


United Health Care Kellogg Insurance

Please follow the steps to become appointed with
Kellogg Insurance.

Get access to your account

 Please provide your credentials and click login

User ID (email)

Password

LOGIN

PASSWORD RECOVERY

NEW USER



Kellogg Ins Mktg account powered by SureApp™

- 1 IDENTIFICATION 2 NEW USERID 3 REVIEW & CONFIRMATION 4 ACTIVATION

Welcome to the SureApp account creation workflow

We will help you create your new account in just a few short steps.
First you will need to help us:

1. Identify you
2. Identify your producer record in the National Insurance Producer Registry (NIPR) database

Use one of the available identification methods to provide the data. Then press **Next**.

SSN

Last name

OR

Individual Resident License State

Individual Resident State License #

Next 

Kellogg Ins Mktg account powered by SureApp™

- 1 IDENTIFICATION
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- 4 ACTIVATION

Confirming your identity

Angelica M Velasco, we still need to confirm your identity before you can proceed with the account setup.

Please type in your date of birth, press Enter key and then press **Next**.

Date of birth (MM/DD/YYYY)



Next

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- 1 IDENTIFICATION
- 2 NEW USERID
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We've found the record in the NIPR database!

The full name on the account is **Angelica M Velasco**. We need your authorization to access your Producer Database Report (PDB). To provide us with the explicit authorization please read agreement to the end and press **I accept** below.

Note that it may take a few seconds to access the PDB report.

AUTHORIZATION TO OBTAIN PRODUCER DATABASE REPORT

As part of your initial registration with SureLC, you hereby authorize us to pull your Producer Database ("PDB") report from the National Insurance Producer Registry ("NIPR"). Every licensed producer has a PDB report maintained by NIPR. NIPR is a subsidiary of the National Association of Insurance Commissioners ("NAIC"). The PDB consolidates information on each producer's licensing information as updated on a regular basis by participating state insurance departments. The PDB also includes data from external sources such as the Regulatory Information Retrieval System to provide a more comprehensive producer profile. Currently, the NIPR includes information in the PDB from all 50 states, the District of Columbia and Puerto Rico. According to NIPR, the following information is included in the PDB: (a) General demographic information relating to all producers, such as name and addresses, (b) License information, such as states licensed, license numbers, authorized lines and license status, (c) Appointment information, such as



 I accept

You MUST scroll down
To be able to accept.

Kellogg Ins Mktg account powered by SureApp™

- 1 IDENTIFICATION
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- 3 REVIEW & CONFIRMATION
- 4 ACTIVATION

New User ID

Dear Angelica M Velasco,

Please provide the e-mail address that we will use to identify your SureApp account. **This e-mail will become your User ID.** Make sure you have access to this e-mail so we can send you password reset instructions in case your password is lost or compromised.

Optionally, let us know your cell number. This will be the most convenient and most secure way to authenticate you in the future, should you forget your User ID and(or) password.

When you are done press **Next**.

* E-mail

* Confirm e-mail

Cell phone

 Back

Next 

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- 2 NEW USERID
- 3 REVIEW & CONFIRMATION
- 4 ACTIVATION

Review and confirmation

Review the information below. If some of the information is incorrect, press **Back** button and make changes. To create your account and proceed to password selection press **Next**.

New user information:

First name	Angelica
Last name	Velasco
SSN	<input type="text"/>
E-mail/User ID	<input type="text"/>
Cell phone	<input type="text"/>

[← Back](#)

[Next →](#)

Make sure your personal Information is correct.

Kellogg Ins Mktg account powered by SureApp™

- 1 IDENTIFICATION 2 NEW USERID 3 REVIEW & CONFIRMATION 4 ACTIVATION


Congratulations! Your account has been created.

In a few moments you will receive an e-mail message from **Kellogg Ins Mktg** <setup@surancebay.com> with your account activation link. After clicking this link you will see the page where you can set your account password.

Once you have your password set up you can start working with SureApp.

You may now close this browser window.



 **Kellogg Ins Mktg** <setup@surancebay.com>
to me ▾

4:00 PM (17 minutes ago) ☆



Dear ANGELICA VELASCO,

Welcome to SuranceBay! Your new account associated with **Kellogg Ins Mktg** needs to be activated.

Please [CLICK HERE](#) to set your password which will activate your SureApp account.

