



PO Box 9366 ♦ Yakima, WA 98909 ♦ Phone: 800-672-7202 ♦ Fax: 800-829-0391 ♦ www.WhyAIM.com

### Online Contracting Questionnaire

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_

SSN \_\_\_\_\_ DOB \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

AGENCY NAME \_\_\_\_\_ TAX ID \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

UPS ADDRESS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ARE YOU WORKING UNDER ANOTHER AGENT OR AGENCY? IF, SO PLEASE SPECIFY:

\_\_\_\_\_

Please check the companies that you would like to contract or transfer your existing contract with:

**LONG-TERM CARE**

- ALL AIM LTC**
- Genworth
- John Hancock
- Life Secure
- MedAmerica
- Mutual of Omaha

**LINKED BENEFIT PRODUCTS**

- Allianz
- Legacy
- Genworth
- Guaranty Income Life
- Liberty Mutual
- Lincoln Financial Group
- One America

**MED SUPPS**

- Forethought
- Gerber
- Medico
- Mutual of Omaha
- Omaha Insurance Co.
- United of Omaha
- United World
- United American
- Sentinel Security
- Sterling Life
- Stonebridge
- United Healthcare

**ANNUITIES**

- Allianz
- American Equity
- Forethought
- Great American
- Guaranty Income Life
- Phoenix Life
- Mutual of Omaha
- United of Omaha

**DISABILITY**

- Mutual of Omaha
- Assurity Life

**LIFE/FINAL EXPENSE**

- United of Omaha
- Assurity Life
- Gerber Life
- Foresters
- Medico
- Sentinel
- Stonebridge

**CRITICAL CARE/ILLNESS**

- American General
- Assurity Life
- Guarantee Trust Life
- Mutual of Omaha
- TransAmerica

Please also fax the following to 800-829-0391:

- Licenses (Resident and Non-Resident)
- E&O coverage page
- Void check for EFT (Carrier requirement)
- LTC CE (LTC only)
- Partnership Certification (LTC only)

Are you submitting business:  Yes  No If yes, app date: \_\_\_\_\_ State: \_\_\_\_\_ Carrier: \_\_\_\_\_

**BACKGROUND:** For any background issues such as bankruptcy, debt to insurance companies, crime convictions, judgments or liens, regulatory actions or license suspensions or revokation, please include a detailed explanation on a separate page.

AIM will take your information supplied here and populate it into the contracts you selected. Please be on the lookout for an email from our licensing department within the next 48 hours requesting your signature and/or any other information needed.

AIM USE ONLY:  
USER ID \_\_\_\_\_

PASSWORD \_\_\_\_\_

PIN \_\_\_\_\_