

Business Entity and/or Individual Producer Questionnaire
Gerber Life Insurance Company

Please print clearly and complete all questions.

Insurance Producer Legal Name: _____ Alias/Other Name(s): _____
Citizen of the U.S.: Yes No (If no, please provide proof of eligibility to work in the U.S.) Date of Birth: _____
Social Security Number: _____ Home Phone: _____

Home Address (No PO Box): _____
(Street/City/State/Zip)

Business Entity Name: _____ Tax ID #: _____

Business Address: _____
(Street/City/State/Zip)

Business Phone: _____ Business Fax: _____

Business E-mail: _____ Personal Email (required)*: _____

Providing your e-mail and/or fax number and/or engaging in electronic communications, you are consenting to engaging in electronic communications with Gerber Life Insurance Company, unless such consent is expressly revoked.

*Your personal email address is required and will only be used for mandatory Compliance purposes.

NPN (National Producer Number): _____

List states you wish to be appointed: _____

If Florida non-resident requested, provide county(ies) you wish to be appointed:

Errors and Omissions Insurance Information - (No hardcopy document is required)

Carrier Name _____ Policy Number _____
Coverage _____ Amount _____
Deductible _____ Effective Date _____
Expiration Date _____

Your signature on this Questionnaire affirms that you will promptly notify Gerber Life of any cancellation or modification of coverage and your agreement to maintain Errors and Omissions Insurance covering the sales and service of Gerber Life policies.

Background Experience: (Please read and answer each question carefully.)

1. In the past seven (7) years, have you been fined, suspended, placed on probation or had a license revoked, paid administrative penalties, entered into a consent order, been issued a restricted license or otherwise been disciplined or reprimanded, or are you currently under investigation by any insurance department, FINRA, the SEC or any other regulatory authority? Yes No
2. In the past seven (7) years, have you been convicted or plead guilty or nolo contendere (no contest) in connection with any offense, served any probation, paid any fines or court costs, for any offense other than a minor traffic violation?. . . Yes No
3. In the past seven (7) years, have you been short in account with any insurance company or employer? Yes No
Company Name: _____ Amount Owed: _____
4. In the past seven (7) years, have you had an application for bond declined? Yes No
5. In the past seven (7) years, have you filed for bankruptcy? Yes No

(Provide a separate document with a written explanation and applicable supporting documentation (i.e. court documents, insurance department documents, etc.) for any questions to which you responded "yes." Please be sure to date and sign the written explanations.)

New York Producers Only: I have read New York Circular Letter No. 8, dated July 11, 1991, regarding Placement of Health Insurance Coverage with Unlicensed and Unauthorized Multiple Employer Welfare Arrangements, and agree to comply with its contents if applicable.

All Producers: I will retain a copy of any written disclosures of compensation provided to purchasers as required by New York regulation or regulation of any other state.

I certify that the information provided is true and complete to the best of my knowledge and belief. I will report to Gerber Life immediately any event that would change any of the information, in any manner, which I have provided. I understand that failure to provide true and complete information in this application may result in the denial for appointment.

TO BE COMPLETED BY PRODUCER

Set up as: Individual Producer Business Entity

Producer Name (Print/Type)

Business Name (If applicable - Print/Type)

Producer Signature

Date Signed

Gerber Life Insurance Company

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ADDITIONAL ADDRESS INFORMATION

Provide all resident addresses not listed on the previous page for the past seven years.

Previous Address

Street:	City:	State:
Zip:	Resided From Date:	Resided To Date:

Previous Address

Street:	City:	State:
Zip:	Resided From Date:	Resided To Date:

Previous Address

Street:	City:	State:
Zip:	Resided From Date:	Resided To Date:

Previous Address

Street:	City:	State:
Zip:	Resided From Date:	Resided To Date:

Previous Address

Street:	City:	State:
Zip:	Resided From Date:	Resided To Date:

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