



Quick Form

Name: _____ Social Security Number: _____

Date of Birth (MM/DD/YYYY): _____ Business Phone: _____

2nd Phone _____ Fax: _____

Email Address: _____ Gender: _____ MALE _____ FEMALE

Business Mailing Address: _____

Assistant/Contact Name: _____ Assistant Phone _____

Assistant Email: _____

Residential Address: _____

Affiliated Agency Name: Underwriting Services of America, Inc. Agency Contact: Chris Haithcock

List all states where you are licensed to solicit life insurance: _____

By signing below I hereby authorize Underwriting Services of America to affix or append a facsimile of my signature, as set forth below, to all required signature fields on all Insurance Carrier documents for which I have authorized Underwriting Services of America, Inc. to submit on my behalf, for the purposes of selling life insurance products through the short application transaction tool offered by Underwriting Services of America, Inc. I acknowledge and agree to indemnify and hold harmless any third party from and against any and all loss arising out of its reliance and acceptance of a facsimile of my signature. I hereby agree to indemnify and hold harmless Underwriting Services of America, Inc., or any carriers selected on the system, their officers, directors, agents, registered representatives, successors, heirs and assigns forever (the "Companies"), from any claim or controversy arising from the Companies' acceptance and use of my stamped signature, an exemplar of which is affixed below hereto, to any documents or forms relating to the purchase, sale and maintenance of any of the Companies' products. I agree that this policy will also apply to any future companies added as part of the GO TICKET platform. By signing below, I certify that the above information is accurate to the best of my knowledge. I grant permission for this information to be used on the behalf of myself, the Producer, for use in the Efficient Forms eContracting system and/or the SureLC contracting system. As a solicitor to an agency, I realize that my commission payments will be sent directly to me and will be assigned to the agency tax identification number for 1099 form tax this request is not guaranteed by the carrier and that the carriers may charge fees in order to annualize the commission payments. I accept these commission charges and I understand that I am responsible for any repayments of commis-purposes. I understand that commission payment annualization will be requested on my behalf. I understand that sions that I receive on contracts that are terminated before an anniversary date. I understand that annualized commission payments are not offered by all carriers and that no commissions will be annualized on policies written on myself or a member of my family but will be paid on an "as earned" basis. If I do not want to accept the annualization terms listed, realize that I can contact the Underwriting Services of America, Inc. Contracting Team and request all commission payments to be paid on an "as earned" basis. I understand that, from the date below, I have 24 hours to review my online profile and raise any objections before my appointment paperwork is submitted to any carrier. After the 24 hour period, I understand that my paperwork will be submitted on my behalf and I accept responsibility for any false information presented on this form. I authorize the use of my electronic signature below on all applicable carrier new business applications and contracting forms required.

PLEASE SIGN IN CENTER OF THE BOX BELOW

PLEASE USE A BLACK SHARPIE OR MARKER PEN

Please complete the above Quick Form.

You may send it back over to info@usa-bga.com with the subject line: "New Agent Quick Form".

Please make sure you are using a black sharpie or market pen as your signature, other pens will not be acceptable.

Once we have these forms up in our system, we can provide you with a quick demo on how to use the platform for USAGoApp.com.