← **Click here to activate account** →

We've created a brief overview video to help you get started. [CLICK HERE](#) to watch the video.

Thanks for using our software. We hope you enjoy it!



You can watch a full detailed video
On how to get contracted as well.

SuranceBay Team
email: support@surancebay.com

<https://mail.google.com/mail/u/0/#inbox/1556f65fcdd265cc?projector=1>

The information contained in this message is confidential. The message is intended solely for the addressee(s). If you are not the intended recipient, you are hereby notified that any use, dissemination, or reproduction is strictly prohibited and may be unlawful. If you are not the intended recipient, please contact the sender by return e-mail and destroy all copies of the original message.



Kellogg Ins Mktg account powered by SureApp™

- 1 IDENTIFICATION
- 2 NEW USERID
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- 4 ACTIVATION

Create new password

Your User ID for Kellogg Ins Mktg is: **avelasco1346@gmail.com**
Changing your password periodically helps ensure the security of your account information

New password:

Confirm password:

- Required rules for your password:**
- At least 8 characters long
 - Contains special character (e.g.: ~!@#\$.-?^)
 - Contains uppercase letters
 - Different than your previous 13 passwords
 - Contains lowercase letters
 - Must not match your User ID
 - Contains digits
 - Both entered password values must match

Set Password

Get access to your account



and click login

Info



You have successfully set your password.
Please re-enter this password in order to login to SureApp.

OK

LOGIN

PASSWORD RECOVERY

SURANCEBAY PRIVACY POLICY

THIS PRIVACY POLICY WAS LAST UPDATED ON 05/06/2016

SuranceBay, LLC ("*SuranceBay*", "*we*" or "*us*") gathers certain types of information in connection with the use of our SureApp™ portal Applications, which include SureNB™, SureAMS™, SureLC™, Easy.insure™, SureCRM™, and such other applications as SuranceBay may add from time to time (collectively "*Applications*"). This document outlines the terms and conditions of SuranceBay's privacy policy governing the use of our Applications ("*Privacy Policy*"). Specifically, it explains how we collect information from users of our Applications, share your information, and ways you can limit our sharing of your information. SuranceBay places the highest priority on protecting the privacy of its Applications Users. By using our Applications, you ("*You*" or "*User*") are accepting the practices described in this Privacy Policy.

OTHER TERMS / PRIVACY POLICY FOR CUSTOMERS

When you become our customer, you will communicate and exchange information, including personally identifying information, with us. In forming a business relationship with us, BGAs and/or Producers will be asked to enter into User Agreements or SaaS Agreement with SuranceBay ("*Services Agreements*") that will govern use of specific Applications. The Terms of Use posted at [SureApp™ Terms of Use](#) and the Service Agreement may contain other privacy terms dealing with use of personal information. Service Agreements supplement, and to the extent of any inconsistency override, the general terms outlined in this [SureApp™ Privacy Policy](#). The terms of our Privacy Policy supplement, and to the extent of any inconsistency override, the terms set out in the Terms of Use.

I have read the SuranceBay Privacy Policy

Accept Policy

[Log out](#)


3




Jason
Richardson
1-866-432-1595
jrich@kelloggins.com
10000 N. Main St.
Wauwatosa, WI 53226

My Info

2



My Appt. Requests
Get Appointed



My Preferences



Help



IDENTIFICATIONS (SB:1572821)

NPN:	SSN:	LAST NAME:	DATE OF BIRTH:	
17393437	***-**-1832	VELASCO	06/08/1986	

PERSONAL INFO

* FIRST NAME:	MIDDLE NAME:	SUFFIX:	* GENDER:	MARITAL STATUS:
ANGELICA	M <input type="text"/>	<input type="text"/>	<input checked="" type="radio"/> Male <input type="radio"/> Female	<input type="text"/>
DL STATE:	DRIVER LIC#:	EXP DATE:		
<input type="text"/>	<input type="text"/>	MM/DD/YYYY <input type="text"/>		

CONTACT INFO

* EMAIL:	TITLE:	* PHONE:	FAX:	CELL:
avelasco1346@gmail.com	<input type="text"/>	<input type="text"/>	<input type="text"/>	(239) 200-5061

ADDRESSES REGISTERED WITH THE STATES

Mailing: 13350 SW 53RD ST MIAMI, Florida, 33175 Edit

Residential (No PO Boxes): **NOT SPECIFIED** Start Date: Edit

Business: 13350 SW 53RD ST MIAMI, Florida, 33175 Edit

DOING BUSINESS WITH KELLOGG INS MKTG AS

Individual Business Entity Licensed Only Agent



CONTACT INFO FOR APPOINTMENTS

Email (Producer): avelasco1346@gmail.com 🔒

Phone (Producer): (239)200-5061 🔒

Fax (Producer): (305)357-9341 🔒

MAILING ADDRESS

📍 13350 SW 53RD ST MIAMI, FLORIDA,...

