



We appreciate your consideration in allowing Ark Consulting Group to address your health and life insurance contracting needs and we are excited about the opportunity to have the privilege of offering you our services.

In order to complete your licensing request, please complete the following licensing questionnaire. The questionnaire information will be submitted through our online licensing system, which is a program that allows us to save your information in our system. In the future, should you desire to be appointed with any additional carriers, Ark Consulting Group will already have your information saved on file, allowing us to submit and complete your appointment in a timely manner.

Once the questionnaire has been completed, you will also need to complete and sign the Signature Page, Disclosure Release, and EFT (Electronic Funds Transfer) Authorization. Signing and submitting the Signature Page and Disclosure Release authorizes Ark Consulting Group to submit your information through our online licensing program. Signing the EFT Authorization allows for carriers to direct deposit your commissions. Please submit the following documents to our office:

1. Ark Consulting Group Licensing Questionnaire
2. Signed Signature Page
3. Signed Disclosure Release Page
4. Signed EFT Authorization Page (be sure to affix a copy of a voided check to this page)
5. A copy of your individual and/or corporation insurance license(s)
6. A Copy of your E&O Coverage.
7. AML certificate of completion through LIMRA (If necessary, based on product offerings)

These documents can be emailed to: arkconsultinggroupinc@gmail.com. For questions regarding the completion of this packet, please call 888.884.1224 Ext. 102

	New Contract	Transfer
Medicare Advantage		
Aetna	<input type="checkbox"/>	<input type="checkbox"/>
AmeriHealth New Jersey	<input type="checkbox"/>	<input type="checkbox"/>
Anthem BCBS	<input type="checkbox"/>	<input type="checkbox"/>
Care Improvement Plus	<input type="checkbox"/>	<input type="checkbox"/>
Cigna – HealthSpring	<input type="checkbox"/>	<input type="checkbox"/>
Empire BCBS	<input type="checkbox"/>	<input type="checkbox"/>
Excellus BCBS	<input type="checkbox"/>	<input type="checkbox"/>
Freedom Health	<input type="checkbox"/>	<input type="checkbox"/>
Gateway Health Plan	<input type="checkbox"/>	<input type="checkbox"/>
Geisenger Health Plan	<input type="checkbox"/>	<input type="checkbox"/>
Highmark	<input type="checkbox"/>	<input type="checkbox"/>
Humana	<input type="checkbox"/>	<input type="checkbox"/>
Independent BCBS	<input type="checkbox"/>	<input type="checkbox"/>
John Hopkins Healthcare	<input type="checkbox"/>	<input type="checkbox"/>
Molina	<input type="checkbox"/>	<input type="checkbox"/>
Scott and White Health Plan	<input type="checkbox"/>	<input type="checkbox"/>
United Healthcare	<input type="checkbox"/>	<input type="checkbox"/>
Universal Healthcare	<input type="checkbox"/>	<input type="checkbox"/>
Universal American	<input type="checkbox"/>	<input type="checkbox"/>
University of MD Health	<input type="checkbox"/>	<input type="checkbox"/>
Wellcare	<input type="checkbox"/>	<input type="checkbox"/>

Medicare Supplement		
Cigna	<input type="checkbox"/>	<input type="checkbox"/>
Equitable Life and Casualty	<input type="checkbox"/>	<input type="checkbox"/>
Gerber Life Insurance Co.	<input type="checkbox"/>	<input type="checkbox"/>
Manhattan Life	<input type="checkbox"/>	<input type="checkbox"/>
Medico	<input type="checkbox"/>	<input type="checkbox"/>
Mutual of Omaha	<input type="checkbox"/>	<input type="checkbox"/>
Oxford Life	<input type="checkbox"/>	<input type="checkbox"/>
Sentinel Security Life	<input type="checkbox"/>	<input type="checkbox"/>
TransAmerica Premier Life	<input type="checkbox"/>	<input type="checkbox"/>
United American	<input type="checkbox"/>	<input type="checkbox"/>

