



SMART MARKETING AGENT PRE-QUALIFICATION FORM

Name: Phone: Mailing Address: Fax: Physical Address: Cell: Email: Website: Date of Birth:

In the last 12 months, what was your approximate commission for your insurance business?

- Under \$100,000 \$100,000 - \$250,000 +\$250,000

What percentage of your insurance business income is in...

% Annuities % LTC % Life Insurance % Securities % other

How long have you been in the insurance business? Years

Specify all companies you are contracted with and list who holds your contract for the following carriers:

- Allianz, ING, ALG/American General, Legacy, American National, Lincoln Financial Group, American Investors, Conesco, Principal, Genworth, Aviva, West Coast Life, EquiTrust, Lincoln Benefits, Sun Life, F & G/OM Financial, Transamerica, Great American, Other, Other

How do you market to your insurance clients?

- Direct Mail, Newspaper Ads, Client Referral, Website Responses, Seminars, Tax Prep Business, E-mail/Fax Promotion, Professional Referrals, Other (Please Specify)

Do you have agents reporting to you? If yes, approximately how many?

In what states do you currently hold an insurance license?

Are you currently securities licensed? Yes or No If yes, what registration do you have?

- Series 6, Series 7, Series 63, Series 26, Series 24, Series 65

What is the name of your broker/dealer?

What professional designations do you hold?

Do you have internet access? Yes No Dial Up High Speed

Are you interested in internet based training? Yes No

What are your hobbies?

Please fax this form back along with a copy of your insurance license, E & O dec page and a copy of a voided check.

Phone: (800) 926-9206 x167 | Fax: (678) 252-1793 |

