

# AWL New Agent Carrier Contracting Guide

2019



# Step 1: RightSignature

- You will receive two separate emails with links to complete the following packets.
  - Packet 1: Agent Onboarding Forms (includes Safeco and Progressive forms- tutorial in the following slide)
  - Packet 2: AWL Standard Hiring Packet (HR Hiring documents)

Sender: PSaaS Hiring <[rightsignaturepsaashiring@allwebleads.com](mailto:rightsignaturepsaashiring@allwebleads.com)>

To review the document and sign with an electronic signature, follow this link:

<https://rightsignature.com/documents/NRYDHYJCK4S99H4NG6WWTR/parties/5NI7H5INJIPELHFH574ZY/signatures/new>

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PSaaS Hiring

[hiring@allwebleads.com](mailto:hiring@allwebleads.com)



# Step 1 Continued: Progressive Right Signature

IREED ▶

Date

Print Name:  (As shown on your resident license)

Other names: (including maiden name) if any, by which you have been known

Social Security #:  Date of Birth:

Current Residence:

City:  State:  Zip:

Signature:  SIGN

All the locations you have lived in during your adult lifetime (city & state only)

All the locations you have worked at during your adult lifetime (city & state only)

Location of any high schools, colleges, or graduate schools you may have attended (city & state only)

- Review page 1.
- Date and sign
  - Enter your SSN and date of birth
  - Under “Current Residence” list your street address (number and street only)
  - Enter your City, State and Zip in the designated boxes
  - Sign



# Step 1 Continued: Progressive Right Signature

## FELONY AFFIDAVIT ACKNOWLEDGEMENT

The federal Violent Crime Control and Law Enforcement Act of 1994 requires that no person who has been convicted of a felony involving "dishonesty" or "a breach of trust" participate in the "business of insurance". Criminal penalties for violation of the Act apply to Progressive and to you, and therefore, as a condition of your producer relationship with Progressive, you are required to answer the following question:

Have you ever been convicted of a felony involving "dishonesty or "a breach of trust"?

- YES, I have been convicted of a felony involving "dishonesty or "a breach of trust"  
 NO, I have not been convicted of a felony involving "dishonesty or "a breach of trust"

Date:

Name:   
(As shown on your resident license)

Other Names:   
(including maiden name), if any, by which you have been known

Social Security #:  Date of Birth:

Agent Code: 000

Agency Name: AWL Insurance Agency Inc.

Signature:

Complete page 2:

- Answer "Yes" or "no"
- Date
- Type your Full Name as shown on your Texas license
  - If you have any other names such as a maiden name, please enter them.
- Enter your SSN and Date of Birth
- Sign



# Step 1 Continued: Safeco Right Signature

Sign Document

SAVE PROGRESS YOUR PROGRESS

WHAT TO DO NEXT: You have 18 items to fill-in on Page 1 NEED HELP?

**Safeco Insurance**  
Individually Licensed Producer Application

**Safeco Insurance Individual Licensed Producer Application**

**BACKGROUND INFORMATION QUESTIONNAIRE**

1) Have you filed for, or been discharged from any bankruptcy (including personal bankruptcy), insolvency or assignment for the benefit of creditors with a filing or discharge date, whichever is later, in the last five (5) years?  Yes  No

2) Do you have delinquent unpaid debts exceeding, in total, \$10,000? (Add together delinquent: Consumer debt, tax liens, loans, child support payments, alimony payments, civil judgments and other delinquent debt.)  Yes  No

3) With the exception of situations specific to continuing education, has your insurance license ever been suspended by, subject to a consent order from, revoked by, or surrendered to, any regulatory agency, or have you ever been fined, penalized, sanctioned or subject to any other disciplinary action by a state or federal regulatory agency or self-regulatory organization or are you currently under investigation as a result of your activities in the business of insurance, securities, banking, investment banking or real estate?  Yes  No

4) With the exception of situations specific to continuing education, have you ever been the subject of an administrative proceeding regarding any professional or occupational license that resulted in disciplinary action?  Yes  No

5) Have you ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?  Yes  No

6) Have you ever been convicted of, plead guilty or no contest to, or are you currently charged with or under investigation for any misdemeanor involving dishonesty or breach of trust or any felony?  Yes  No

7) Are you now the subject of any complaint, investigation, or proceeding that could result in a "Yes" answer to any of the previous questions?  Yes  No

If answer to any question is YES, please attach complete details and appropriate documents such as official court records.

X I agree to the Terms of Use and Consumer Disclosure to the right, and all pages above.

SUBMIT SIGNATURE

Select the appropriate box to answer the questions listed.

