



**PROSPECTIVE DISTRIBUTION PARTNER COMPLIANCE QUESTIONNAIRE**

Please complete and sign this questionnaire in advance of submitting contracting paperwork to North American Company for Life and Health Insurance® (“North American”).

**Agency Profile**

<hr/>	<hr/>	<hr/>
Full Legal Name of Agency	Phone Number	Email Address
<hr/>		<hr/>
Doing Business As (DBA) - Please list all current names		Website Domain(s) Associated
<hr/>		
Previous DBA Names (if applicable)		
<hr/>	<hr/>	<hr/>
Business Address	City	State      Zip Code
<hr/>	<hr/>	<hr/>
Date Formed	Tax ID	Type of Entity (i.e. Corporation, LLC Partnership, Sole Proprietorship)
<hr/>	<hr/>	<hr/>
Date and Place of Incorporation (if an incorporated entity)	Jurisdiction of Certificate of Authority	
<hr/>		
Insurance Licenses (Types and States)		
<hr/>		
How Long Selling Life Insurance within the Entity (Agency)		
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How Long Selling Life Insurance Products within a Call Center (Agency and Principals)		
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Other Insurance Products Sold and for How Long		

**Owners, Principals, Directors and Executive Officers**

*Please provide identifying information for each owner, officer, principal and director of the entity (attach additional pages if needed):*

Name	Title	Social Security Number	Date of Birth
	President		
	Vice President		
	Secretary		
	Treasurer		
	Compliance Officer		

**Please provide insurance license and past employment/affiliation for each individual named above (attach additional pages if needed):**

<b>Name and Title/Role</b>	<b>Social Security Number</b>	<b>Date of Birth</b>
Insurance Licenses (States)		
Types of Insurance Sold and for How Long		
Past Affiliations/Employment (Please provide 10 year history):		
_____	Dates from: _____	To: _____
Previous Agency/Company Name		
_____	Dates from: _____	To: _____
Previous Agency/Company Name		
_____	Dates from: _____	To: _____
Previous Agency/Company Name		
_____	_____	_____
Personal Reference (other than related person)	Occupation	Telephone

<b>Name and Title/Role</b>	<b>Social Security Number</b>	<b>Date of Birth</b>
Insurance Licenses (States)		
Types of Insurance Sold and for How Long		
Past Affiliations/Employment (Please provide 10 year history):		
_____	Dates from: _____	To: _____
Previous Agency/Company Name		
_____	Dates from: _____	To: _____
Previous Agency/Company Name		
_____	Dates from: _____	To: _____
Previous Agency/Company Name		
_____	_____	_____
Personal Reference (other than related person)	Occupation	Telephone

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<b>Name and Title/Role</b>	<b>Social Security Number</b>	<b>Date of Birth</b>
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Insurance Licenses (States)

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Types of Insurance Sold and for How Long

Past Affiliations/Employment (Please provide 10 year history):

_____	Dates from: _____	To: _____
Previous Agency/Company Name		

_____	Dates from: _____	To: _____
Previous Agency/Company Name		

_____	Dates from: _____	To: _____
Previous Agency/Company Name		

_____	_____	_____
Personal Reference (other than related person)	Occupation	Telephone

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<b>Name and Title/Role</b>	<b>Social Security Number</b>	<b>Date of Birth</b>
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Insurance Licenses (States)

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Types of Insurance Sold and for How Long

Past Affiliations/Employment (Please provide 10 year history):

_____	Dates from: _____	To: _____
Previous Agency/Company Name		

_____	Dates from: _____	To: _____
Previous Agency/Company Name		

_____	Dates from: _____	To: _____
Previous Agency/Company Name		

_____	_____	_____
Personal Reference (other than related person)	Occupation	Telephone

**Disclosure Questions**

***Please respond to all questions for each owner, officer, principal or director personally and for any organization over which each individual owner, officer, principal or director has exercised control or has been associated (please attach additional pages for responses if needed).***

1. Briefly describe the experience and qualifications of the executive management personnel of the entity/agency:

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2. Identify name of owners/principals and beneficial owners (if different) and the % ownership of each owner/principal:

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3. Identify other businesses in which principals/owners are or have been engaged as employee, agent, owner, partner, officer, director or otherwise within the previous 5 years (identify name of principal/owner and name of corresponding business):

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4. Does the entity (agency) have an Ethics Code or Code of Conduct ("Code")? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attach a copy.