BUSINESS ADDRESS



📍 13350 SW 53RD ST MIAMI, FLORIDA,...


Please answer these questions in detail. SuranceBay will not share information with carriers unless it is explicitly requested as a required part of standard contracting.


1. Have you ever been charged or convicted of or plead guilty or no contest to any Felony, Misdemeanor, federal/state insurance and/or securities or investments regulations and statutes? Have you ever been on probation?	<input type="radio"/> Yes <input checked="" type="radio"/> No
2. Have you ever been or are you currently being investigated, have any pending indictments, lawsuits, or have you ever been in lawsuit with insurance company?	<input type="radio"/> Yes <input checked="" type="radio"/> No
3. Have you ever been alleged to have engaged in any fraud?	<input type="radio"/> Yes <input checked="" type="radio"/> No
4. Have you ever been found to have engaged in any fraud?	<input type="radio"/> Yes <input checked="" type="radio"/> No
5. Has any insurance or financial services company, or broker-dealer terminated your contract or appointment or permitted you to resign for reason other than lack of sales?	<input type="radio"/> Yes <input checked="" type="radio"/> No
6. Have you ever had an appointment with any insurance company terminated for cause or been denied an appointment?	<input type="radio"/> Yes <input checked="" type="radio"/> No
7. Does any insurer, insured, or other person claim any commission chargeback or other indebtedness from you as a result of any insurance transactions or business?	<input type="radio"/> Yes <input checked="" type="radio"/> No
8. Has any lawsuit or claim ever been made against your surety company, or errors and omissions insurer, arising out of your sales or practices, or, have you been refused surety bonding or E&O coverage?	<input type="radio"/> Yes <input checked="" type="radio"/> No
9. Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?	<input type="radio"/> Yes <input checked="" type="radio"/> No
10. Has any state or federal regulatory body found you to have been a cause of an investment OR insurance-related business having its authorization to do business denied, suspended, revoked, or restricted?	<input type="radio"/> Yes <input checked="" type="radio"/> No
11. Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No
12. Has any state or federal regulatory agency found you to have made a false statement or omission or been dishonest, unfair, or unethical?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Active only Notifications

Renew Apply for NRL Renewals Check

 FLORIDA:W219316
FROM: 10/09/2014
AGENT
 LOAs: GENERAL LINES - ALL; LIFE, HEALTH & VARIABLE ANN.

NEW MEXICO:404298
FROM: 10/28/2015
AGENT
 LOAs: LIFE, ACCIDENT & HEALTH

UTAH:549509
FROM: 10/26/2015 TILL: 06/30/2018
NON RESIDENT PRODUCER
 LOAs: ACCIDENT & HEALTH; LIFE

* Transit/Routing: * Account #:

* Account Type:
 Checking Savings

BANK ADDRESS
Bank Name: *Bank Name*
Phone: *Phone*
 Street
 Zip *City* *State*



Name on the account, only if different:

- Upload PERSONAL Voided Check
- Use Camera for Capture

ELECTRONIC FUND TRANSFERS (EFT)

Account Owner Name (Required): ANGELICA M VELASCO
Transit/ABA #: _____
Account #: _____
Financial Institution Name: _____
Branch Address: _____
City: _____ State: _____ Zip: _____
Account Type: Checking Saving Phone: _____

By signing below I hereby authorize the Company to initiate credit entries and, if necessary, adjustments for credit entries in error to the checking and/or savings account indicated on this form. This authority is to remain in full effect until the Company has received written notification from me of its termination. I understand that this authorization is subject to the terms of any agent or representative contract, commission agreement, or loan agreement that I may have now, or in the future, with the Company.

