



Master Marketing Consultant (MMC) Approval Process

1. Complete the application
2. Complete the MMC Application and Agreement
3. Print and sign all files
4. NextPoint Solutions receives completed documents via email or fax: Email: rstrauss@nextpointsolutions.com or cjacob@nextpointsolutions.com
Phone: 203-359-4990 Fax: 203-359-4989
5. MMC documents will be reviewed by the NextPoint selection committee.
Please allow 7 – 10 business days for the review process.
6. Upon completion of the due diligence process, you will be contacted by Robert Strauss or Chris Jacob.



APPLICATION FOR
Master Marketing Consultant

Personal Information

Name: _____
Date of Birth: _____ SSN: _____
Home Address: _____
Home Phone: _____ Cell Phone: _____

Business Information

Business Name: _____ Website: _____
Business Address: _____
Business Phone: _____ Business Fax: _____ Email: _____

Administrative Staff Contact Information

New Business & Underwriting:	_____	Phone: _____	Email: _____
Illustrations:	_____	Phone: _____	Email: _____
Contracting & Licensing:	_____	Phone: _____	Email: _____
Other:	_____	Phone: _____	Email: _____

Professional Information

Designations (i.e., CFP, ChFC, CLU): _____
Other Designations: _____
Industry Affiliations (i.e., AALU, Forum 400, NAIFA): _____
Current Affiliations with other Independent Marketing Organizations or BGA's (please list):

Production (Fixed)

Primary Carriers	Target Premium (last 2 years)	Comp Level %
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Carrier Appointments

<input type="checkbox"/>	<input type="checkbox"/>	Allianz	<input type="checkbox"/>	<input type="checkbox"/>	National Life/LSW
<input type="checkbox"/>	<input type="checkbox"/>	American General	<input type="checkbox"/>	<input type="checkbox"/>	Nationwide
<input type="checkbox"/>	<input type="checkbox"/>	American National	<input type="checkbox"/>	<input type="checkbox"/>	New York Life
<input type="checkbox"/>	<input type="checkbox"/>	AXA	<input type="checkbox"/>	<input type="checkbox"/>	North American Life
<input type="checkbox"/>	<input type="checkbox"/>	Exceptional Risk Advisors	<input type="checkbox"/>	<input type="checkbox"/>	Pacific Life
<input type="checkbox"/>	<input type="checkbox"/>	Global Atlantic	<input type="checkbox"/>	<input type="checkbox"/>	Penn Mutual
<input type="checkbox"/>	<input type="checkbox"/>	John Hancock	<input type="checkbox"/>	<input type="checkbox"/>	Principal Financial
<input type="checkbox"/>	<input type="checkbox"/>	Lincoln Financial	<input type="checkbox"/>	<input type="checkbox"/>	Protective Life
<input type="checkbox"/>	<input type="checkbox"/>	Mass Mutual	<input type="checkbox"/>	<input type="checkbox"/>	Prudential
<input type="checkbox"/>	<input type="checkbox"/>	Minnesota Life	<input type="checkbox"/>	<input type="checkbox"/>	Voya
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

References

Name: _____ Company: _____ Phone: _____
 Name: _____ Company: _____ Phone: _____
 Name: _____ Company: _____ Phone: _____

Professional Liability

Please submit a copy of your current E&O Liability Insurance with this application

1. Have you incurred any chargebacks within the past 5 years? _____
2. Do you have any outstanding chargebacks? _____
3. Have you ever been terminated by a carrier? _____
4. Do you have any FINRA violations? _____

*If yes to any of the above, please disclose details.

Agreement

I understand that, if my application is approved, I will treat all information provided to me, except for information already in the public domain, as Confidential Information. Furthermore, I agree to use such Confidential Information only to refer business to NextPoint Solutions, and not to do the same or similar business on my own or refer to competitors of NextPoint during the term of this Agreement and for two years thereafter. I acknowledge that breach of this Agreement may result in irreparable harm to NextPoint, giving rise to possible injunctive relief.

In consideration for the foregoing, I understand that I will receive \$2,500 for each life case sold by any licensed life insurance producer I refer to NextPoint as long as: (1) the producer is not already coded to another MMC, and (2) NextPoint appears on the insurance application as a joint producer for at least 35% of the case. This Agreement supersedes all prior referral agreements, if any. Either party may terminate this Agreement upon thirty (30) days written notice.

I declare that the above information is accurate and true to the best of my knowledge.

 Signature of Applicant

 Date

ELECTRONIC FUND TRANSFERS (EFT)

Account Owner Name (Required): _____

Transit/ABA #: _____

Account #: _____

Financial Institution Name: _____

Branch Address: _____

City: _____ State: _____ Zip: _____

Account Type: Checking Saving Phone: _____

By signing below I hereby authorize the Company to initiate credit entries and, if necessary, adjustments for credit entries in error to the checking and/or savings account indicated on this form. This authority is to remain in full effect until the Company has received written notification from me of its termination. I understand that this authorization is subject to the terms of any agent or representative contract, commission agreement, or loan agreement that I may have now, or in the future, with the Company.

Signature: _____ Date: _____

Attach copy of the check here for checking account or deposit slip for saving account:

Replace this page with a copy of your E&O Insurance Certificate of Coverage

IMPORTANT: E & O Certificate must list your full name as the insured and E & O policy must cover premium financing. Please refer to the following examples.

CORRECT:

My Insurance Agency Inc.

Joe Agent

123 Main Ave

City, State, 12345

INCORRECT:

My Insurance Agency Inc.

123 Main Ave

City, State, 12345

If individual name is not listed correctly please provide a letter from the E&O Carrier listing agents covered under agency policy.