



**To ensure timely processing, please submit a legible copy of the following items with your contracting paperwork:**

1. Individual/Agency Insurance License(s)
2. Current proof of E&O Coverage **(must include fixed/indexed annuities)**
3. Voided check for EFT payments **(deposit slips are not acceptable)**
4. List of company officers on company letterhead **(Agencies Only)**
5. Current AML Proof of Completion **(no charge if through SuccessCE [www.successce.com](http://www.successce.com))**
6. 4-hr Annuity Training **(mandatory in the following states: AL, CA, CO, CT, DC, HI, ID, IL, IA, IN, KS, KY, LA, MD, MI, MN, MS, NE, NJ, ND, OH, OK, OR, RI, SC, SD, TX, WA, WV & WI)**

\*Letter of Explanation for any issues that may arise in your background check including but not limited to **Credit History, Liens, Judgments, Bankruptcy, Criminal Charges or Convictions, Regulatory or Disciplinary Actions or DOI complaints, Vectors (charge-backs)**. Also, include any related paperwork that may support your letter.



Type of Contract: (choose one)

- Business
- Business with Soliciting Principal
- Individual
- Solicitor



**Protective**  
Agent Application

First Name/Middle Name/Last Name		Preferred Name	Birth Date (mm/dd/yyyy)	Place of Birth
Social Security No. ____ - ____ - _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
If this application is for a Corporation, please supply Tax ID: ____ - _____		Spouse		
Email Address (Mandatory)		Designations: <input type="checkbox"/> CLU <input type="checkbox"/> ChFC <input type="checkbox"/> CFP <input type="checkbox"/> MDRT <input type="checkbox"/> NQA <input type="checkbox"/> Other		
If Soliciting Agent, Pay Commissions To: _____				
Business Name (If Applicable)		Business Type (Inc., Sole Proprietor, Partnership):		
Business Mailing Address		Business Street Address (If Different)		
Street / P.O. Box		Street / P.O. Box		
Suite		Suite		
City State Zip		City State Zip		
Residence		Residence Phone ____ - ____ - _____		
Street / P.O. Box		Business Phone ____ - ____ - _____		
Suite		Business 800 Number ____ - ____ - _____		
City State Zip		Business Fax Number ____ - ____ - _____		
What is your target market? <input type="checkbox"/> Middle <input type="checkbox"/> Upper Middle <input type="checkbox"/> Other				
How many years have you been licensed? _____				

**Read carefully and please answer the following:**

**If any changes occur after the date of this application, please notify Protective Life immediately.**

I agree

1. Have you ever been or are you currently contracted with Protective Life Insurance Company?

Yes     No

2. Do you hold a Securities license?

Yes     No

*If "Yes", please provide your Broker/Dealer name.*

3. May Protective Life publicize your name and photo in Company publications?

Yes     No

4. Is your agency owned by a bank or credit union or will sales of the life or annuity products be transacted in a bank or credit union?

Yes     No

*If "Yes", please explain.*

5. Are you currently, or have you ever been a party to a lawsuit, arbitration or other legal or judicial proceeding?

Yes     No

*If "Yes", please explain.*

6. Have you ever had an insurance license denied, revoked or suspended?

Yes     No

*If "Yes", please explain.*

7. Are you currently being investigated or have you ever had any disciplinary action taken against you or terminated other than for lack of production by another insurance company, a state insurance department, the NASD, SEC or any other regulatory authority?

Yes     No

*If "Yes", please explain.*

8. Have you ever filed for bankruptcy or do you currently owe any money to or have a debit balance with another insurance company?

Yes  No

*If "Yes", please explain.*

9. Have you ever been convicted of (or plead no contest to) a felony or misdemeanor?

*\*The Federal Violent Crime Control & Law Enforcement Act of 1994 prevents people who have been convicted of a felony from participating in the business of insurance.*

Yes  No

*If "Yes", please explain.*

10. Have you ever had a claim against your errors and omissions policy?

Yes  No

*If "Yes", please explain.*

11. Have you had a complaint filed against you in the past ten years that resulted in a fine or penalty, censure, cease and desist order, or consent order?