**Safeco Insurance**  
Individually Licensed Producer Application

**Safeco Insurance Individual Licensed Producer Application**

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3) With the exception of situations specific to continuing education, has your insurance license ever been suspended by, subject to a consent order from, revoked by, or surrendered to, any regulatory agency, or have you ever been fined, penalized, sanctioned or subject to any other disciplinary action by a state or federal regulatory agency or self-regulatory organization or are you currently under investigation as a result of your activities in the business of insurance, securities, banking, investment banking or real estate?  Yes  No

4) With the exception of situations specific to continuing education, have you ever been the subject of an administrative proceeding regarding any professional or occupational license that resulted in disciplinary action?  Yes  No

5) Have you ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?  Yes  No

6) Have you ever been convicted of, plead guilty or no contest to, or are you currently charged with or under investigation for any misdemeanor involving dishonesty or breach of trust or any felony?  Yes  No

7) Are you now the subject of any complaint, investigation, or proceeding that could result in a "Yes" answer to any of the previous questions?  Yes  No

If answer to any question is YES, please attach complete details and appropriate documents such as official court records.

X I agree to the Terms of Use and Consumer Disclosure to the right, and all pages above.

SUBMIT SIGNATURE

Electronically sign your form by either typing your name or using your mouse to sign.



# Step 1 Continued: Safeco Right Signature

If answer to any question is YES, please attach complete details and appropriate documents such as official court records.

*"Information provided in this application is true and correct to the best of my knowledge.*

*Producer acknowledges that the insurer will rely on this information for contract and appointment purposes."*

**FULL NAME (please print):**

**EMAIL (please print):**

**NATIONAL PRODUCER NUMBER (NPN):**

**SOC. SEC. #:**

**SIGNATURE:**

*Signature Here...*

SIGN

**NOTE:** Page 2 of this document must be completed by all individual producers who reside in one of the following states: AR, FL, GA, KY, ME, NC, OH, WV.

On the next page, fill in the requested information. If you need help finding your national producer number, go to <https://www.nipr.com/PacNpnSearch.htm> and enter your social security number along with your last name. Make a note of this number as you will need it later as well.



# Step 1 Continued: Safeco Right Signature

Company, from liability for complying with this authorization.

I also agree that a fax or photocopy of this authorization with my signature shall be accepted with the same authority as the original.

Individual Name

(Please Print)

Signature

*Laterah Plaze*

Date

## IDENTIFICATION INFORMATION FOR CONSUMER REPORTING AGENCY

Date of Birth

Other Name(s) Used in Past 6 Years

Soc. Sec. #

NPN # (National Producer Number)

## Individuals: (List all addresses during the past 6 years) and your business (agency) name:

Current Residence Address

(Street) (City) (State) (Zip) (Dates)

Previous Residence Address

(Street) (City) (State) (Zip) (Dates)

Business Name

Business Address

(Street) (City) (State) (Zip) (Dates)

X *Laterah Plaze*

I agree to the Terms of Use and Consumer Disclosure to the right, and all pages above.

 SUBMIT SIGNATURE

The last page of the process for Safeco will look like this. Make sure you fill in all the requested information. If you are missing anything in the process, the Submit Signature button will stay grey. You will know you completed everything when the button turns green.





# Step 2: Nationwide

Go to

[www.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=d612f880-15c2-4dd0-8238-8f53f7051712](http://www.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=d612f880-15c2-4dd0-8238-8f53f7051712)

Enter your name and email, select “Begin Signing”

**PowerForm Signer Information**

If there are other 'roles' required for this document to be completed, please enter the name and email of these other recipients. An email will be sent inviting them to sign along with you.

Please enter your name and email to begin the signing process.

Your Role:  
**Agent \***

Your Name:

Your Email:

**Begin Signing**



# Step 2 Continued: Nationwide

- Agree to the electronic record and signature discloser (check the box and hit “Continue”)

Please review and complete the attached document at your earliest convenience.



Please read the [Electronic Record and Signature Disclosure](#).

I agree to use electronic records and signatures.

- Enter your information. Use these responses for agency information:
  - Agency Name: AWL Insurance Agency
  - Agency Code: 57535
  - Phone Number: 512-200-7002

DocuSign Envelope ID: 1A16784B-3189-49AF-A734-26CE91D7BDC2

## P&C Business Program Management New Producer Application



Please allow 3 business days for completion on all requests.  
FORM MUST BE FILLED OUT AND SUBMITTED VIA DOCUSIGN, NO PRINTED or FAXED FORMS WILL BE ACCEPTED

Licensed Agent's Full Name:   
Home Address:  Home Phone:   
City:  State:  Zip Code:   
Date of Birth:  SSN:  NPN:   
Agent Email Address:  Required  
Agency Name:  Agency Phone:   
Agency Code(s):   
If non-resident license(s) are to be appointed, list state(s):



# Step 2 Continued: Nationwide

- Answer the background questions and sign

THE FOLLOWING QUESTIONS MUST BE COMPLETED AND THIS FORM MUST BE SIGNED BY APPLICANT:

- How long have you been a licensed Agent/Broker/Solicitor?
- Have you ever had a license surrendered, cancelled, suspended or revoked? Yes  No
- Have you ever had a complaint filed against you with an insurance department? Yes  No
- Have you been convicted of a felony? Yes  No
- Have you been convicted of a felony involving breach of trust or dishonesty? Yes  No
- Have you ever been convicted of a misdemeanor? Yes  No
- Are you at present involved in any litigation connected with the business of insurance? Yes  No
- Have you obtained/received consent from applicable department of Insurance to engage in the business of insurance in their states? Yes  No  N/A   
(Please answer "Yes" or "No" only if you answered "Yes" to Question 5.)

