



PRODUCER APPOINTMENT KIT
Mutual of Omaha / United of Omaha

PRODUCER: _____ DATE: _____ 20____

PHONE: _____ EMAIL: _____

Please complete the attached packet and sign in ALL places indicated. When all signatures are in place, please attach the following items;

- ☐ Please sign in ALL places needed and return ALL pages
- ☐ A copy of your current state license
- ☐ A copy of your current E&O
- ☐ A 'voided' check to be used for the EFT of your commissions

**WHEN YOU HAVE THIS PACKET COMPLETE – PLEASE SEND IT TO US USING
ONE OF THE FOLLOWING;**

Email: contracts@donboozer.com

Fax: 1-888-543-0886

Snail Mail: Don Boozer & Associates
2524 Lillian Miller Parkway
Suite 115
Denton TX 76210

Phone: 1-800-543-0886

Notes: _____

Contract Information and Signature Form



If contracting as a: Producer only - complete sections 1, 3 & Individual FCRA Authorization Form
Business Entity only - complete sections 2 & 3

Section 1

Business Entity & Principal- complete sections 1, 2, 3 (both signature blocks) & Individual FCRA Authorization Form

Producer Information (Required)

Name: _____ SSN: _____ - _____ - _____ DOB: ____ - ____ - ____
First Name, Middle Initial, Last Name (as it appears on license)
Home Address: _____ City: _____ State: _____ Zip Code: _____
Not a P.O. Box
Business Address: _____ City: _____ State: _____ Zip Code: _____
P.O. Box Accepted
Primary Phone Number: _____ - _____ - _____ Business Phone: _____ - _____ - _____ Email Address: _____
Master General Agency (If applicable): _____
Errors & Omission Insurance (As Required): _____ \$ _____
Carrier Name Minimum \$1M Per Claim

Background Information (Required - Must be answered)

| | | |
|-----|----|--|
| Yes | No | Has any regulatory authority, such as an insurance department, FINRA or the SEC ever fined or suspended you, placed you on probation, assessed you any administrative costs, entered into a consent order with you, issued you a restricted license, or otherwise disciplined you? Are you currently under investigation by any regulatory authority, such as an insurance department, FINRA or the SEC? |
| Yes | No | Other than minor traffic offenses that did not result in harm to a person or property, have you been (1) convicted of any offense, or (2) pled guilty or nolo contendere (no contest) to any offense? |

NOTE: Answering "YES" to the above questions does not automatically preclude you from being contracted.

If Yes, please include county _____

Directions: PLEASE PROVIDE A WRITTEN EXPLANATION for any "YES" answer including the disposition and applicable supporting documentation (court documents, insurance department documents etc.). Failure to answer "YES", when appropriate, may result in denial of your request to be contracted.

Contracting Selection (Required)

| | |
|--------------------------|---|
| <input type="checkbox"/> | I have received, reviewed and agree to be bound by the Terms & Conditions of the General Agent Agreement with Mutual of Omaha and its affiliates (BMO151.013) Please retain a copy of the agreement for your files. A copy will not be returned to you. |
| <input type="checkbox"/> | I have received, reviewed and agree to be bound by the Terms & Conditions of the Special Agent Agreement with Mutual of Omaha and its affiliates (BMO152.013) Please retain a copy of the agreement for your files. A copy will not be returned to you. |

Direct Deposit Information (Complete if you are electing direct deposit - not applicable for Special Agents)

Financial Institution: _____
Routing Number: _____ Account Number: _____ Account Type: _____ Checking _____ Savings _____
This is not an assignment of commissions. Form 1099 will be issued to the commission owner.

Express Pay Opt In

☐ Eligibility requires Direct Deposit, Electronic Statements and no active Legal Judgments. Express Pay may not be available for all Marketers. Express Pay is calculated every day. (If unselected, default pay cycle is Weekly.)

Designation of Beneficiary (if applicable)

Name: _____ Relationship: _____
First Name, Middle Initial, Last Name or Business Name
Home Address: _____ City: _____ State: _____ Zip Code: _____
Not a P.O. Box
SSN: _____ - _____ - _____ or TIN: _____ - _____ DOB: _____ - _____ - _____ Phone Number: _____ - _____ - _____

W-9 Information

Taxpayer Identification Number (SSN)

Enter your TIN in the appropriate box. For individuals, this is your social security number. For other entities, it is your employer identification number.