5. Does the entity (agency) maintain Errors & Omissions (E & O) coverage with a minimum \$1 million limit of liability per claim, for all agents/employees? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Does the entity (agency) have a Compliance Program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the program:

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7. How often do the entity's employees receive training on the Code and/or other compliance topics (e.g. product training and sales to seniors):

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8. How is compliance training related to products and sales to seniors administered and monitored?

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9. Describe the call center structure:

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10. Describe your methods for scripting sales processes and training agents on compliant sales practices:

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11. Number of agents working in Call Center \_\_\_\_\_ Number Onsite \_\_\_\_\_ Remote\* \_\_\_\_\_

\*If any agents work from a remote location, please complete the supplemental "Remote Agent Questionnaire".

12. Describe the controls in place to monitor and maintain compliance with state insurance licensing regulations:

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13. How are your agents compensated? (i.e. salary, commission, bonus):

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14. Name your source(s) and explain your method(s) of lead generation, advertising and sales solicitation:

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15. Have any issues ever been raised with respect to the manner in which your entity/agency generates leads? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain in detail:

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16. Does the entity/agency have the ability to record and retain sales calls? Yes \_\_\_\_\_ No \_\_\_\_\_

17. Individual(s) responsible for managing market conduct risk:

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18. What has been the market conduct experience with this model?

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19. Frequency and type(s) of customer complaints?

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20. Does the entity/agency have a legal department? Yes \_\_\_\_\_ No \_\_\_\_\_

21. Does the entity/agency have a compliance department? Yes \_\_\_\_\_ No \_\_\_\_\_

22. Describe your policies and procedures relating to compliance with Do Not Call regulations, Telephone Consumer Protection Act, Federal Trade Commission and any related regulations:

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23. Explain policies, procedures and controls in place related to Privacy and Data Security Issues:

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**Has the entity or any of its owners, officers, directors or principals ever:**

24. Been the subject of (or involved in) any action or investigation initiated by a state, federal or self-regulatory agency or authority (e.g. Insurance Commissioner, Attorney General, Federal Trade Commission, FINRA)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide full disclosure of event, including any fines and/or penalties assessed:

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25. Been subjected to any inquiry from an insurance regulator? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details of the inquiry and any regulatory action taken, including fines or penalties assessed.

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26. Had to go to any regulator to offer explanation regarding customer issues, or, about any issue concerning the manner in which the entity/agency conducts its business? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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27. Appeared before any Body to offer comment or testimony (such as before the NAIC or NCOIL)?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide full disclosure:

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28. Been a party to a civil action or litigation of any kind? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide full disclosure:

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29. Been involved in customer complaint(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide full disclosure:

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\_\_\_\_\_  
\_\_\_\_\_

30. To your knowledge, are you or have you been associated in a business relationship with anyone who may answer "yes" to questions numbered 22, 23, 24, 25 and 26 above? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide additional information:

\_\_\_\_\_  
\_\_\_\_\_

31. Please provide any additional information that may facilitate our review (e.g. why you are well positioned to succeed in selling life insurance through your call center):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Conditions and Agreements**

The undersigned hereby acknowledge and warrant that all information and answers to questions are true and complete. **All persons named on page one must complete below section.**

By signing this document, I understand that the Fair Credit Reporting act requires North American Company for Life and Health Insurance® (North American) to notify me that, that as a routine part of processing my preliminary contract application, a consumer report may be obtained which may include information bearing on my credit worthiness, credit capacity, character, general reputation, and personal characteristics or mode of living. I further authorize North American or its affiliates<sup>1</sup> to obtain a consumer report and Vector One report. I further authorize North American or their duly authorized representatives to contact any organization or individual who has knowledge of my employment history, credit history, financial status, or record of any illegal activity to (a) obtain a record of such history, status or activities and (b) hereby authorize the release of such information by such organization or individual in connection with this preliminary application. <sup>1</sup>Affiliate means any company owned, directly or indirectly, by Sammons Financial Group, Inc.

\_\_\_\_\_  
**Printed Name/Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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**Printed Name/Title**

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**Date**

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**Printed Name/Title**

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**Signature**

\_\_\_\_\_  
**Date**

## **NOTICE REGARDING CONSUMER REPORTS**

In connection with your application for a Producers Contract with North American Company for Life and Health Insurance Company® (North American), North American may obtain one or more reports regarding your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and/or mode of living from a consumer reporting agency. If North American plans to use any information in a consumer report in a decision not to contract with you or to make any other adverse contracting decision regarding you, it will provide you with a copy of the credit report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before it takes any adverse action. If any adverse action is taken against you based upon a consumer report, North American will notify you that the action has been taken and that the consumer report was the reason for the action.