

INNOVATIVE UNDERWRITERS

1700 Market Street, Suite 3232, Philadelphia, PA 19103
215-875-8650 800-4-INSURANCE Fax 215-875-3594
www.Innovativeunderwriters.com

JACKSON NATIONAL NY ONLY

LICENSING KIT

Please Complete, Sign and return the following:

- 1 Producer Data Sheet
- 6 Current E&O Certificate (minimum of \$1,000,000 required) 1 copy
- 7 Copy of State License Personal/Corporate 1 copy each

Are you a Guardian Agent? Yes or No

If yes, who is your Guardian General Agent? _____

Are you an Innovative Agent? Yes or No

Email address _____

Home Office: Purchase, New York

Guaranteed Channel Individual/Business Appointment Data Sheet

Instructions

1. Please type or print legibly, using black ink, to ensure timely processing.
2. If you are applying as an individual producer, please complete Section II only.

3. If you are applying to be appointed as a business, please complete Section I.
4. Please complete Section II for any producer who will be writing applications for your business so that we may appoint them as well. Please complete a data sheet for each writing producer.

Was this appointment application accompanied by a policy application? Yes No

If 'Yes': Client's Name _____ Date of Birth: _____

SECTION I		Name of entity or business <i>Indemnity Underwriters</i>		JNL/NY No.	
Tax ID No.		<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> DBA <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other			
Mailing address <i>1700 Market Street Suite 322</i>		Alternate address			
City, State and ZIP <i>Phila. Pa 19103</i>		City, State and ZIP			
E-mail address <i>jhardy@indemnityunderwriters.com</i>				Fax No. <i>215-875-3544</i>	
Phone No. <i>215-875-8650</i>		Alternate Phone No.			
Is there more than one corporate name on file with the Department of Insurance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If "Yes," please give name.					
Name of president, general manager, managing member, etc. <i>David Decker</i>					
Additional comments or instructions					
SECTION II		Name of producer (or business member if applicable)		JNL/NY No.	
<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth (mm/dd/yyyy)		SSN (include dashes)	
Mailing address		State		ZIP	
City		State		ZIP	
1st alternate address		State		ZIP	
City		State		ZIP	
E-mail address				Fax No.	
Phone No.		Alternate Phone No.			
Resident state					
Has any insurance or securities regulatory agency ever found you to be in violation of its rules, regulations, or statutes? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been the subject of a FINRA complaint, investigation, or had any disciplinary action taken against you? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you have any unsatisfied judgments or liens against you? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has any bonding company denied, paid out on, or revoked a bond for you? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you have any lawsuits pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been charged with, or convicted of, a felony or misdemeanor? (If "Yes," attach documentation.) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been refused an insurance or securities license or had your license revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you personally, or has any business that you exercised management control over, been declared bankrupt or filed for bankruptcy in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you have any outstanding balances owed to other insurers that either exceed \$1,000 or have been outstanding for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No					
With what other companies are you presently appointed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you a captive agent? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you hold a securities license? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please indicate which Series.					
With which FINRA Broker/Dealer are you affiliated?					
CRD No.		If you answered "Yes" to any of the above background questions, please attach any formal documentation regarding the situation and provide a written explanation.			
Do you carry Errors & Omissions coverage? (If "Yes," please provide proof.) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please answer the following two questions only if you are currently, or have been, contracted with JNL/NY as an individual producer.					
If previously appointed as an individual producer:					
A) Transfer renewal commissions from past production to the business listed in Section 1 of this form. <input type="checkbox"/> OR					
B) Retain individual appointment and production, and issue a new producer number for business to be issued under this appointment. <input type="checkbox"/>					
Commissions paid to <input type="checkbox"/> A) Individual's name					
<input type="checkbox"/> B) Business (if business, please complete Section I.)					

**NOTE: ALL PRODUCERS, BUSINESSES AND BUSINESS MEMBERS
MUST SUBMIT A COPY OF YOUR CURRENT INSURANCE LICENSE.**

P.O. Box 26247
Lansing, MI 48909-6247
800/711-JNLD

Guaranteed Channel Individual/Business
Appointment Data Sheet



We thank you for showing interest in Jackson National Life Insurance Company of New York® ("Jackson of NYSM") and assure you that your application will be processed as quickly as possible. By signing below, you acknowledge and agree that Jackson of NY may order "consumer reports" or "investigative consumer reports" in making a routine investigation to provide information concerning your licensing, character, general reputation, personal characteristics, mode of living, and financial condition. The investigation may also include information compiled by financial services industry regulatory agencies and/or service providers, including, but not limited to, the National Association of Securities Dealers, Inc. Central Registration Depository. You herewith authorize Jackson of NY to provide the information it obtains about you to its affiliated companies and/or third parties, where permitted by applicable law, and agree to hold Jackson of NY and its affiliates harmless from liability for any and all consequences of releasing such information. This authorization is effective with regard to your application for appointment with Jackson of NY and continues throughout any period of appointment. Upon written request addressed to

JACKSON NATIONAL LIFE INSURANCE COMPANY OF NEW YORK
Licensing Unit
P.O. Box 26247
Lansing, MI 48909-6247

Additional information as to the precise nature and scope of the investigation, if one is made, will be provided. This notification is in accordance with the Fair Credit Reporting Act. By signing below, you acknowledge that you have read and understand the preceding and certify, under penalty of perjury, that the information you have provided Jackson of NY is true, accurate and complete.

Producer's Printed Name	
Producer's Signature	Date (mm/dd/yyyy)
Printed Name and Title of Authorized Business Signatory	
Authorized Signature	Date (mm/dd/yyyy)

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