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

Gerber Life Insurance Company ("Gerber Life")
Business Entity Information Questionnaire

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

BUSINESS ENTITY NAME	
ENTITY TYPE ☐ **Corporation** ☐ **Partnership** ☐ **LLC** ☐ **Other** _____	TAX ID
BUSINESS ADDRESS (PHYSICAL ADDRESS)	
BUSINESS MAILING ADDRESS	
BUSINESS PHONE	BUSINESS FAX
CONTACT PERSON	CONTACT PERSON PHONE
CONTACT PERSON 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 the Business Entity is to be appointed by Gerber Life. NPN:_____

Florida non-resident producers, list each county where the Business Entity proposes to sell insurance: _____

ERRORS AND OMISSIONS INSURANCE INFORMATION

E&O coverage is with _____ (Carrier Name), with Limits of $ _____

and a $ _____ Deductible. We will promptly notify Gerber Life of any cancellation or modification of coverage.

(NOTE: The signature on this Questionnaire affirms the entity's 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)Has the entity 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 currently under investigation by any insurance department, FINRA, the SEC or any other regulatory authority? ..... ☐ **Yes** ☐ **No**

2)Has the entity ever been convicted or plead guilty or nolo contendere (no contest) in connection with any criminal offense? ..... ☐ **Yes** ☐ **No**

3)Has the entity ever been short in account with any insurance company or business partner? ..... ☐ **Yes** ☐ **No**

4)Has the entity ever had an application for bond declined? ..... ☐ **Yes** ☐ **No**

5)Has the entity ever filed for bankruptcy? ..... ☐ **Yes** ☐ **No**

(Provide a seperate document with a written explanation and applicable supporting documentation (i.e. court documents, insurance department documents, etc.) for any questions answered "yes". Please be sure to date and sign the written explanation.)

ENTITY REPRESENTATIVE CERTIFICATION

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.

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 / TITLE OF AUTHORIZED REPRESENTATIVE SIG	NATURE	DATE (mm/dd/yyyy)