If you answer YES to any of the questions above, please explain details on page 3 of this form and use the attach option to include all applicable responsive documents.

#### NOTICE

The following is my true and complete legal name and all other information provided below is true and correct, to the best of my knowledge.

Signature of Applicant:  Dated: 7/9/2019 | 10:37:16 AM PD

Approved By: \_\_\_\_\_ Dated: \_\_\_\_\_  
Signature of Regional Officer Approval (only if answered 'yes' to any question 2-7)

Printed Name: \_\_\_\_\_

- Scroll past the "California Applicants only" page.
- If you answer yes to any of the background questions, please explain on page 3 and attach documents if necessary.
- Lastly, sign the consumer report notice on page 4
- Once you are done, select "Finish" at the top.

FINISH

FINISH LATER

- Please send a screenshot or picture of completion page to [psaasonboarding@allwebleads.com](mailto:psaasonboarding@allwebleads.com) when you are done so we know this step is complete.



# Step 3- Traveler's

- You will receive an email with a NetAppoint application to complete.
- **Please send a screenshot or picture of completion page to [psaasonboarding@allwebleads.com](mailto:psaasonboarding@allwebleads.com) so we know this step is complete.**



# Step 4: Liberty Mutual DocuSign

- After we receive your Right Signature packets, we will use the information to send a request to Liberty Mutual to send you the DocuSign link.
- We do not have an exact time-frame that you will receive it, but it is typically sent on Tuesday afternoon. You will need to complete it by EOB on Tuesday when you receive it.
- Use the tutorial on the next slide to complete the forms.
- **Please send a screenshot or picture of completion page to [psaasonboarding@allwebleads.com](mailto:psaasonboarding@allwebleads.com) when you are done so we know this step is complete.**



# Step 4: Liberty Mutual DocuSign (Continued)

## PowerForm Signer Information

Fill in the name and email for each signing role listed below. Signers will receive an email inviting them to sign this document.

Please enter your name and email to begin the signing process.

Your Role:

**Producer \***

Your Name:

Your Email:

Please provide information for any other signers needed for this document.

Role:

**Licensing Department**

Name:

**Agent Services**

Email:

**AgentServices13@LibertyMutual.com**

Begin Signing



(PLEASE PRINT)

In connection with your proposed appointment as an insurance intermediary authorized to sell insurance policies for one or more of Liberty Mutual insurance companies ("Liberty Mutual" or "the Company"), or, in the event that you already have been appointed as an insurance producer for the Company, to continue in that status, the Company may obtain a consumer report on you as authorized below. It may be an "investigative consumer report" that includes information regarding your professional licensing and registration information and data to determine whether you have been convicted of a crime. This notice is pursuant to the Fair Credit Reporting Act. You have a right, within a reasonable time after receipt of this notice, to make a written request for the nature and scope of the report.

By signing below, I instruct Applicant Insight to prepare and furnish to Liberty Mutual a consumer report and/or investigative consumer report on me in connection with my proposal to become an insurance intermediary authorized to sell insurance policies for the Company, or, in the event that I have already been appointed as an insurance producer for the Company, to continue in that status, I authorize Liberty Mutual to procure such a consumer report and/or investigative report. Further, I instruct Applicant Insight to prepare and furnish to Liberty Mutual additional consumer reports and/or investigative reports on me from time to time at the Company's request for so long as I remain an insurance producer authorized to sell insurance policies for the Company, and I authorize Liberty Mutual to procure such consumer reports and/or investigative reports.

Individual Producer Name: <b>Laterah Plaze</b>	Other Name(s) used by Individual in the past 5 years: <input type="text"/>
If <b>Required</b> Primary Resident Address: <input type="text"/>	Agency/Employer Name: <input type="text"/>
Social Security Number: <input type="text"/>	Individual's Business Address: <input type="text"/>
Date of Birth: <input type="text"/>	Individual's Business Email Address: <b>laterah.plaze@a11webleads.com</b>

I acknowledge that I have received the attached summary of my rights under the Fair Credit Reporting Act.

Signature:

Title:

Date: **December 18, 2018**

To register for Liberty Mutual, start by entering your name and email. Select Begin Signing. On the next page, fill in the needed information in the red outlined boxes and complete the electronic signature below by either typing your name or using your mouse to sign.



**PLEASE NOTE: Our agents often receive a "Page not found" error when submitting this form. This should not impact your forms being submitted. Please disregard. We will let you know if the forms are not received.**

# Step 5: Background Screening

- On Monday you will receive an email from [administration@allwebleads.com](mailto:administration@allwebleads.com) with instructions for completing your background screening. It will include a step by step tutorial similar to this one.
- This is a condition of you employment and must be completed by the given deadline.