Signature: _____ Date: 06/20/2016

Attach copy of the check here for checking account or deposit slip for saving account:

FINRA REGISTRATION INFO

Are you currently a registered representative with FINRA? Yes No



ANTI-MONEY LAUNDERING COURSE COMPLETION




AML Training Provider: • None LIMRA Other

HONORS


Chartered Life Underwriter Chartered Financial Consultant Certified Financial Consultant Certified Financial Planner Million Dollar Round Table Fellow, Life Management Institute NQA: Other:

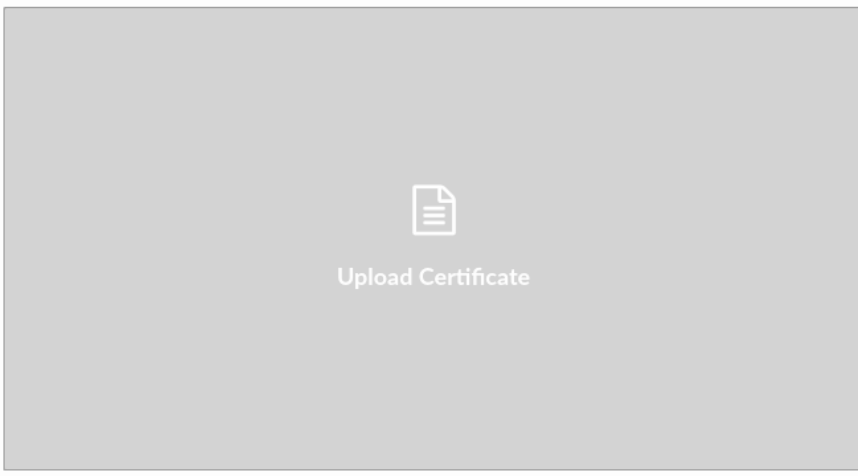
INDIVIDUAL ACTIVE 1  

Started On : January 01, 2016 Expiration : January 01, 2017
Policy # : 596427449 Certificate # : Not Specified
Case Limit : \$1,000,000 Total Limit : \$1,000,000
Carrier : CNA - CONTINENTAL CASUALTY CO

 E&O Certificate is not linked

596427449  January 01, 2016 - January 01, 2017

 Click the area below to upload your certificate.



Click on the blue folder to upload applicable forms such as Signature Authorization Form, Voided Check(s), E&O Certificate, Court Docs, AHIP Certificate, etc.
You might need to upload additional documents:

- Annuity Training Certification *Signature Image is missing. Please, draw your signature online (using 'Signature Capture' button below), or upload Signature Authorization form with your signature (click on the 'Forms' button below to print the Signature Authorization Form).*
- LTC CE Training Certification

You can also fax your documents to fax#: (888)807-5519

[Refresh status](#) [Filter](#) [Signature Capture](#) [Forms](#)

To preview/select uploaded files click the entries below



 <p>Voided Check Angelica Velasco Voided CK.pdf Uploaded: 06/20/16 04:49 Status:complete </p>	 <p>E&O Insurance Angelica-Velasco-certificate e & o 201... Uploaded: 06/20/16 04:57 Status:complete </p>
--	--

Carrier selection:

Search

- American Retirement Life Ins Co
- Central States Indemnity Co Of Omaha (CSI)
- Columbian Life - Final Expense
- Continental Life Ins Co Of Brentwood Tennessee
- Guarantee Trust Life Ins Co (GTL)
- Manhattan Life Ins Co
- Medico Ins Co
- Silverscript Insurance Company
- Standard Life And Casualty Insurance Company
- United Home Life Ins Co
- UnitedHealthCare Ins Co - Medicare Solutions

Request:

- Contract
- Add State
- Payment
- Transfer

- You may request one carrier at a time. Please finalize your appointment request for this carrier, then you may request additional carriers.
- Then click on **REQUEST TYPE** you want to make.
- Select **NEXT** afterwards.

Click on the blue folder to upload applicable forms such as Signature Authorization Form, Voided Check(s), E&O Certificate, Court Docs, AHIP Certificate, etc. You might need to upload additional documents:

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<p>Signature Image Uploaded: unknown Status:complete</p>	<p>Signature Unknown file name Uploaded: 06/20/16 04:59 Status:complete</p>

Success

Thank you for your appointment request. It has been submitted and you will be contacted if anything further is necessary.

fe Insurance Company,

- Please answer any additional carrier specific questions displayed on this screen.
- Also you can choose to go back to the previous screen if you need to select different state(s), product(s), carrier or request type by selecting **PREVIOUS**.
- When everything's ready select **SUBMIT**.

