

Renaissance Life Contracting Guide

The Guide at a Glance

1 Request your contracts using the customized contract request link provided by your upline agency.

After you submit your contract requests, wait 24 business hours. Then:

2 Renaissance Life will send you an email with a link regarding the contracting process. Keep an eye out for this email address: no_reply@renaissance-contracting.com

After Step #2, you can immediately complete Step #3. This process can take up to an hour.

3 Using the link from Step #2, you can begin the contracting process by filling out some forms and uploading your licenses. After you've finished with everything, click **Submit**.

Once you submit your contract, wait up to 2 weeks. Step #4 will occur.

4 Renaissance Life & Health will process your contract over the next several days. After everything is processed, you will receive a welcome email.

This welcome email will include your unique writing number, indicating that you are ready to sell!

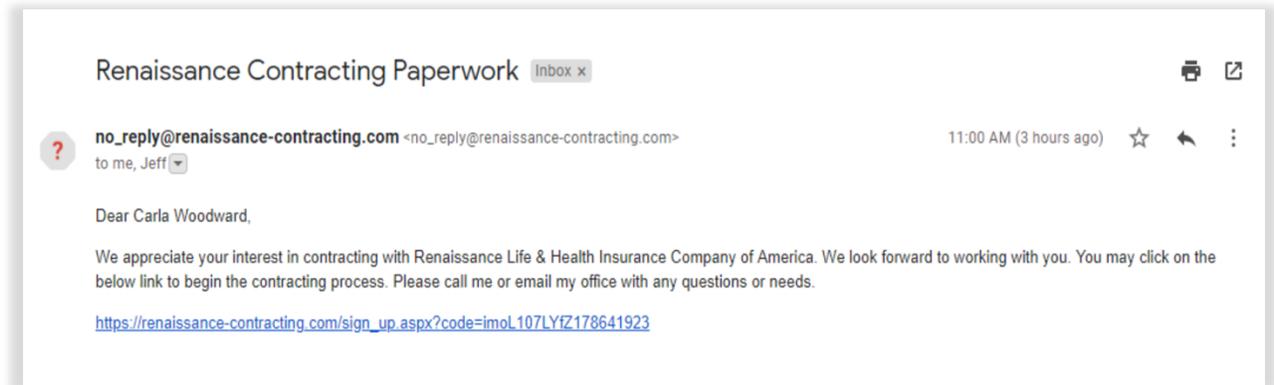
Continue reading the following pages for more details on the contracting process.

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The email address that the Renaissance Life contracting invitation will be coming from is:

- no_reply@renaissance-contracting.com -

The subject line will read “Renaissance Contracting Paperwork”.



NOTE: The contracting link is unique to you. Your link will be different than the above example.

Once you receive the contracting email from the carrier, click on the contracting link provided.

Complete the **Agent Information** and scroll down to **Background Information**.

A screenshot of a web form titled "Agent Information". The form is organized into a grid of fields. The fields are: Company Name (text input), Phone Number (text input with a red asterisk), Tax Class (dropdown menu), Agent First Name (text input with a red asterisk, containing "Carla"), SSN (text input with a red asterisk), Address (text input with a red asterisk), Agent Last Name (text input with a red asterisk, containing "Woodward"), Date of Birth (text input with a red asterisk, containing "mm/dd/yyyy"), City (text input with a red asterisk), Email (text input with a red asterisk, containing "cturner@seniormarketadvisors.com"), Tax ID (text input), State (dropdown menu with a red asterisk), Gender (dropdown menu with a red asterisk), Federal Tax Class (dropdown menu with a red asterisk), and Zip (text input with a red asterisk).

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Answer the **Background Questions** and scroll down to the **E&O** section.

Background Questions

Yes No Have you pled guilty or nolo contendere to or been found guilty of a felony or a crime involving moral turpitude since becoming licensed for health insurance?

Yes No Have you, or has any corporation, partnership, association, or firm in which you were a director, officer, shareholder or partner, ever been the subject of any administrative, or legal action filed by a state insurance department; or any action filed on behalf of any state, or by the federal government based on alleged violation of state or federal insurance laws?

Yes No Has your insurance license ever been suspended, revoked, or terminated, or have you ever been the subject of any administrative or legal action filed by a state insurance department?

Yes No Do you maintain errors and omissions and general liability insurance coverage?

Yes No Are there any outstanding or pending judgments or liens (including state or federal tax liens) against you?

Yes No Have you ever been discharged or permitted to resign from your employment because you were accused of:
(a) violating investment-related or insurance-related statutes, regulations, rules, or industry standards of conduct?
(b) fraud or the wrongful taking of property?
(c) violating company rules?

Yes No Do you have any outstanding unpaid indebtedness to an insurance company or general agent?

