

# Prosperity Online Contracting

Thank you for your interest in contracting with Prosperity Life.  
Please use the following link to complete contracting and let our  
office know if you have any questions.

<https://insuranceadmin.com/contract/CGPXD>

Contact:

Senior Marketing Specialists

800-689-2800

Fax: 800-878-2025

[contracting@smsteam.net](mailto:contracting@smsteam.net)

# Prosperity Online Contracting

## Step 1:

Once the agent has received the link specific to s/he, it will take them to this page where they will enter their email address:

Sign In

**PROSPERITY**<sup>SM</sup>  
CONTRACTING

SBLI USA Life Insurance Company, Inc.  
S.USA Life Insurance Company, Inc.

The McNerney Group LLC

801 Gray Oak Dr  
Columbia, MO 65202  
P: 573-443-5007

Enter your email address to get started...

**Enter your email address**

Email Address

Go

## Step 2:

They will enter their email address, make a password, and put in their first and last name.

Sign In

**PROSPERITY**<sup>SM</sup>  
CONTRACTING

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The McNerney Group LLC

801 Gray Oak Dr  
Columbia, MO 65202  
P: 573-443-5007

We did not find your email on file. Create a new account below or go [here to enter the email again.](#) ×

Please enter the information below.

**Enter your email address**

andrea.kiser@smsteam.net

**Choose a password so we can save your information**

.....

**Enter your Name**

Andrea  Kiser

Register

# Prosperity Online Contracting

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## Step 3:

Where it states "Entity Type," this is where the agent will choose if they are contracting as an indiv or corp. Business and Home phone is required.

SBLI USA Life Insurance Company, Inc.  
S.USA Life Insurance Company, Inc.

Please review the following form. Fix any inaccuracies and fill-in any missing information. The details you provide here will be saved to use on your future contracts.

### Company Information

Entity Type

Individual/sole proprietor

### Contact Information

First Name

Andrea

Middle Name

Last Name

Kiser

Suffix

If you do business under any other names, enter them below.

Business Phone

Home Phone

Cell Phone

Fax Number

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## Step 4:

Agent will be required to fill out both address's, if they have the same business and home, they will check the box below Home Address.

Email Address

**Business Address**

Business Address

City

State

Zip

**Home Address**

My home address is the same as my business address.

Home Address

City

State

Zip

If you have moved within the last 5 years, please enter you previous address

**Personal Information**

Date of Birth (MM/DD/YYYY)

Social Security Number

Gender

Driver's License Number

Driver's License State

**Commission Payments**

Commission Option what's this?

Advance Option

Method of Payment

**Business Practices and Background**

Are you currently covered under an Errors & Omissions Insurance policy?

Have you ever had an insurance license denied, suspended, or revoked by a state insurance department or been the subject of any disciplinary or administrative action, or fined or penalized, or are any such proceedings pending with any state insurance regulatory authority?

Are there any suits, judgments or liens currently outstanding against you?

Have you declared or been adjudicated bankrupt, either personally or in business?

Are you in debt to any insurance company?

# Prosperity Online Contracting

Have you ever been charged with, convicted of, or pled guilty or no contest to a felony or misdemeanor or is any such proceeding pending?

Select

Has any previous contract between you and any of the Prosperity Life Group affiliated companies ever been terminated other than for lack of productivity?

Select

Have you ever been involuntarily terminated or permitted to resign from an agent, producer or representative contract or appointment with any insurance or other financial services company other than for lack of production?

Select

Have you been the subject of a consumer-initiated complaint within the past five years or has any formal complaint been filed with a state insurance department arising out of your activities?

Select

Have you ever had a claim filed against your professional liability or errors and omission insurance coverage? Has any E&O carrier denied, paid claims on, or canceled your coverage?

Select

States

Select the states you want to be contracted in below.

AL  AR  CO  IL  IN  KS  LA  MI  MO  MS  MT  NC  OH  TX

Certification

I hereby certify that all of the information herein is accurate and complete. I acknowledge and agree that my appointment will, in part, be based on this Application for Appointment and background information, and any falsification, misrepresentation or omission of information may result in the withholding or withdrawal of any offer of appointment or the revocation of appointment by the Company whenever discovered.

Select

Signature

The agent will be able to use their mouse to sign the form.

Signature

Please sign below. You can use your mouse on a computer or finger on a touch screen.





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## Step 5:

Here the agent will be able to go back and edit contract, download the contract, or submit!

## Contract Saved

Your contract has been generated. To finish the application process, follow the steps below.

### Actions

1. Please review your contract and double check it for accuracy. It may take several moments for your document to generate. If the file won't show up below, you can just click the download button.

[Download Contract](#)

2. (Optional) If there are any errors, please make the changes by clicking the button below.

[Edit Contract](#)

3. If everything is in order, you can submit the contract.

[Submit Contract](#)

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**PROSPERITY**  
LIFE GROUP<sup>SM</sup>

SBLI USA Life Insurance Company, Inc.  
 S, USA Life Insurance Company, Inc.  
(Each the "Company")  
Members of the Prosperity Life Group

**AGENT APPOINTMENT REQUEST**

I would like to represent the Company indicated above as a:

Managing General Agent     General Agent     Writing Agent     Licensee

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Is your business a (Check One):

Partnership     Corporation     Sole Proprietorship     LLC    NPN# 23826

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Products for which appointment sought:

Life     Annuity     Medicare Supplement     Supplemental Health

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Please list each state in which you seek appointment (attach copies of current licenses):

MO