



# Independent Producer Contract Appointment Application and Agreement

Check all Aviva company(ies) with which you wish to apply for an Independent Producer Contract:

- Aviva Life and Annuity Company       Aviva Life and Annuity Company of New York:  
      General Agent       Associate General Agent       Agent

All Questions Must Be Completed. Attach a Copy of Current Insurance License(s). All sub-licensees on corporate licenses must complete the Producer Information - we will run background checks on all sub-licensees.

**INDEPENDENT PRODUCER INFORMATION:** (\*Note: Required Field)

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_ Middle Init.: \_\_\_\_\_  
 Former Names: \_\_\_\_\_ \*Gender:  Male  Female  
 \*Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ \*Date of Birth: \_\_\_\_\_  
 \*Home Address: \_\_\_\_\_ \*City: \_\_\_\_\_  
 \*County: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_  
 \*Mailing Address (req'd. if PO Box above): \_\_\_\_\_  
 Residence Phone: \_\_\_\_\_ \*Business Phone: \_\_\_\_\_ \*Fax: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

Complete this section only if commissions are to be paid to a corporation or subagent arrangement:

Pay to:  TIN/Corporation       Subagent/LOA/Zero Comp Arrangement  
 Provide Information if Business or Subagent Arrangement:  
 Corporation Name: \_\_\_\_\_ Tax I.D. Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Names on Corporate License: \_\_\_\_\_  
 Corporation Address: \_\_\_\_\_

For Aviva Life and Annuity Company of NY General Agents Only:

Commissions Paid:  One Check to GA       Separate Checks to GA

**Office Contact Information:**

Administrative Contact: \_\_\_\_\_  
 Marketing Contact: \_\_\_\_\_  
 Software Contact: \_\_\_\_\_

**Beneficiary of your commissions in the event of death** - (separate form available upon request):

Name(s): \_\_\_\_\_ Social Sec. #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Address: \_\_\_\_\_

**E&O insurance is required for appointment - Do you have current coverage?** .....  Yes  No  
 Attach declaration page showing proof of E&O coverage. Coverage available through Aviva if needed.

**Have you completed the required anti-money laundering training program?** .....  Yes  No  
 Attach proof of completed training course (if other than LIMRA).

**Recruiter Information**

Recruiter Corporate or Individual Name: \_\_\_\_\_  
 Recruiter Phone: \_\_\_\_\_ Recruiter Fax: \_\_\_\_\_ Recruiter #: \_\_\_\_\_



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**BACKGROUND INFORMATION: Respond to all questions for you personally and on behalf of any organization over which you have exercised or currently exercise control.** (Note: If you answer "Yes" to any question, then you must attach an explanation and related documents - e.g. orders, settlement agreements, Sec. 1033 waiver.)

- a. Have you ever applied for a contract with any of the Aviva companies?  Yes  No  
*If Yes, then list the Aviva companies and agent codes:* \_\_\_\_\_
- b. Do you have any new business pending? List Aviva company: \_\_\_\_\_  Yes  No  
 Client name: \_\_\_\_\_ State: \_\_\_\_\_ Date of App.: \_\_\_\_\_
- c. Do you hold a securities license?  Yes  No  
*If Yes, who is your broker/dealer:* \_\_\_\_\_
- d. Have you ever had your insurance license, securities license, or other fiduciary license suspended or revoked, or have you ever had an application for an insurance license denied by an insurance department?  Yes  No  
*(other than for noncompliance with continuing ed. or renewal fee requirements)*
- e. Have you ever had a complaint filed, a regulatory inquiry/ investigation, an arbitration, or been sued by an insurance department, NASD, state securities office, attorney general or any other regulatory agency?  Yes  No
- f. 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?  Yes  No
- g. Are you presently involved in any litigation or are there unsatisfied judgments or liens (including state or federal tax liens) against you?  Yes  No
- h. Have you been charged with or pled guilty to, nolo contendere to or been found guilty of any felony or of any misdemeanor, or, are you now under indictment?  Yes  No  
*\*If you were convicted of any felony involving dishonesty or a breach of trust, then you must provide us with proof of written consent from the State Insurance Commissioner to work in the insurance business. (See 18 U.S. Code Sec. 1033).*
- i. 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?  Yes  No
- j. Have you ever been discharged from any employment or had an agent contract terminated for reasons other than low production?  Yes  No
- k. Have you filed for bankruptcy in the last 7 years?  Yes  No

**If you answered Yes to any questions (d) through (k), please attach an explanation and documentation for each. Note: You are required to report any adverse action that may be taken against you in regards to Questions (d) through (k) to the Company's Legal Department within 5 days of such change.**

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ATTACH VOIDED CHECK).** I hereby authorize the Aviva companies listed above and the financial institution named below to initiate credit entries to my account and to reverse any entries made in error. I understand that the company will give me prior notice of any such reversal. This authorization will remain in full force and effect until the Aviva companies above have written notice from me of its termination in such time and in such manner as to afford the Aviva companies a reasonable opportunity to act on it. *Note: commissions are only paid by electronic funds transfer (EFT) unless we agree otherwise. The Bank requires that the depositor's name to be the same as the licensed agent. Fill in your Account Info below.*

\*Depositor Name: \_\_\_\_\_  
 \*ABA Routing/Transit#: \_\_\_\_\_ \*Acct. #: \_\_\_\_\_  
 \*Name of Financial Institution: \_\_\_\_\_

**INDEPENDENT PRODUCER AGREEMENT:** By my signature below, I acknowledge that I have read the attached copy of the Independent Producer Contract and I understand this Application will form and become a part of my Contract. I agree to be bound by all of the terms and conditions of the attached Contract including any schedules, supplements, and amendments. I agree that, if appointed, any misrepresentation of facts herein provided will be grounds for termination of the Contract for cause at the sole discretion of the Aviva companies. I am not appointed to represent the Aviva companies listed above until and unless this Application is accepted by the companies and I am notified of such acceptance by Aviva's confirmation letter. Upon acceptance of my application, the Contract shall consist of this Application, the Independent Producer Contract attached hereto, and any changes thereto the Aviva companies make from time to time, as posted on the agent website or as Aviva may notify me in writing. I represent and warrant that all information and answers to questions are true and complete.

Independent Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

