

New York Life Company
Contracting Transmittal

Date: _____

New Agent/Agency Name: _____

Commission level: _____

Reports to: _____

Documents Attached

- Individual Contract
 or Representative Addendum to corp Background Resume
- Corporation confidential background resume
- Producer contract (2 sets)
- Res license
- Corp license
- E &O Coverage Certificate



New York Life Advanced Markets Network
 11400 Tomahawk Creek Parkway, Suite 200
 Leawood, KS 66211
 Phone: (888) 695-4748
 FAX (913) 906-4080

Individual Contract
 OR
 Representative Addendum
 to Corporate Background
 Resume

Date:	Name:	Years in business:
Social Security #:	Firm Name:	
Phone:	Legal Office Address: _____	
FAX:	_____	
Date of Birth:	Driver's License State and Number:	
Home Address: _____ Home Phone: _____ E-Mail Address: _____	Proposed Insured Name: _____ First Year Premium: _____	
Professional Designations: ChFC _____ CPA _____ CLU _____ JD _____ CFP _____ other _____	Industry Awards/Associations: \$25 Million Forum _____ AALU _____ Top of the Table _____ NQA _____ MDRT _____ other _____	
Have you ever been associated with New York Life? Yes _____ No _____ If yes, please explain on an attached page	Approximately what percentage of your first year commissions came from the following products in the past 12 months? <i>Ind. Life</i> _____ <i>Annuities</i> _____ <i>Multi-Life/COLI</i> _____ <i>Health</i> _____ <i>Variable Products</i> _____ <i>Other</i> _____	
What was your total annualized life premiums paid for last year? <i>Less than \$100,000</i> _____ <i>\$100,000-\$199,999</i> _____ <i>\$200,000-399,999</i> _____ <i>\$400,000+</i> _____	How many salaried staff people work for your organization? 0-5 _____ 11-15 _____ 6-10 _____ 15+ _____	
1st year <i>life commission</i> last year: _____	How much professional liability (errors and omissions) insurance do you maintain? <i>none</i> _____ <i>\$1M/\$2M</i> _____ <i>\$2M/\$3M</i> _____ <i>\$3M/\$4M</i> _____ <i>Other</i> _____	
Are you licensed to sell variable products? Yes ___ No ___ Who is your Broker Dealer?	Which registration do you hold? (Please circle) 6 7 24 29 63 65 Other _____	
Insurance carriers with which you do business: 1) _____ 2) _____ (Most frequent first) 3) _____ 4) _____		
<i>If the answer is yes to any of the following, please attach an explanation.</i>		
Have you or your firm and/or your partners or other principals:		
ever had a complaint filed against you with an insurance department or any other regulatory body?	Yes _____	No _____
ever been fined/censured by an insurance or securities regulatory agency?	Yes _____	No _____
ever been refused an insurance license?	Yes _____	No _____
currently have any litigation/lawsuits, judgements or liens pending against you or your firm and/or your partners or other principals ?	Yes _____	No _____
ever had your insurance or securities license/registration suspended or revoked in any state?	Yes _____	No _____
ever declared personal or business bankruptcy?	Yes _____	No _____
ever been charged and/or convicted of any criminal offense other than a minor traffic violation?	Yes _____	No _____
ever been convicted of a felony?	Yes _____	No _____

Life/Health Licensing Information

State(s)	License Number(s)	Expiration Date(s)	Companies with whom you are licensed

Please list all insurance, financial service or other business affiliations within the last 5 years:

Organization	Title	Address	From	To

FOR REPRESENTATIVES TO CORPORATIONS ONLY:

I understand all rights and titles regarding compensation are automatically assigned to the corporation for which I am a representative.

X _____
Representative Signature

I certify that all provided information is true and complete to the best of my knowledge. I understand that any false or misleading or incomplete statements made in this Questionnaire may be cause for disqualification of my request for or termination of contract, if such contract is approved.

_____ X _____
Date Authorized Signature

Authorization

I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge about me to furnish the bearer of this Authorization with any and all information in their possession regarding me in connection with an application for an agent's contract. I agree that a photocopy or facsimile transmission of this Authorization can be accepted with the same authority as the original. Also, I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand that this Authorization is part of the written application for a contract which I sign.

Additionally, I have been given a separate document, entitled: "Important Notice To Applicants," that notifies me that an investigative consumer report will be requested and used for the purpose of evaluating me for entry into a contract.

Print Name: _____
 Signature: X _____
 Date: _____
 Social Security Number (for identification purposes only): _____
 Other names under which you have been known: _____

APPROVED

Date: _____
 Initials: _____
 Region: _____