Social Security Number _____ - ____ - ____

Certification

Under penalties of perjury, I certify that:

- The number provided is my correct taxpayer identification number, and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (a U.S. citizen or U.S. resident alien or a partnership, corporation, company or association created or organized in the U.S. or under the laws of the U.S. or an estate (other than a foreign estate) or a domestic trust (as defined in Regulations section 301.7701-7).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the above-referenced certifications required to avoid backup withholding.

| | | |
|-----------|----------------------------|--------|
| Sign Here | Signature of U.S. Person → | Date → |
|-----------|----------------------------|--------|

Please proceed to Section 3

Contract Information and Signature Form

Section 2

Business Information *(Only complete this section if contracting as an Incorporated Entity, Partnership or LLC)*

Name: _____ TIN: _____
(As Shown On Income Tax Returns)

Doing Business As: _____

Address: _____
P.O. Box Accepted City State Zip Code

Phone: _____ - _____ - _____ Email Address: _____

Principal Officer: _____

Master General Agency *(If applicable)*: _____

Contracting Selection *(Required for Corporation)*

☐ I have received, reviewed and agree to be bound by the Terms & Conditions of the **General Agent Agreement**
with Mutual of Omaha and its affiliates **(BMO151.013)**
Please retain a copy of the agreement for your files. A copy will not be returned to you.

Direct Deposit Information *(Complete if you are electing direct deposit)*

Financial Institution: _____

Routing Number: _____ Account Number: _____ Account Type Checking Savings

This is not an assignment of commissions. Form 1099 will be issued to the commission owner.

Express Pay Opt In

☐ Eligibility requires Direct Deposit, Electronic Statements and no active Legal Judgments. Express Pay may not be available for all marketers.
Express Pay is calculated every day. *(If unselected, default pay cycle is Weekly.)*

W-9 Information

Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number. For other entities, it is your employer identification number.

Employer Identification Number _____

Certification

Under penalties of perjury, I certify that:

1. The number provided is my correct taxpayer identification number, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (a U.S. citizen or U.S. resident alien or a partnership, corporation, company or association created or organized in the U.S. or under the laws of the U.S. or an estate (other than a foreign estate) or a domestic trust (as defined in Regulations section 301.7701-7).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the above-referenced certifications required to avoid backup withholding.

| | | |
|-----------|-------------------------------|-------|
| Sign Here | Signature of U.S. Person → | Date→ |
|-----------|-------------------------------|-------|

****Please proceed to Section 3****

Section 3 - Contract Signature, Certification and Direct Deposit Authorization

By signing below:

- (a) you agree to be bound by the terms and conditions of the Agreement(s) selected,
- (b) you certify that the information that you have provided is true and correct and you agree that you will report immediately any event that would change any of the information, in any manner, which you have provided,
- (c) you agree to maintain your state insurance license in good standing, stay current with required continuing education, and obtain and maintain E&O coverage as required, and
- (d) if you have completed the Direct Deposit section(s) you authorize Mutual of Omaha Insurance Company ("Company") and its affiliates to electronically credit the bank account and, if necessary, to electronically debit the account to correct erroneous credits. You understand that this authorization will remain in full force and effect until you notify Company that you wish to revoke this authorization.

Producer Signature

Name: _____
(Signature Required)

Date: _____

Business Signature *(If Signing on the behalf of the Business)*

Name: _____

Title: _____
(Required)

Date: _____

****Please proceed to the FCRA Authorization Form****

State Appointment Requests- To add the appointment the producer must have an active state license

Please mark the state appointments to be added for this producer: Please include license copies, grid or NIPR report.

If no copies, grid or NIPR report are received only the resident state will be added

Producer Name _____ SSN/Producer Number _____

All States Licensed

| | | |
|-----------------|-----------------------|----------------------|
| Alabama | Kentucky | North Carolina |
| Alaska | Louisiana | North Dakota |
| Arizona | Maine | Ohio |
| Arkansas | Maryland | *Oklahoma |
| California | *Massachusetts | Oregon |
| Colorado | Michigan | *Pennsylvania |
| Connecticut | Minnesota | Rhode Island |
| Delaware | Mississippi | South Carolina |
| Florida | Missouri | South Dakota |
| *Georgia | *Montana | Tennessee |
| Hawaii | Nebraska | Texas |
| Idaho | Nevada | Utah |
| Illinois | New Hampshire | Vermont |
| Indiana | New Jersey | *Virginia |
| Iowa | *New Mexico | Washington |
| Kansas | New York | West Virginia |
| | | Wisconsin |
| | | Wyoming |

