

Annuity Quick Quote.com

A Division of Lead Brokerage, LLC

Please complete the following contracting packages and then fax to
Lead Brokerage at (315) 682-0349.

If any questions, concerns or changes to existing contracts may arise, please feel free to
contact Bryan Place or Tom Long at 888-693-8393.

**Lead Brokerage
104 Smith Street
PO Box 59
Manlius, New York 13104**

Phone: (888) 693-8393

Fax: (315) 682-0349

www.AnnuityQuickQuote.com

Licensed Agents

Dear Fellow Agent- Get appointed and licensed with our General Agency:

The fastest and easiest way to get appointed and/or licensed is to click the insurance company names below and simply download the proper appointment forms that are needed. Upon completion of the paperwork, please fax to (315) 682-0349. If you may have any questions, feel free to call us at (888) 693-8393 to speak with either Bryan Place or Tom Long.

- American National
- First Colony
- Genworth
- Genworth New York
- Great American
- ING/ ReliaStar
- Integrity
- MetLife
- National Integrity
- Presidential Life
- Prudential
- SBLI
- United of Omaha

General Agent Contract Checklist

Individual/Entity Name: _____

REQUIRED DOCUMENTS FOR CONTRACTING

- General Agent Agreement – Return Signature Page Only**
 - Signature Page Signed & Dated
 - Full Name Printed or Typed
 - Tax Identification Number Section Completed
 - Certification Section Completed, Signed & Dated

- Background & Information Sheet**
 - Personal Section Completed
 - Business Section Completed
 - Errors & Omissions Information Completed
 - Background Experience Questions 1 and 2 Answered
 - Answering "YES" to either question requires a written, signed and dated explanation.
 - Signed & Dated

- Fair Credit Reporting Act Disclosure**
 - Signed & Dated

- Check Deposit Authorization (Optional)**
 - Completed, Signed & Dated
 - Voided Check or Deposit Slip Attached

- Current State Licenses**
 - ALL States in Which General Agent Will Be Soliciting Business
NOTE: For contracted entities who will not sell, solicit, negotiate or hold themselves out as an insurance agency, no license is required except in the following states:
 - Corporations: GA, KY, MA, MS, MO, MT, PA, PR, TX, UT, VA, WV
 - Individuals: FL, GA, KS, KY, MA, MS, MO, MT, NC, PA, PR, TX, UT, VA, WV

- Long Term Care Continuing Education Certificate (If Applicable)**

- State Appointment Form (Non-Resident Hawaii Only – 2 Originals)**

- Anti-Money Laundering Certification (if applicable**)**
**** If new producer-certification must be completed after production number is assigned and Sales Professional Access logon is granted.**



ALL MATERIALS MUST BE RETURNED TO YOUR MASTER GENERAL AGENCY TO CONTINUE THE CONTRACTING PROCESS

MGA Use Only:

Completed Transmittals for Appropriate Company:

- Mutual & United (Health Products – All States)
- United (Life & Annuity Products – All States Except NY)
- Companion (Life & Annuity Products – NY Only)
- United World (Health Products)- Refer to UW Transmittal for approved states

Mail To: Mutual of Omaha
Mutual of Omaha Plaza
8 – Producer Services
Omaha, NE 68175

Fax To: 1-402-997-1830

Questions (MGAs Only): 1-800-867-6873

Email To: contractsandappointments@mutualofomaha.com

MUTUAL OF OMAHA INSURANCE COMPANY AND ITS AFFILIATES
BACKGROUND AND INFORMATION SHEET

Name: _____

Social Security Number: _____ Date of Birth: _____

Home Address (must be a physical street address): _____

Home Phone: _____ Home Fax: _____
(optional)

Cell Phone: _____ E-mail Address: _____
(optional) (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): _____

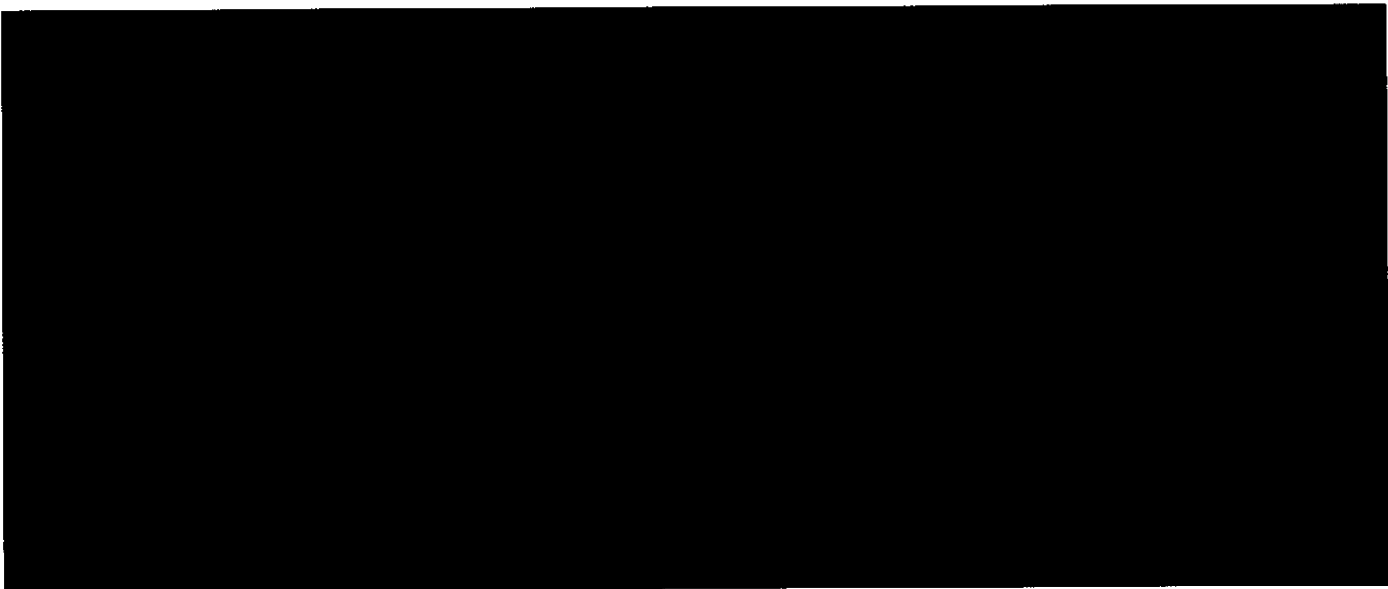
Errors and Omission Insurance Information:

In accordance with the requirements of Mutual of Omaha and its affiliates, I agree to maintain professional liability insurance (referred to as Errors & Omissions coverage) covering the sales and service of Mutual of Omaha and its affiliates insurance products.

The coverage is with _____
Carrier Name

In the amount of \$ _____

I will promptly notify Mutual of Omaha and its affiliates of any cancellation or major modifications to my coverage.



Candidate Signature

Date