Resident County:

Mailing County:

Please read/scroll to the bottom to confirm the document



Supplemental Benefits

ASSOCIATE AGREEMENT

- Complete the **Prospective Associate's Application and Profile**, Sign, Date and Return.
On PAGE 2 indicate the commission level for each company you are requesting the agent be contracted with. If you provide this information for only one company and multiple companies are checked on the top of the first page of the Associate' application we will use this level for all companies. For a list of commission level codes to use please contact your upline manager.

~~Important Note: If contracting a corporate agency both the signature lines that are provided for the~~

Carrier selection:

- American Retirement Life Ins Co
- Central States Indemnity Co Of Omaha (CSI)
- Columbian Life - Final Expense
- Continental Life Ins Co Of Brentwood Tennessee
- Guarantee Trust Life Ins Co (GTL) ←
- Manhattan Life Ins Co
- Medico Ins Co
- Silverscript Insurance Company
- Standard Life And Casualty Insurance Company
- United Home Life Ins Co
- UnitedHealthCare Ins Co - Medicare Solutions

Request:

- Contract ←
- Add State
- Payment
- Transfer

- You may request one carrier at a time. Please finalize your appointment request for this carrier, then you may request additional carriers.
- Then click on **REQUEST TYPE** you want to make.
- Select **NEXT** afterwards.

Request Contract for Guarantee Trust Life Ins Co (GTL) to sell Accident and Sickness and Disability in Florida, New Mexico and Utah

Place Of Birth:

*

Have you or your company ever been involved in a business venture that failed?

 Yes No

*

Are you full-time in the insurance business?

 Yes No


*

If not, state other business:

Highest level of formal education:

How do you conduct business?

- Please answer any additional carrier specific questions displayed on this screen.
- Also you can choose to go back to the previous screen if you need to select different state(s), product(s), carrier or request type by selecting **PREVIOUS**.
- When everything's ready select **SUBMIT**.

 Please read/scroll to the bottom to confirm the document



GUARANTEE TRUST LIFE

GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue • Glenview, Illinois 60025
847-699-0600 • www.gtlic.com

CONTRACT/APPOINTMENT APPLICATION

Please Print or Type All Information

► Personal Information

1. Name _____ VELASCO, ANGELICA M _____
(Last) (First) (Middle Initial) SS#

2. Date of Birth _____ 06/08/1986 _____ Place of Birth _____ Colombia _____ Male Female

3. Drivers License # _____ (State) _____ FL

4. Marital Status Single Divorced Married 5. Spouse's Full Name _____

Carrier selection:

- American Retirement Life Ins Co
- Central States Indemnity Co Of Omaha (CSI)
- Columbian Life - Final Expense
- Continental Life Ins Co Of Brentwood Tennessee
- Guarantee Trust Life Ins Co (GTL)
- Manhattan Life Ins Co
- Medico Ins Co
- Silverscript Insurance Company
- Standard Life And Casualty Insurance Company
- United Home Life Ins Co
- UnitedHealthCare Ins Co - Medicare Solutions



Request:

- Contract
- Add State
- Payment
- Transfer



- You may request one carrier at a time. Please finalize your appointment request for this carrier, then you may request additional carriers.
- Then click on **REQUEST TYPE** you want to make.
- Select **NEXT** afterwards.

Request Contract for UnitedHealthCare Ins Co - Medicare Solutions

LICENSED STATES: Unselect all

- Florida
- New Mexico
- Utah

PRODUCTS

- Medicare Advantage
- Med Supplements
- Prescription Drug Plan

- Please select the state(s) that you are requesting appointment(s) in. Note that many carriers require you to pay appointment fees, so only select those states that you need appointment(s) in at this time.
- If you request an appointment in Florida, and it's **NOT** your resident state, please select the county(s) that you request appointment in. Note that many carriers charge per-county appointment fees for FL non-residents, so only select those that you need appointment (s) in.
- After selecting desired state(s), please select your desired product line(s).
- Select **NEXT** when state(s) and product(s) are selected.