	New Contract	Transfer
PDP – Prescription Drugs		
Aetna	<input type="checkbox"/>	<input type="checkbox"/>
Humana	<input type="checkbox"/>	<input type="checkbox"/>
Wellcare	<input type="checkbox"/>	<input type="checkbox"/>
SilverScript	<input type="checkbox"/>	<input type="checkbox"/>
Anthem BCBC	<input type="checkbox"/>	<input type="checkbox"/>

Annuities		
American Equity	<input type="checkbox"/>	<input type="checkbox"/>
Athene	<input type="checkbox"/>	<input type="checkbox"/>
Mutual of Omaha	<input type="checkbox"/>	<input type="checkbox"/>
North American	<input type="checkbox"/>	<input type="checkbox"/>
Oxford Life	<input type="checkbox"/>	<input type="checkbox"/>
Phoenix Life	<input type="checkbox"/>	<input type="checkbox"/>
Sentinel Security	<input type="checkbox"/>	<input type="checkbox"/>
Nationwide	<input type="checkbox"/>	<input type="checkbox"/>

Ancillaries		
Foresters	<input type="checkbox"/>	<input type="checkbox"/>
Medico	<input type="checkbox"/>	<input type="checkbox"/>
Sentinel Security Life	<input type="checkbox"/>	<input type="checkbox"/>
Guarantee Trust Life	<input type="checkbox"/>	<input type="checkbox"/>
Equitable Life & Casualty	<input type="checkbox"/>	<input type="checkbox"/>

Producer Set-Up Packet

USE HIGH RESOLUTION SCANNER OR HIGH QUALITY FAX

Social Security #: _____ Gender: _____ Date of Birth: ____/____/____

Email: _____ Resident Insurance: _____
Lic. # & State _____

Last Name: _____ First Name: _____ MI: _____

Phone: _____ Fax: _____ Cell: _____

Title: _____ Marital Status: _____ Maiden Name: _____

Driver's Lic. #: _____ DL State: _____

Residential Address (No PO Boxes)

Start Date: ____/____/____
City/State Not Needed

Line 1: _____ Line 2: _____ Zip code: _____

Mailing Address (No PO Boxes)

Start Date: ____/____/____
City/State Not Needed

Line 1: _____ Line 2: _____ Zip code: _____

Doing Business As: Individual Business Entity Solicitor/LOA

If DBA Solicitor/LOA, list who you are assigning commissions to: _____

Complete the following only if DBA a Business Entity:

EIN: _____ Business Name: _____ Website: _____

Your Title: _____ Phone: _____ Fax: _____

Principal Name: _____ Principal Title: _____ Email: _____

Company Type: Corporation Partnership LLC LLP

Corporate Address (No PO Boxes)

Start Date: ____/____/____
City/State Not Needed

Line 1: _____ Line 2: _____ Zip code: _____

Legal Questions for Contracting and Appointment Requests

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

Name: _____

1	Have you ever been charged or convicted of or plead guilty or no contest to any Felony, Misdemeanor, federal/state insurance and/or securities or investments regulations and statutes? Have you ever been on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1A	Have you ever been convicted of or plead guilty or no contest to any Felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1B	Have you ever been convicted of or plead guilty or no contest to any Misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1C	Have you ever been convicted of or plead guilty or no contest to a violation of federal or state securities or investment related regulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1D	Have you ever been convicted of or plead guilty or no contest to a violation of state insurance department regulation or 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 investments or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1F	Have you ever been charged with any Felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1G	Have you ever been charged with any 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 indictments, lawsuits, or have you ever been in lawsuit with insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2A	Are you currently under investigation by any legal or regulatory authority?	<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 judgments 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 terminated/resigned 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 terminated/resigned 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 terminated for cause or been denied an appointment?	<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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

8	Has any lawsuit or claim ever been made against 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? Or, have you ever had a claim filed against your surety company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8B	Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled your coverage? Or, have you ever had a claim filed against your E&O carrier?	<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? Have you ever been the subject of a consumer initiated complaint?	<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 or within five years after termination of such association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15C	Is the bankruptcy pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Have you ever had any unsatisfied judgments, garnishments, 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

If you answered any questions YES, 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: _____

LETTER OF EXPLANATION

Date of Action: ___/___/___

Action: _____

Reason: _____

Explanation: _____

Date of Action: ___/___/___

Action: _____

Reason: _____

Explanation: _____

Date of Action: ___/___/___

Action: _____

Reason: _____

Explanation: _____

***NOTE* Use additional paper if necessary**

LICENSES

AML Provider: LIMRA NONE OTHER Date Completed: ___/___/___

If Other, Provide Certificate of Completion.