Yes No Within the past 10 years, have you ever had a complaint filed against you that resulted in a fine, penalty, cease or desist order, censure or consent order?

Yes No Within the past 5 years, have you ever initiated bankruptcy proceedings or been declared bankrupt?

Fill out the **E&O Information** and continue to the **Direct Deposit Information**:

E&O

E&O Carrier:

E&O Expiration Date (mm/dd/yyyy):

Coverage Amount:

Fill out the **Direct Deposit** section and proceed to the **Licenses** section.

Direct Deposit

Type of Account: *

Account Number at Financial Institution: *

Financial Institution City: *

Financial Institution Name: *

Financial Institution Routing Number: *

Financial Institution State: *

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Enter your Licenses # for each state you wish to sell Renaissance Life & Health Insurance in and scroll down to the **Upload Files** section.

Licenses

State	License #	Expiration Date (mm/dd/yyyy) ?	State	License #	Expiration Date (mm/dd/yyyy) ?
AK	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	MT	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>
AL	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	NC	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>
AR	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	ND	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>
IA	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	NE	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>

Upload a copy of your license(s).

Upload Files

File formats accepted: PDF, JPG, JPEG, PNG, TIF, DOC, TXT

Please note: failure to upload a copy of your license(s) can cause your contract to be denied. Please ensure you upload a copy.

WARNING: Failure to upload a copy of your license(s) can cause your contract to be denied.

Read the **Agent Marketing Agreement**. Be sure to click on the documents/agreements:

Agent Marketing Agreement

This Agent Marketing Agreement ("Agreement") by and between Renaissance Life & Health Insurance Company of America, an Indiana corporation ("Renaissance") and Carla Woodward ("Agent") is effective on 2/20/2019 ("Effective Date").

WHEREAS, Renaissance provides various health care benefits to groups and individuals under Renaissance insurance policies ("Products"); and,

WHEREAS, Agent is fully licensed as a health insurance agency and/or agent ("Health Care Benefit Insurance Agent") to market, promote and sell various types of health care benefit plans as approved and designated by applicable state insurance departments; and,

WHEREAS, Renaissance desires Agent to present proposals, solicit and sell Renaissance Products and to facilitate the implementation, maintenance and successful retention of said Products within a defined geographic region or sales market.

THEREFORE, based upon their mutual promises contained herein, the parties agree as follows:

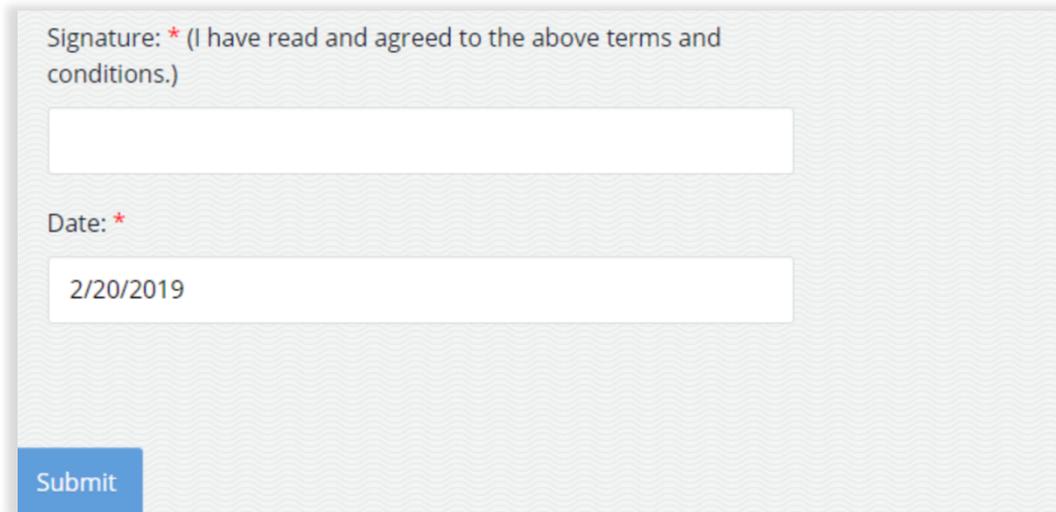
* [Click HERE](#) to view the entire Agent Marketing Agreement

* [Click HERE](#) to read the Annualization Agreement.

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Read and confirm the **Certifications and Authorization to Obtain Information:**

Sign and Date the form and click “**Submit**”.



Signature: * (I have read and agreed to the above terms and conditions.)

Date: *

Submit

Once you have completed the contract, Renaissance Life & Health will start processing the contract.

Once the contract is processed, you will receive a welcome email **directly from Renaissance Life & Health**. The welcome email will include your unique writing number.

**Once you receive your writing number,
you are now registered and can begin certifications!**

NOTE: It can take between 1 – 2 weeks to become appointed, depending on the time of year.