Please read/scroll to the bottom to confirm the document

Appointment Application

UnitedHealthcare Insurance Company and Affiliates



THIS IS A WRITABLE FORM*
Please Print or Type: All fields must be complete and legible

Individual Information (All Individual Information fields required for all Appointment Applications).				
Legal Name (As name appears on Individual Resident State in insurance License)				
Last:	VELASCO	Middle:	M	First: ANGELICA
Social Security Number	Birth Date (MM/DD/YYYY)	Alias/Other Names		
	06/08/1986			
Resident Address				
City	State	County (FL only)	Zip	
MIAMI	FL	Miami-Dade		
Resident Phone Number	Business Phone Number	Fax Number		
Email Address				

Medicare and Medicaid?



- Please answer any additional carrier specific questions displayed on this screen.
- Also you can choose to go back to the previous screen if you need to select different state(s), product(s), carrier or request type by selecting **PREVIOUS**.
- When everything's ready select **SUBMIT**.

Click on the blue folder to upload applicable forms such as Signature Authorization Form, Voided Check(s), E&O Certificate, Court Docs, AHIP Certificate, etc. You might need to upload additional documents:

- Annuity Training Certification
- LTC CE Training Certification

You can also fax your documents to fax#: (888)807-5519

To preview/select uploaded files click the entries below



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<p>Signature Image Uploaded: unknown Status:complete</p>	<p>Signature Unknown file name Uploaded: 06/20/16 04:59 Status:complete</p>

Success

Thank you for your appointment request. It has been submitted and you will be contacted if anything further is necessary.

fe Insurance Company,

- Please answer any additional carrier specific questions displayed on this screen.
- Also you can choose to go back to the previous screen if you need to select different state(s), product(s), carrier or request type by selecting **PREVIOUS**.
- When everything's ready select **SUBMIT**.

Resident County:

Mailing County:

Carrier selection:

Search

- American Retirement Life Ins Co
- Central States Indemnity Co Of Omaha (CSI)
- Columbian Life - Final Expense
- Continental Life Ins Co Of Brentwood Tennessee
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Request:

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- Then click on **REQUEST TYPE** you want to make.
- Select **NEXT** afterwards.

Request Contract for UnitedHealthCare Ins Co - Medicare Solutions

LICENSED STATES: Unselect all

- Florida
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- Select **NEXT** when state(s) and product(s) are selected.

Sales Channel (If no sales channel is selected, default selection is individual agent.):

Individual Agent

*



Are there any unsatisfied judgments, garnishments or liens against you?

Yes No *

Are you currently a party to any litigation?

Yes No *

Previous names List all other names or aliases you have used in the last 7 years:

Please select if you wish to be contracted with Aetna Health and Life Insurance Company.

Please select if you wish to be contracted with Aetna Life Insurance Company.

Please select if you wish to be contracted with American Continental Insurance Company.

Type of Assignment:

ABSOLUTE (NOTE: Company will report all income paid under this Assignment to assignee.)

REVOCABLE (NOTE: Company will report all income paid under this Assignment to the assignor whether revoked or not and commission statements will continue to be sent to the Assignor.):

Absolute Assignment

*



Revocable Assignment

Please read/scroll to the bottom to confirm the document



Aetna Health and Life Insurance Company
Aetna Life Insurance Company
American Continental Insurance Company
Continental Life Insurance Company of Brentwood, Tennessee

Aetna Companies
800 Crescent Centre Dr., Suite 200
Franklin, TN 37067
Tel: 800 264.4000 option 3, 5
Fax: 866 618.4993
AETSSIcontracting@Aetna.com

Producer Information And Appointment Form (PIF)

from Aetna Health and Life Insurance Company (AHLIC),
Aetna Life Insurance Company (ALIC),
American Continental Insurance Company (ACI), and
Continental Life Insurance Company of Brentwood, Tennessee (CLI)

Page 1 of 7

- Please print clearly completing all fields using blue or black ink, and initial any corrections.
If completing electronically, fill in all blue highlighted areas. When complete, sign form, and print a copy for your records and submit.

1. Initial appointment

Complete all sections 2 - 9 below Your appointment request will be processed for all entities listed above in states where you are

Click on the blue folder to upload applicable forms such as Signature Authorization Form, Voided Check(s), E&O Certificate, Court Docs, AHIP Certificate, etc. You might need to upload additional documents:

- Annuity Training Certification
- LTC CE Training Certification

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- Also you can choose to go back to the previous screen if you need to select different state(s), product(s), carrier or request type by selecting **PREVIOUS**.
- When everything's ready select **SUBMIT**.

Resident County:

Mailing County:

You are done 😊