***IMPORTANT NOTICE REGARDING COMPENSATION:**

| Entity Type | State |
|---|--|
| <ul style="list-style-type: none">Licenses and Appointment required for both Individuals and Corporations.License must be effective prior to the policy application sign date | Montana Virginia |
| <ul style="list-style-type: none">Licenses and Appointment required for both Individuals and Corporations | Georgia Massachusetts New Mexico Pennsylvania |

***If individuals and corporations do not follow the above guidelines for the states referenced, compensation will be held on anyone in the hierarchy who does not hold the license and appointment.**

***States listed in either red or half red & blue are pre-appointment states and require the producer to be appointed prior to soliciting business**

FAIR CREDIT REPORTING ACT DISCLOSURE

Disclosure Regarding Consumer Reports

Mutual of Omaha Insurance Company and its affiliates with which you intend to contract (together, "Mutual of Omaha") may obtain and use consumer reports about you in order to evaluate your eligibility to contract with Mutual of Omaha as an insurance producer or to remain contracted as an insurance producer for Mutual of Omaha.

Your Authorization

By signing below, I authorize Mutual of Omaha to obtain and use consumer reports about me in order to evaluate my eligibility to contract with Mutual of Omaha as an insurance producer. If I do contract with Mutual of Omaha as an insurance producer, by signing below, I also authorize Mutual of Omaha to obtain and use consumer reports about me while my contract is in effect in order to evaluate my continued eligibility to remain an insurance producer for Mutual of Omaha.

Candidate Signature

Date

Print Name

Additional Information About Consumer Reports

Consumer reports may include, among other things, information about your credit history, criminal record and history, and insurance department regulatory actions.

We will obtain a copy of your consumer report from:

Name/Address/Phone

For California, Minnesota and Oklahoma: You have a right to request a copy of the consumer report which will disclose the nature and scope of the report.

Yes, please provide me a copy of the consumer report

For New York: You have a right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

COMPLETE AND SIGN THIS PAGE PLEASE! YOU ARE THE GA.

GENERAL AGENT AGREEMENT

MUTUAL OF OMAHA INSURANCE COMPANY

**ON BEHALF OF IT AND ITS AFFILIATES SET FORTH IN
COMPENSATION PRODUCT SCHEDULES
ATTACHED TO THIS AGREEMENT**

By: **X** _____

Name: _____

Title: _____

Date: _____

Please do not complete this page. If approved, you will receive an executed copy of this contract page.

If you are signing as a corporation - PLEASE complete and sign this page too. With this signature you are signing as a solicitor.

SPECIAL AGENT AGREEMENT

**MUTUAL OF OMAHA INSURANCE COMPANY
ON BEHALF OF IT AND ITS AFFILIATES SET FORTH IN
COMPENSATION PRODUCT SCHEDULES
ATTACHED TO THIS AGREEMENT**

By: **X** _____

Name: _____

Title: _____

Date: _____

DEBT VERIFICATION AUTHORIZATION

Mutual of Omaha Insurance Company and its affiliates (together, "Mutual of Omaha") are a Vector One subscriber. Accordingly, as part of the contracting and appointment process and determination of eligibility for advancement of commissions, Mutual of Omaha will conduct a Vector One Debit-Check search on Vector One's Debit-Check.com secured web portal to determine if another insurance carrier has reported that you have an outstanding commission-related debit balance. Mutual of Omaha will consider the results of the Vector One Debit-Check search in order to determine your eligibility to be contracted and appointed, or to receive advanced commissions as an insurance producer. We will obtain the Vector One Debit-Check report from:

Vector One Operations, LLC
P.O. Box 12368
Scottsdale, AZ 85267
(800) 860-6546

For California, Minnesota and Oklahoma: You have a right to request a copy of the results of the Vector One Debit-Check search.

☐ Yes, please provide me a copy of the results of the Vector One Debit-Check search.

CANDIDATE'S STATEMENT – READ CAREFULLY

Mutual of Omaha is hereby authorized to obtain and conduct a Vector One Debit-Check search through Vector One Operations, LLC's Debit-Check.com secured web portal to determine if another insurance carrier has reported that I have an outstanding commission-related debit balance. I understand that Mutual of Omaha will consider the results of the Vector One Debit-Check search in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer.

AUTHORIZATION

I authorize Vector One Operations, LLC to furnish the results of its Debit-Check.com search to Mutual of Omaha.

I understand that if contracted, this authorization will remain valid as long as I am contracted with Mutual of Omaha.

A photocopy of this authorization shall be considered as effective as the original.

Signature

Date

Print Name