Are you a Registered Rep with FINRA? Yes No

If Yes, Broker/Dealer Name: _____ *CRD #:* _____

Please list any Honors you currently hold: _____

ELECTRONIC FUND TRANSFERS (EFT)

Account Owner Name (Required): _____

Transit/ABA #: _____

Account #: _____

Financial Institution Name: _____

Branch Address: _____

City: _____ State: _____ Zip: _____

Account Type: Checking Saving Phone: _____

By signing below I hereby authorize the Company to initiate credit entries and, if necessary, adjustments for credit entries in error to the checking and/or savings account indicated on this form. This authority is to remain in full effect until the Company has received written notification from me of its termination. I understand that this authorization is subject to the terms of any agent or representative contract, commission agreement, or loan agreement that I may have now, or in the future, with the Company.

Signature: _____ Date: _____

Attach copy of the check here for checking account or
deposit slip for saving account:

History

***NOTE* Attach additional info if needed**

Employment -- Please provide past 5 years of employment history:

From: ___/___/___ To: ___/___/___

Company: _____ Position: _____

Location: _____

From: ___/___/___ To: ___/___/___

Company: _____ Position: _____

Location: _____

From: ___/___/___ To: ___/___/___

Company: _____ Position: _____

Location: _____

Address History -- Please provide past 5 years of address history:

***NOTE* Attach additional info if needed**

From: ___/___/___ To: ___/___/___

City/State Not Needed

Line 1: _____ Line 2: _____ Zip code: _____

From: ___/___/___ To: ___/___/___

City/State Not Needed

Line 1: _____ Line 2: _____ Zip code: _____

From: ___/___/___ To: ___/___/___

City/State Not Needed

Line 1: _____ Line 2: _____ Zip code: _____

Replace this page with a copy of your E&O Insurance Certificate of Coverage

IMPORTANT: E & O Certificate must list your full name as the insured.
Please refer to the following examples.

CORRECT:

My Insurance Agency Inc.
Joe Agent
123 Main Ave
City, State, 12345

INCORRECT:

My Insurance Agency Inc.
123 Main Ave
City, State, 12345

If individual name is not listed correctly please provide a letter from the E&O
Carrier listing agents covered under agency policy.



SIGNATURE AUTHORIZATION

PLEASE READ THIS AUTHORIZATION, SIGN IN THE BOX BELOW AND SUBMIT THIS FORM BY FOLLOWING THE INSTRUCTIONS PROVIDED ON THE COVER PAGE.

I, _____, hereby authorize Ark Consulting Group Inc. and its general agency customers (the "Authorized Parties") to affix or append a copy of my signature, as set forth below, to any and all required signature fields on forms and agreements of any insurance carrier (a "Carrier") designated by me through Ark Consulting Group Inc carrier, including without limitation, by email or orally. The Authorized Parties shall be permitted to complete and submit all such forms and agreements on my behalf for the purpose of becoming authorized to sell Carrier insurance products. I hereby release, indemnify, and hold harmless the Authorized Parties against any and all claims, demands, losses, damages, and causes of action, including expenses, costs, and reasonable attorneys' fees which they may sustain or incur as a result of carrying out the authority granted hereunder.

By my signature below, I certify that the information I have submitted to the Authorized Parties is correct to the best of my knowledge and acknowledge that I have read and reviewed the forms and agreements which the Authorized Parties have been authorized to affix my signature. I agree to indemnify and hold any third party harmless from and against any and all claims, demands, losses, damages, and causes of action, including expenses, costs, and reasonable attorneys' fees which such third party may incur as a result of its reliance on any form or agreement bearing my signature pursuant to this authorization.

Please sign below. Please use BLACK ink.

Name: _____

Date: _____