



Hit the “Easy Button”



Hit the “Easy Button” and start submitting life insurance applications with the Northern States Brokerage EasyLife platform. Submit from either computer or smart device for Term or GUL cases with seven of NSB’s core life insurance companies.

- ✓ No need to meet with the client in person.
- ✓ Great for those “out of the area” cases.
- ✓ Increase profitability and productivity.

Call our operations director Sarah Ferguson at (262) 781-8015 today for more information and get on “Easy Street” with your next life insurance application.

10144 N Port Washington Rd
Mequon, WI 53092

(262) 781-8015
(262) 781-8025 fax

helping you succeed / growing your business



NORTHERN STATES BROKERAGE



Agent Registration Quick Form

Name: _____

Email Address: _____

Date of Birth (MM/DD/YYYY): _____ Social Security Number: _____

By signing below I hereby authorize Superior Mobile Medics, Inc. (SMM) 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 Superior Mobile Medics to submit on my behalf, for the purposes of selling life insurance products through the short application transaction tool offered by Superior Mobile Medics. 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 Superior Mobile Medics, 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 Superior Mobile Medics 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

Email to ahoward@northernstatesbrokerage.com or Fax to 262.781.8025



helping you succeed / growing your business



EASYLIFE APPLICATION QUESTIONS

Advisor Full Name _____

Applicant Full Name _____

Applicant SSN _____

Applicant DOB _____

State where application
will be signed _____

Sex Male Female

Smoker No Yes (provide type/usage details below)

Underwriting Class Preferred Best Preferred Standard Plus Standard
 Preferred Smoker Standard Smoker

Carrier _____

Face Amount _____

Product Type 10 Year Level Term 20 Year ROP GUL to age 121
 15 Year Level Term 25 Year ROP
 20 Year Level Term 30 Year ROP
 25 Year Level Term
 30 Year Level Term

Premium _____ Annually Semi Annually Quarterly Monthly

Applicant Address _____

Applicant Phone Number _____

Applicant Email Address _____

Beneficiary Name(s) _____

Beneficiary Relationship(s) _____

Beneficiary Percentage(s) _____

Replacement? No Yes (provide details below)

Enter in "Additional Details" _____

Other Details (i.e. owner different from insured, owner resident state different from signing state, etc.)

Enter in "Additional Details" _____

Please fax the completed form to Northern States Brokerage at 262-781-8025.