# **CONTRACTING CHECKLIST**



At EquiTrust, our goal is to process your application as quickly and efficiently as possible. Please use this checklist to ensure we receive all the necessary items to complete your contracting request.

New agents must complete at least one of the EquiTrust Product Training modules available on the Agent Gateway (Agents.EquiTrust.com) to be activated as an EquiTrust agent.

## Have questions? Call us at 866-598-3694. Forms can be faxed to 515-226-5102.

Ag	jent Appointment Application (ET-3200)
Ag	gent License Agreement (ET-3100LO)
Co	py of current E&O Coverage (required)
Со	py of licenses
• R	Resident ( <i>required</i> )
• N	Non-resident ( <i>if applicable</i> )

WF	RITING AGENT
Ag	ent Appointment Application (ET-3200)
Ag	ent Contract (ET-3100)
Dir	ect Deposit of Commission Earnings (ET-3101) (required)
Co	py of current E&O Coverage (required)
Co	py of licenses
• R	esident ( <i>required</i> )
• N	on-resident ( <i>if applicable</i> )

## AGENCY AND SIGNING AUTHORITY

Agent Appointment Application (ET-3200)

### Contract

• For Agency — Agency Contract (ET-3100)

• For Signing Authority — Agent License Agreement (ET-3100LO)

Direct Deposit of Commission Earnings (ET-3101) (required)

### Declaration page of current E&O Coverage

• For Agency and/or Signing Authority (required)

**Entity Certification and Indemnification Agreement** (ET-AGT-ENTITY-3503) (including copy of required legal documentation listed on page 2, section 3, which verifies signing authority of principal agent)

For Agency

### Copy of licenses for Agency

Resident (required)

Non-resident (*if applicable*)

#### **Copy of licenses for Signing Authority**

• Resident (required)

• Non-resident (if applicable)

Transmittal Form (ET-3102) (Completed by the upline)

• Transmittal for Agency

• Transmittal for Signing Authority

7100 Westown Pkwy, #200 West Des Moines, IA 50266 Agents.EquiTrust.com

**Phone:** 866-598-3692 **Fax:** 515-226-5102 Mailing Address: PO Box 14500 Des Moines, Iowa 50306-3500