



Gerber Life Insurance Company
 1311 Mamaroneck Avenue, Suite 350, White Plains, NY 10605
 www.gerberlife.com

Gerber Life Insurance Company (“Gerber Life”) Producer Information Questionnaire

(Please print clearly and complete all questions, where applicable)

Insurance Producer Name: _____

Citizen of 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: _____
(Must be a street address)

Business Entity Name: _____ Tax ID#: _____

Business Address: _____
(Must be a street address)

Business Phone: _____ Business Fax: _____

Indicate with an x, which address is to be used for mailing purposes: Home Address Business Address

Email Address: _____

(NOTE: By providing your e-mail address and/or fax number and/or engaging in electronic communications, you are consenting to engaging in electronic communications with Gerber Life, unless such consent is expressly revoked).

License information:

Enclose a clear and current license for each state where you seek to be appointed by Gerber Life.

Florida non-resident producers, list each county where you propose to sell insurance: _____
(Attach a separate sheet, if necessary)

Errors and Omissions Insurance Information:

E&O coverage is with _____ (Carrier Name), with Limits of \$ _____ and a \$ _____ Deductible. I will promptly notify Gerber Life of any cancellation or modification of coverage.

(NOTE: Your signature on this Questionnaire affirms your agreement to maintain Errors & Omissions insurance covering the sales and service of Gerber Life insurance policies.

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

- 1) Have you ever 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) Have you ever 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) Have you ever been short in account with any insurance company or employer? Yes No
- 4) Have your ever had an application for bond declined? Yes No
- 5) Have you ever 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 explanation.)

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 the regulation of any other state.

PUBLIC LAW 91-508 requires that we advise you that a routine inquiry may be made of your friends, neighbors and business associates during our initial or subsequent processing which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided.

CERTIFICATION: I represent and warrant the answers to the above questions and requests for information are true. I agree to comply with all policies and procedures of Gerber Life and any applicable laws and regulations. I understand that I have a continuing obligation to disclose to Gerber Life any changes with respect to the responses provided in this Questionnaire including, but not limited to, my Background Experience.

X	Print Name _____	Signature _____	Date _____
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