

Legal Questions for Contracting and Appointment Requests

Please answer the following questions. If you answer YES to any question, provide a full, detailed explanation including specific dates.

If answering "yes" to any of the sub-questions, then the main question must also be answered "yes". And vice versa.

Name: _____

1	Have you ever been charged or convicted of, or pled guilty or no contest to, any felony, misdemeanor, federal/state insurance and/or securities or investments regulations or statutes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1A	Have you ever been convicted of, or pled guilty or no contest to, any Felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	1B Have you ever been convicted of, or pled guilty or no contest to, any Misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	1C Have you ever been convicted of, or pled guilty or no contest to, a violation of federal or state securities or investment related regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	1D Have you ever been convicted of, or pled guilty or no contest to, a violation of state insurance department regulation of statute?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	1E Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to income investments or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	1F Have you ever been charged with a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	1G Have you ever been charged with a misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	1H Have you ever been on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Have you ever been, or are you currently being, investigated, have any pending indictment, lawsuits, or have you ever been in a lawsuit with an insurance company ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2A	Are you currently under investigation by any legal or regulatory agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2B Have you been under investigation by any insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2C Have you ever been, or are you currently, involved in any pending indictments, lawsuits, civil judgements or other legal proceedings (civil or criminal) (you may omit family court)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2D Have you ever been named as a defendant or codefendant in a lawsuit, or have you ever sued or been sued by an insurance company ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Have you ever been alleged to have engaged in any fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Have you ever been found to have engaged in any fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Has any insurance or financial services company or broker-dealer terminated your contract or appointment or permitted you to resign for reason other than lack of sales ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5A	Were you fired because you were accused of violating insurance or investment related statutes, regulations, rules, or industry standards of conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	5B Were you fired because you were accused of fraud or the wrongful taking of property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	5C Failure to supervise in connection with insurance or investment related statutes, regulations, rules, or industry standards of conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Have you ever had an appointment with any insurance company denied or terminated for cause? (if you have been reported to Vector One, answer yes)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Does any insurer, insured, or other person claim any commission chargeback or other indebtedness from you as a result of any insurance transactions or business? (if you have been reported to Vector One, answer yes)	<input type="checkbox"/> Yes <input type="checkbox"/> No

If they've answered "yes" to being charged/convicted of a felony, we will need the following court documents: a notice of hearing that states the charges/allegations and an official document that shows the resolution/final judgment of the charges/allegation.

#2 refers ONLY to whether it's been involved with an insurance company

8	Has any lawsuit or claim ever been made against you, your surety company, or errors and omissions insurer, arising out of your sales or practices, or have you been refused surety bonding or E&O coverage?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	8A	Has a bonding or surety company ever denied, paid on, or revoked a bond for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	8B	Has any Errors & Omissions company carrier ever denied, paid claims on, or cancelled your coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Have you ever had an insurance or securities license denied, suspended, cancelled, or revoked?		<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Has any state or federal regulatory body found you to have been a cause of an investment or insurance related business having its authorization to do business denied, suspended, revoked, or restricted?		<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor?		<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Has any state or federal regulatory agency found you to have made a false statement or omission or been dishonest, unfair, or unethical?		<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Have you ever had any interruptions in licensing?		<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Has any state, federal, or self-regulatory agency filed a complaint against you, fined, sanctioned, censured, penalized, or otherwise disciplined you for a violation of their regulations or state or federal statutes?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	14A	Has any regulatory body ever sanctioned, censured, penalized, or otherwise disciplined you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	14B	Has any state, federal, or self-regulatory agency filed a complaint against you, fined, or sanctioned you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	14C	Have you ever been the subject of a consumer initiated complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Have you personally, or any insurance or securities brokerage firm with whom you have been associated, filed a bankruptcy petition, or declared bankruptcy?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	15A	Have you personally filed a bankruptcy petition or declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	15B	Has any insurance or securities brokerage firm, with whom you have been associated, filed a bankruptcy petition, or been declared bankrupt, either during your association with them or within 5 years after termination of such an association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	15C	Is the bankruptcy pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Are there any unsatisfied judgments or liens against you?		<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Are you connected in any way with a bank, savings & loan association, or other lending or financial institution?		<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Have you ever used any other names or aliases?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you have any unresolved matters pending with the Internal Revenue Service, or other taxing authority?		<input type="checkbox"/> Yes <input type="checkbox"/> No

#17 does NOT include having checking/savings account with a bank.

If you answered YES to any of these questions, provide an explanation that includes dates, actions, and descriptions. Attach additional paper if necessary.

I attest that the information I have provided is true to the best of my knowledge. I acknowledge that if any information changes, I will notify my agency office within 5 days of such change. Further, I understand that my agency may contact me when I need to answer carrier-specific questions.

Signature: _____ Date: _____

Must be signed and dated