checkbox"/> Non-resident Appointment Fees
<input type="checkbox"/> Additional Forms Included:	
<input type="checkbox"/> EFT – Electronic Transfer Form	
<input type="checkbox"/> Commission Annualization Agreement I	

* E & O coverage limits required: \$1,000,000/\$1,000,000.

** Entire hierarchy is required to be appointed in the following state: CA, CO, FL, GA, KY, LA, MA, MS, MT, NC, NM, TX, UT, VA, WA, WI.

*** The individual or agency receiving the compensation from the License Only Producer production must always be licensed/appointed in every State the Producer is licensed/appointed. In addition, the entire hierarchy must be appointed in the states indicated above.

Completed contracting should be forwarded to:

North American Company for Life and Health Insurance
 Attention: Agency Services
 525 West Van Buren
 Chicago, IL 60607

Phone: 800 800-3656 Ext 27219 Marcella Mathews
 Team Manager Ext 87691 Nancy Boone
 Fax: 877 595-8256

iGroup Authorized Signature _____ Code # _____ Date _____



PRODUCER CONTRACT APPLICATION AND AGREEMENT

Agent Number _____
 (Home Office Use Only)

All Questions Must Be Completed.

Full Name _____ Sex: Male Female
 (First Name) (Middle Name) (Last Name)

Business Name _____

Contract Type: Individual Corporation Other _____

Check box for desired mailing address
 Resident Address _____
 (Street, City, State, County, ZIP Code)
 Business Address _____
 (Street, City, State, County, ZIP Code)

Resident Phone (____) _____ Business Phone (____) _____ Fax (____) _____

E-Mail Address _____ License # _____ (attach Photocopy)

Date of Birth _____ Social Security # _____ or Taxpayer ID # _____

PLEASE RESPOND TO ALL QUESTIONS FOR YOU PERSONALLY AND ANY ORGANIZATION OVER WHICH YOU HAVE EXERCISED CONTROL. IF YOU ANSWER "YES" TO ANY QUESTIONS, YOU MUST ATTACH AN EXPLANATION WITH ALL RELEVANT INFORMATION AND SUPPORTING DOCUMENTS.

- Yes No Have you ever had your insurance license or securities license suspended or revoked or have you ever had an application for an insurance license denied by any insurance department?
- Yes No Have you ever had a complaint filed against you with an insurance department, NASD or other regulatory agency, or do you anticipate one being filed?
- Yes No Has any claim ever been made against you, your surety company, or errors and omissions insurer arising out of insurance sales or practices or have you been refused surety bonding?
- Yes No Has your contract or appointment ever been terminated involuntarily by an insurer?
- Yes No Are you at the present involved in any litigation or are there any unsatisfied judgments or liens (including state or federal tax liens) against you?
- Yes No Do you currently have a pending bankruptcy or have you ever declared bankruptcy?
- Yes No Have you pled guilty or nolo contendere to or been found guilty of a felony or a crime including but not limited to crimes involving dishonesty, breach of trust, or a violation of any federal law or are you now under indictment?
- Yes No Does any insurer, insured, or other person claim any indebtedness from you as a result of any insurance transactions or business?
- Yes No Are you currently licensed in your resident state? If yes, please attach a copy of your resident license.
- Yes No Are you currently licensed as a non-resident in any state? If yes and you would like to be appointed in that state, attach a copy of that license, and appointment fees.
- Yes No I certify that I have received, understand and will conform with the procedures outlined in the brochures Partnering with You on Compliance Matters.
- Yes No Do you have Errors & Omissions coverage? (Required by North American Company)

PLEASE PROVIDE COPY OF DECLARATION PAGE.

Please indicate other companies with which you are currently licensed: _____

Do you have a NASD license? Yes No If yes, who is your Broker-Dealer? _____

What products do you sell? Life Variable LTC Group Disability Senior Small Business 403(b)

Annual Earnings: _____

