

# 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

### 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 \_\_\_\_\_

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 him or her 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>Innovative Underwriters</i>		Tax ID	
Attention/In Care of		Attention/In Care of	
Mailing Address <i>1700 Market Street Suite 3232</i>		Alternate Mailing Address	
Mailing Address		Alternate Mailing Address	
City <i>Phila</i>		City	
State <i>Pa</i>	Zip <i>19103</i>	Country	
E-mail address <i>jhardya@innovativeunderwriters.com</i>			
Phone No. <i>215-875-8650</i>		Alternate Phone No.	Fax No. <i>215-875-3595</i>
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:			
Additional comments or instructions			

SECTION II			
First Name		Middle Name	
Last Name		Jr., Sr., CLU, etc.	
Residential Address		Date of birth (mm/dd/yyyy)	
Residential Address			
City		SSN (include dashes)	
State	Zip	Country	
Attention/In Care of		Attention/In Care of	
Mailing Address		Alternate Mailing Address	
Mailing Address		Alternate Mailing Address	
City		City	
State	Zip	Country	
E-mail address			
Primary Phone No.		Alternate Phone No.	Fax No.

In what states would you like to be appointed? (must be appointed in resident state)										
<input type="checkbox"/> Alabama*	<input type="checkbox"/> Connecticut	<input type="checkbox"/> Idaho	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Mississippi	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Tennessee	<input type="checkbox"/> W. Virginia		
<input type="checkbox"/> Alaska	<input type="checkbox"/> Delaware	<input type="checkbox"/> Illinois	<input type="checkbox"/> Maine	<input type="checkbox"/> Missouri	<input type="checkbox"/> New Mexico	<input type="checkbox"/> Oregon	<input type="checkbox"/> Texas	<input type="checkbox"/> Wisconsin		
<input type="checkbox"/> Arizona	<input type="checkbox"/> DC	<input type="checkbox"/> Indiana	<input type="checkbox"/> Maryland	<input type="checkbox"/> Montana	<input type="checkbox"/> New York	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Utah	<input type="checkbox"/> Wyoming		
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Florida***	<input type="checkbox"/> Iowa	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Nebraska	<input type="checkbox"/> N. Carolina	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Vermont			
<input type="checkbox"/> California**	<input type="checkbox"/> Georgia	<input type="checkbox"/> Kansas	<input type="checkbox"/> Michigan	<input type="checkbox"/> Nevada	<input type="checkbox"/> N. Dakota	<input type="checkbox"/> S. Carolina	<input type="checkbox"/> Virginia			
<input type="checkbox"/> Colorado	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Minnesota	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Ohio	<input type="checkbox"/> S. Dakota	<input type="checkbox"/> Washington			

\*Alabama appointments: Provide evidence of Errors and Omissions Coverage.

\*\*California appointments: Provide evidence of Annuity Training Completion.

\*\*\*Florida appointments: If you are seeking a non-resident FL appointment, please complete form X2507FL.

Guaranteed Channel Individual/Business  
Appointment Data Sheet



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 an NASD 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
If you answered "Yes" to any of the above background questions, please attach any formal documentation regarding the situation, and provide a written explanation.	

If you have previously written business as an individual producer with Jackson, would you like to retain your previous business and commissions as an individual producer?

Yes (if you answer 'Yes', you will be issued a new producer number and the agency will be paid the commissions on any new business).

No (if you answer 'No', you will continue to use your existing producer number and all commissions from past and future business will be paid to the agency).

Not Applicable

If you have additional questions, please contact a Licensing Specialist at 800/565-0547, ext. 3504.

We thank you for showing interest in Jackson<sup>SM</sup> and assure you that your application will be processed as quickly as possible.

By signing below, you acknowledge and agree that Jackson 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 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 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 and continues throughout any period of appointment. Upon request 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 is true, accurate and complete.**

<b>Complete this section if you are applying for appointment as a business and you are an authorized signer for the business.</b>	
Printed Name of Authorized Business Signatory	Title of Authorized Business Signatory
Authorized Signature	Date (mm/dd/yyyy)
<b>Complete this section if you are applying for appointment as an individual producer or as a producer working for a business.</b>	
Producer's Printed Name	
Producer's Signature	Date (mm/dd/yyyy)

Please mail or fax additional information to:

Jackson National Life Insurance Company  
Attn: Guaranteed Licensing  
P.O. Box 26247  
Lansing, MI 48909-6247  
or  
Fax: 517/367-4606

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EMP	IND
GSM #:	_____
Assigned #:	_____