



**VBA SMALL GROUP VISION PLANS  
ADMINISTERED BY ALERA GROUP  
BROKER / AGENCY APPLICATION FOR APPOINTMENT**

	Primary Broker / Agent Information (Personal)	Agency Information (Business)	Payable Information (Make Commissions Payable to)
Name			
SSN / Tax ID:			
Address1:			
Address2:			
City, State, Zip:			
Office Phone:			
Cell Phone:			
Fax:			
Email:			
In business since			
Resident License - State			
Resident License – Number			
In business since			
E&O Carrier:			
E&O Policy #			
E&O Policy Expiration			
Please provide copies of updated state licensure and E&O policy certificates			

Additional Agency Contacts		
Last Name	First Name	Email Address

Commission Payable Information	
Bank Account Routing #	
Bank Account Number	
Bank Account Type	
Bank Account Name	
Commission Contact Person (email)	
Commission Contact Person (name)	

**The following questions are applicable to the agent/agency/corporation/partnership and to each of the partners, members and directors, officers or agents individually.**

**TO THE BEST OF YOUR KNOWLEDGE:**

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Are you currently charged with or have you pleaded guilty or no contest to, or been convicted of, any crime (excluding minor traffic offenses)? YES / NO

Are you now or have you ever been the subject of any lawsuit, claim, investigation or proceeding alleging breach of trust or fiduciary duty, forgery, fraud or any other act of dishonesty? YES / NO

Have you ever had your agent's license or registration suspended or revoked, or are you now, or have you ever been the subject of a professional license / registration or market conduct investigation, claim or proceeding? YES / NO

Have you ever been involuntarily terminated or permitted to resign from employment or from an agent or representative appointment with any insurance or other financial services company other than for lack of production? YES / NO

Has a bonding, surety or E&O provider denied application or claim, made payment for you or terminated coverage? YES / NO

Are you delinquent in any personal or business financial obligation, or does any insurance or financial services company hold a claim against you for commission debt balances? YES / NO

Are there any outstanding judgements, liens or claims against you, including delinquent Tax obligations or bankruptcy? Bankruptcy Discharge Date: \_\_\_\_\_ YES / NO

At any time during the past 10 years have you, or any business in which you were an Owner, partner, officer or director been involved in any regulatory, civil or criminal Matters not disclosed above? YES / NO

If you answered "YES" to any of the questions above, please provide details and the current status. Attached any pertinent documentation to this application.

In signing this application, I certify that I have not been convicted of any criminal felony involving dishonesty or breach of trust or been convicted of an offense under section 1033 of the Violent Crime and Law Enforcement Act of 1994. I further agree to immediately inform AIA ALERA of any conviction of the types described in the preceding sentences. I agree to abide by the disclosure requirements mandated by the states in which I operate.

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Applicant's Signature

Title

Date

# Vendor ACH/Direct Deposit Authorization Form

Alera Group Accounts Payable

## 1. Please Check One:

NEW Direct Deposit

CHANGE Direct Deposit

CANCEL Direct Deposit

## 2. Vendor/Payee Information

Name:

Address:

Contact Person's Name (if other than payee):

Telephone Number:

Payment Notification Email Address:

## 3. Financial Institution Information

Bank Name:

Bank Address:

Name on Bank Account:

Bank Account Number:

Nine-Digit Bank Routing/Transit Number (ABA):

Type of Account:

Checking

Savings

Included is a copy of our bank letter with account information or voided check:

Bank Letter

Voided Check

**4. Approvals/Authorizations** - I certify that the information provided on this form is correct, and I hereby authorize Accounts Payable of Alera Group to electronically deposit payments to the bank account designated above. It is my responsibility to notify Accounts Payable of Alera Group (payables@aleragroup.com) immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify Alera Group AP in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until Alera Group AP has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Important Information

Please return completed form via email: [payables@aleragroup.com](mailto:payables@aleragroup.com)