



**Gerber Life Insurance Company**  
 1311 Mamaroneck Avenue, Suite 350, White Plains, NY 10605  
 www.gerberlife.com

## Gerber Life Insurance Company ("Gerber Life") Business Entity Information Questionnaire

**(Please print clearly and complete all questions, where applicable)**

BUSINESS ENTITY NAME	
<b>ENTITY TYPE</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other _____	TAX ID
BUSINESS ADDRESS (PHYSICAL ADDRESS)	
BUSINESS MAILING ADDRESS	
BUSINESS REMITTANCE ADDRESS (FOR COMMISSIONS)	
BUSINESS PHONE	BUSINESS FAX
CONTACT PERSON	CONTACT PERSON PHONE
CONTACT PERSON EMAIL ADDRESS	

**(NOTE: By providing your e-mail address and/or fax number and/or engaging in electronic communications, you are consenting to engaging in electronic communications with Gerber Life, unless such consent is expressly revoked).**

**LICENSE INFORMATION**  
 Enclose a clear and current license for each state where the Business Entity is to be appointed by Gerber Life.  
 Florida non-resident producers, list each county where the Business Entity proposes to sell insurance: \_\_\_\_\_

**ERRORS AND OMISSIONS INSURANCE INFORMATION**  
 E&O coverage is with \_\_\_\_\_ (Carrier Name), with Limits of \$ \_\_\_\_\_  
 and a \$ \_\_\_\_\_ Deductible. We will promptly notify Gerber Life of any cancellation or modification of coverage.

**(NOTE: The signature on this Questionnaire affirms the entity's agreement to maintain Errors & Omissions insurance covering the sales and service of Gerber Life Insurance policies).**

- BACKGROUND EXPERIENCE (Please read and answer each question carefully.)**
- 1) Has the entity ever been fined, suspended, placed on probation or had a license revoked, paid administrative penalties, entered into a consent order, been issued a restricted license or otherwise been disciplined or reprimanded, or currently under investigation by any insurance department, FINRA, the SEC or any other regulatory authority? .....  Yes  No
  - 2) Has the entity ever been convicted or plead guilty or nolo contendere (no contest) in connection with any criminal offense? .....  Yes  No
  - 3) Has the entity ever been short in account with any insurance company or business partner? .....  Yes  No
  - 4) Has the entity ever had an application for bond declined? .....  Yes  No
  - 5) Has the entity ever filed for bankruptcy? .....  Yes  No

**(Provide a separate document with a written explanation and applicable supporting documentation (i.e. court documents, insurance department documents, etc.) for any questions answered "yes". Please be sure to date and sign the written explanation.)**

**ENTITY REPRESENTATIVE CERTIFICATION**  
New York Producers Only: I have read New York Circular Letter No. 8, dated July 11, 1991, regarding Placement of Health Insurance Coverage with Unlicensed and Unauthorized Multiple Employer Welfare Arrangements, and agree to comply with its contents if applicable.  
All Producers: I will retain a copy of any written disclosures of compensation provided to purchasers, as required by New York regulation or the regulation of any other state.

**CERTIFICATION:** I represent and warrant the answers to the above questions and requests for information are true. I agree to comply with all policies and procedures of Gerber Life and any applicable laws and regulations. I understand that I have a continuing obligation to disclose to Gerber Life any changes with respect to the responses provided in this Questionnaire including, but not limited to, my Background Experience.

<b>X</b>	PRINT NAME / TITLE OF AUTHORIZED REPRESENTATIVE	SIGNATURE	DATE (mm/dd/yyyy)
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## Gerber Life Insurance Company (“Gerber Life”) Producer Information Questionnaire

**(Please print clearly and complete all questions, where applicable)**

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

Citizen of U.S.:  Yes  No (If no, please provide proof of eligibility to work in the U.S.) Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Must be a street address)

Business Entity Name: \_\_\_\_\_ Tax ID#: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Must be a street address)

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

**Indicate with an x, which address is to be used for mailing purposes:  Home Address  Business Address**

Email Address: \_\_\_\_\_

**(NOTE: By providing your e-mail address and/or fax number and/or engaging in electronic communications, you are consenting to engaging in electronic communications with Gerber Life, unless such consent is expressly revoked).**

**License information:**

Enclose a clear and current license for each state where you seek to be appointed by Gerber Life.

