

# **GERBER**

## **LOA LICENSING CHECKLIST**

**In order to complete the contracting process, please closely follow the checklist below. Each question MUST BE ANSWERED on all forms. If a question does not apply to you, place the abbreviation "N/A" in the blank.**

---

**PLEASE COMPLETE AND SIGN THE FOLLOWING FORMS:**

**Signed and Completed Background and Information Sheet**

**Signed and Completed Special Agent Agreement (2 pgs)**

**Signed Fair Credit Reporting Act Disclosure**

**DO NOT FORGET TO:**

**Send a copy of your CURRENT LICENSE!**

**Send a copy of any non-resident state licenses in which you wish to be appointed.**

**Send a copy of your current E&O.**

**Please return all contracting to:**

**Mail:           Ins-Special, INC  
                  PO Box 218  
                  Purdy, MO 65734**

**E-Mail:        [service@insspecial.com](mailto:service@insspecial.com)**

**Fax:            417-442-7622**

---

If you have any questions or need assistance, Please call us @  
800-789-0182



**Gerber Life  
Insurance Company**

**BACKGROUND AND INFORMATION SHEET**

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

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address (must be a physical street address): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

(optional)

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

(optional)

Business Name: \_\_\_\_\_

(if applicable)

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

**\*Note – All correspondence (including compensation statements), will be mailed to the personal business address indicated. Only one business address is supported per individual. If no business address is indicated, mail will be directed to home address.**

Address for overnight packages (cannot be a P.O. Box): \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Tax I.D. Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Please identify your Master General Agency (if applicable): \_\_\_\_\_

**BACKGROUND EXPERIENCE. Note: Please read each question carefully. Failure to answer "Yes" below, when appropriate, may result in the denial of your request to be contracted.**

1. Have you ever been fined, suspended, placed on probation, paid administrative costs, entered into a consent order, been issued a restricted license or otherwise been disciplined or reprimanded, or are you currently under investigation by any insurance department, FINRA (formerly known as the NASD), SEC or any other regulatory authority?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

2. Have you ever been convicted or plead guilty or nolo contendere (no contest), served any probation, paid any fines or court costs, had charges dismissed through any type of first offender or deferred adjudication or suspended sentence procedure, or are any charges currently pending against you for any offense other than a minor traffic violation?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

**PROVIDE A WRITTEN EXPLANATION AND APPLICABLE SUPPORTING DOCUMENTATION (i.e., court documents, insurance department documents, etc.) FOR ANY QUESTION TO WHICH YOU RESPONDED "YES". Please be sure to date and sign the written statement.**

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date



**Gerber Life  
Insurance Company**

**FAIR CREDIT REPORTING ACT DISCLOSURE**

Gerber Life Insurance Company will obtain and use consumer reports for the purpose of serving as a factor in establishing your eligibility for contracting as an insurance producer. We will obtain these consumer reports from:

First Advantage Corporation  
100 Carillon Parkway, Suite 100  
St. Petersburg, FL 33716

“Consumer report” means a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which will be used by Gerber Life Insurance Company, in whole or in part for the purpose of serving as a factor in establishing your eligibility to be contracted as an insurance producer.

This means a credit report, criminal report and report of insurance department regulatory actions will be obtained and reviewed as part of a background investigation in order to determine your eligibility to be contracted and appointed.

**For California, Minnesota and Oklahoma:** You have a right to request a copy of the consumer report which will disclose the nature and scope of the report.

Yes, please provide me a copy of the consumer report

**For New York:** You have a right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

**CANDIDATE'S STATEMENT – READ CAREFULLY**

Gerber Life Insurance Company is hereby authorized to obtain and use a consumer report of my criminal record history, insurance department history and credit history through any consumer reporting agency or through inquiries with my past or present employers, neighbors, friends or others with whom I am acquainted. I understand that this consumer report will include information as to my general reputation, personal characteristics and mode of living.

**AUTHORIZATION**

I authorize any consumer reporting agency, insurance department, law enforcement agency, the Financial Industry Regulatory Authority, The Securities and Exchange Commission or any other person or organization having any consumer report records, data or information concerning my credit history, public record information, insurance license, regulatory action history or criminal record history to furnish such consumer report records, data and information to Gerber Life Insurance Company.

I understand that if contracted, this authorization will remain valid as long as I am contracted with Gerber Life Insurance Company.

A photocopy of this authorization shall be considered as effective as the original.

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

GBRFCRA 8-2009

**Ins-Special, Inc**  
**7505 State Hwy 37 / PO Box 218**  
**Purdy, MO 65734**  
**service@insspecial.com**  
**800-789-0182**



**Gerber Life  
Insurance Company**

***Special Agent***



\_\_\_\_\_  
Sign Name (required)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Special Agent

\_\_\_\_\_  
Date

**[Remainder of page blank]**

**Ins-Special, Inc  
7505 State Hwy 37 / PO Box 218  
Purdy, MO 65734  
service@insspecial.com  
800-789-0182**

BMO03G.001



**Gerber Life  
Insurance Company**

***Special Agent***

▶ \_\_\_\_\_  
Sign Name (required)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Special Agent

\_\_\_\_\_  
Date

**[Remainder of page blank]**

**Ins-Special, Inc  
7505 State Hwy 37 / PO Box 218  
Purdy, MO 65734  
service@insspecial.com  
800-789-0182**

BMO03G.001