Yes  No

*If "Yes", please explain.*

12. Have you completed Anti-Money Laundering in the past 24 months?

Yes  No

*If Yes, with whom? Please attach certificate if other than LIMRA.*

**Weekly Direct Deposit for Commissions: (Preferred method) Yes \_\_\_ No \_\_\_. If Yes, complete the PL-DIR-DEP 08/2011 form and attach. (Producers not on Direct Deposit will be sent a check only at month end. A minimum commissions payable amount of \$100 is required before a check will be sent.)**

**Errors & Omissions Coverage**

Carrier Name: \_\_\_\_\_

Liability Amount: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Effective Date: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

***I attest I will maintain Errors and Omissions insurance with a liability limit of \$1,000,000 or greater. I also agree to provide evidence of such coverage to the Company when requested. Failure to maintain adequate Errors and Omissions coverage may result in the suspension or termination of this Agreement.***



## Authorization and Certification of Statements

I hereby apply to Protective Life Insurance Company ("Protective") to sell life and other insurance products. If this application is accepted, I agree to solicit business for Protective in accordance with the terms of the Independent Agent Agreement or the Independent Soliciting Agent Agreement, the terms of which are incorporated into this application by reference. I agree Protective has no obligation to approve this application and I release Protective from all liability if it does not contract me. I agree to take all steps reasonably necessary to become and remain knowledgeable about all Protective products that I sell. **I agree not to solicit business for Protective until I am properly licensed and/or appointed, unless allowed by law to do so in a given state.**

Protective is committed to providing customer-focused service founded on our three preeminent values of Quality, Serving People, and Growth. Protective expects you to follow in the ethical conduct of business. Protective has also committed itself to uphold the ACLI Market Conduct Principles listed below. **Your signature below indicates your agreement to read and follow Protective's guidelines and the ACLI Market Conduct Principles. I further agree to follow the guidelines outlined in the Ethical Market Conduct Guidelines which are included in the complete contract packet.**

1. To conduct business according to high standards of honesty and fairness and to render that service to its customers which, in the same circumstances, it would apply to or demand for itself.
2. To provide competent and customer-focused sales and service.
3. To engage in active and fair competition.
4. To provide advertising and sales materials that are clear as to purpose and honest and fair as to content.
5. To provide for fair and expeditious handling of customer complaints and disputes.
6. To maintain a system of supervision and review that is reasonably designed to achieve compliance with these Principles of Ethical Market Conduct.

I hereby certify that the statements contained in the Application are true and complete to the best of my knowledge and belief. I understand that any false statement on the application may be considered as sufficient cause for rejection of this application or for termination if such statement is later discovered to be false.

**I authorize Protective to obtain background information about me that includes, but is not limited to: a credit report, criminal background report, a report of debit balances with other insurance carriers, and a report of state, federal disciplinary actions against me. I understand that Protective will use this information to determine my suitability to represent Protective.**

**Information furnished in this application or derived from other sources may be shared with individuals and entities involved in your recruitment to Protective. I understand that background information gathered about me will not be shared with me, and that in the event my application is denied, I may request copies of my background information provided to Protective by reporting agencies directly from those agencies.**

**I agree that authorizations granted herein will continue as long as I am contracted with Protective.**

**I understand that the Independent Agent Agreement/Independent Soliciting Agent Agreement contains a binding arbitration provision that may be enforced by the parties, and that by signing below I am giving up any rights I may possess to have any dispute under this application and Independent Agent soliciting agreement litigated in a court or jury trial.**

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant Signature



## COMMISSION DIRECT DEPOSIT

**For Business or Individuals receiving commission, please complete this form.**

*With Protective Life's Commission Direct Deposit, your commission earnings will be deposited directly into the account specified below.*

This authority will remain in effect until Protective Life Insurance Company has received written notification from me that I wish to discontinue participation in the Commission Direct Deposit program.

Please complete this form and return it to the following address:

***(Soliciting Agents should not complete this form.)***

Protective Life Insurance Company  
Commission Service Department  
E-mail: plbcontracting@protective.com  
Fax: (205) 268-3169

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### Commission Direct Deposit Authorization

I authorize Protective Life Insurance Company to initiate entries and to initiate, if necessary, a debit entry for any credit entry made in error to the account listed below.

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Financial Institution Name

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Account Number

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Routing Number

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Your Signature

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Print Name

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Date