Florida non-resident producers, list each county where you propose to sell insurance: \_\_\_\_\_  
(Attach a separate sheet, if necessary)

**Errors and Omissions Insurance Information:**

E&O coverage is with \_\_\_\_\_ (Carrier Name), with Limits of \$ \_\_\_\_\_  
 and a \$ \_\_\_\_\_ Deductible. I will promptly notify Gerber Life of any cancellation or modification of coverage.

**(NOTE: Your signature on this Questionnaire affirms your agreement to maintain Errors & Omissions insurance covering the sales and service of Gerber Life insurance policies.**

**Background Experience: (Please read and answer each question carefully.)**

- 1) Have you ever been fined, suspended, placed on probation or had a license revoked, paid administrative penalties, 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, the SEC or any other regulatory authority? .....  Yes  No
- 2) Have you ever been convicted or plead guilty or nolo contendere (no contest) in connection with any offense, served any probation, paid any fines or court costs, for any offense other than a minor traffic violation? .....  Yes  No
- 3) Have you ever been short in account with any insurance company or employer? .....  Yes  No
- 4) Have you ever had an application for bond declined? .....  Yes  No
- 5) Have you ever filed for bankruptcy? .....  Yes  No

**(Provide a separate document with a written explanation and applicable supporting documentation (i.e. court documents, insurance department documents, etc.) for any questions to which you responded “yes.” Please be sure to date and sign the written explanation.)**

**New York Producers Only: I have read New York Circular Letter No. 8, dated July 11, 1991, regarding Placement of Health Insurance Coverage with Unlicensed and Unauthorized Multiple Employer Welfare Arrangements, and agree to comply with its contents if applicable.**

**All Producers: I will retain a copy of any written disclosures of compensation provided to purchasers, as required by New York regulation or the regulation of any other state.**

**PUBLIC LAW 91-508 requires that we advise you that a routine inquiry may be made of your friends, neighbors and business associates during our initial or subsequent processing which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided.**

**CERTIFICATION: I represent and warrant the answers to the above questions and requests for information are true. I agree to comply with all policies and procedures of Gerber Life and any applicable laws and regulations. I understand that I have a continuing obligation to disclose to Gerber Life any changes with respect to the responses provided in this Questionnaire including, but not limited to, my Background Experience.**

<b>X</b>	Print Name _____	Signature _____	Date _____
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**FAIR CREDIT REPORTING ACT DISCLOSURE TO CONSUMERS  
AND BACKGROUND INVESTIGATION CONSENT FORM**

Gerber Life Insurance Company (“Gerber Life”) and/or its agent may obtain Consumer Reports and/or other background information as part of an evaluation of your eligibility for appointment as an insurance producer.

“Consumer Reports” means 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 used by Gerber Life and/or its agent, in whole or in part, for the purpose of serving as a factor in establishing your eligibility to be appointed as an insurance producer.

By signing below, I acknowledge that the Producer Information Questionnaire has been provided to me and will provide Gerber Life and/or its agents with additional information that may be used in connection with my background investigation.

**CANDIDATE’S STATEMENT – READ CAREFULLY**

I, \_\_\_\_\_, hereby authorize Gerber Life and/or its agent to obtain, share, and review, as part of my background investigation, in order to determine my eligibility to be appointed as an insurance producer, my credit report, background information, references, information as to my general reputation, personal characteristics and mode of living, past employment, education, criminal or police records, and government agency records, including information maintained by both public and private organizations and public records.

I release Gerber Life and/or its agent and any person or entity which provides information pursuant to this authorization from any and all liabilities in regards to the information obtained.

**AUTHORIZATION**

I authorize any consumer reporting agency, government agency, law enforcement agency, the National Association of Securities Dealers, the Securities and Exchange Commission or any other person or organization having any records, data or information concerning my background investigation, including, but not limited to, my credit history, public record information, insurance license, regulatory action history or criminal record history to furnish such records, data and information to Gerber Life and/or its agent.

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

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Maiden Name or other names used