



Line of Business: Pan- American Life Insurance Company
Program:

SPECIAL MARKETS PRODUCER APPLICATION AND LICENSED ONLY AGREEMENT

I. APPLICANT INFORMATION

Application Type: Individual NPN Number: _____

Entity NPN Number: _____

First Name: _____ M: _____ Last Name: _____

Date of Birth: _____ Gender: _____ SSN: _____

E-Mail: _____ Driver's License No: _____ DL State: _____

Firm/Entity Name: _____ Tax ID No: _____

Type of Entity:

DBA's: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address:

Business Phone No: _____ Cell: _____ Fax: _____

*E&O Coverage Carrier: _____ Policy Number: _____

Coverage Amount (at least \$1M required): \$ _____ Exp. Date: _____

* Please attach copy of your E&O insurance declaration page.

State License Information - Please list states you plan on soliciting business only

Table with 6 columns: Type, Individual/Entity, State, License #, Effective Date, Expiration Date. Multiple rows of blank lines for data entry.

If you are being appointed in more states than the spaces provided, please attach information to application.

Are you seeking a Non-Resident Florida appointment?

If yes, please list counties below:

Blank lines for listing counties.



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II. BACKGROUND INFORMATION

For agency or marketer applications, “**you**” refers to the entity, its principals, and its employees.

**** Any inaccuracies in this section may be a basis for declination ****

1. Have you previously applied or requested to be contracted with Pan-American or its affiliates?
2. Have you (a) ever filed for bankruptcy or been declared bankrupt, (b) any unsatisfied judgments or liens against you, or (c) ever been convicted of, pled guilty or nolo contendere to, or are you currently under indictment or investigation for any felony or misdemeanor?
3. Have you ever had an insurance or securities license canceled, revoked, or suspended or been disqualified or disciplined as a member of any profession?
4. Are you currently a party to any litigation or the subject of any investigation?
5. Have you ever been permitted to resign or surrender a license, been discharged or been terminated after you were accused of fraud, theft, misrepresentation, misappropriation, breach of fiduciary duty, or failure to supervise in connection with insurance or investment related activities or other wrong doing?
6. Have you ever been subject to an ERISA, insurance or investment related consumer or employer initiated complaint or proceeding that alleged or found fraud, sales practice violation, forgery, theft, misappropriation or conversion?

** If you answered "Yes" to any of these questions, please attach a letter of explanation.*



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III. FORM W-9 TAXPAYER INFORMATION

Does the information shown in Section I match the information on your tax return?

If **YES**, read statement below. Initial and date.

Under penalty of perjury, I certify that

- My social security number and tax identification information is correct;
- 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. citizen or other U.S. person under the federal tax code (such as a U.S. resident alien or a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States).

Initial

Date

* If **NO**, A separate **Form W-9** must be completed and attached to this application. Click [here](#) for the form.

IV. APPLICATION SIGNATURE AND AUTHORIZATION, by initialing and dating the boxes below I hereby:

- Give consent for Pan-American Life Insurance Company, Pan-American Assurance Company, and Pan-American Assurance Company International, Inc., (collectively, Pan-American) to use this information where its legal interest and/or obligations are involved;
- Certify this information is correct, complete and agree to report immediately any changes in the information in this application;
- Understand providing inaccurate or incomplete information is grounds for declination or termination;
- Understand I have no right to commission or other compensation unless and until Pan-American approves this application in writing and Pan-American has completed any necessary regulatory appointments;
- Agree I have no authority to and will not obligate or bind Pan-American on a policy, risk, or any other contract or expense; and
- Certify I have not been convicted of a crime that would disqualify me from association with Pan-American under the Violent Crime Control Act and/or Employee Retirement Income Security Act.

Initial

Date

A copy of the [Third Party Code of Conduct](#) and the [Compliance Guide](#) is available for download at the links above. **Please retain a copy for your records.**



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V. SUBMISSION

The applicant may submit this form and attachments via [email](#). By submitting this form to Pan-American Life Insurance Company, the applicant is indicating intent to be bound by the statements and assertions set forth in this document.

You **must** attach a copy of the following:

- **E&O insurance declaration page** (declaration page must reflect the applicant's name, carrier name, expiration date, deductible, insuring limits, and coverage amount). If the individual's name is not listed on the certificate, please include a letter stating they are covered on this policy.
- Signed copy of the attached **FCRA Authorization** form.
- If necessary, a **Letter of Explanation** for any "Yes" answer in **Section II**
- If you answered "No" in **Section IV**, a completed **Form W-9**.

***** Your application will not be processed until all the required documents are submitted *****

To submit the application, return to your sales representative.