

**AGENT
INFORMATION
FORM**



For Office Use
Code# _____
Commission _____ %

Please complete the Form and Mail or Fax with a copy of your E & O and License to

FutureBright
260 Queen Street West 4th Flr,
Toronto, Ontario M5V 1Z8
FAX (416) 367-5827

Please complete and sign this form and submit with your contract. In this form the words "you" and "your" refer to the agent or corporation completing a contract to sell insurance products. The words "we", "our" and "us" refer to Future Bright Associates Inc. (FAI). All information in this contract is confidential. We will not give any information to any person or company without your approval.

**Corporate
Information**

Complete this section if
your contract is in the
name of a corporation

Name on the corporation's license _____
Business Address _____

Telephone (____) _____ Fax(____) _____
Principal's Name _____
Telephone (____) _____ Fax(____) _____
Email Address _____

**Agent
Information**

Complete this section if
your contract is in the
name of an individual
agent

I would like to sell Policies for: __Group __Individual (if both apply, check both)

Name _____
Business Name _____
Business Address _____

Telephone (____) _____ Fax(____) _____
Email Address _____
Name to appear on commission cheque _____
License number _____ (circle one) Level 1 Level 2
(Please Attach Copy of Valid License)

Please attach a copy of your License and Errors & Omissions Insurance

What professional designation do you hold (eg CLU, CHFC)

Has any policy or application for Errors & Omissions insurance on your behalf ever been declined, cancelled or renewal refused (if yes, please provide details on a separate sheet) (circle one) Yes No
Please complete the following if you hold any other licences (including non resident licences)

Licence Number Sponsoring Company Province Licence Type

Have you ever:

- Been bankrupt or insolvent Yes No
- Had an insurance company cancel its contract with you Yes No
- Had a complaint filed against you with a provincial department of insurance Yes No
- Had your insurance license revoked or denied by an insurance company or provincial department of insurance Yes No
- Been refused a surety or fidelity bond Yes No
- Had your wages garnished Yes No

General Information

When you sign below you:

- Confirm that the information in this form is true and complete to the best of your knowledge
- Understand that we may seek a credit check, conduct a personal investigation or ask a reporting agency to give us information about your character, general reputation, and the accuracy of the statements you have made in this form
- Confirm that you are familiar with the code of ethics and duty of care requirements for the provinces in which you are licensed and abide by them.

I consent to a criminal record check and give FutureBright full authority to do so. I further hereby consent to and authorize any police agency to release to FutureBright such details of convictions and outstanding charges as aforesaid and for so doing this shall be their good and sufficient warrant, discharge and authority.

Your signature _____

Your name (please print) _____

Your title (if you are signing on behalf of a corporation) _____

Date _____

By signing below, you confirm that the agent or corporation completing this form is in good standing with your Agency and is a good candidate to represent Future Bright Associates Inc.

Your Signature _____

Your Name (please print) _____

Date _____

Your Authorization

Please Sign Here

Managing General Agent's Confirmation

Electronic Funds Transfer Authorization Form

Please fax/mail a Void cheque along with your Authorization Form to set up this convenient process.

- An email will be sent to show your list of insured each month

Fax (416) 367-5827
Email msemple@futurebright.ca
Mail 260 Queen Street West 4th Floor
Toronto, Ontario
M5V 1Z8

Please complete and/or include:

- 1) Fully complete and sign the attached Authorization form.
- 2) Sample Check

Attach a sample of your check marked "VOID"

I/we hereby authorize FutureBright Associates Inc credit funds to my account each month for commission payments.

Name.....

Company Name.....

Name of Bank.....

Transit #..... Bank#..... Account No.....

Signature..... Date.....