

Broker Licensing Form



To ensure proper compensation distribution, please:

1. Complete all pages of this form. Sign and date where indicated.
2. Attach a copy of your Individual Insurance License, signed Agent Agreement, signed Broker Privacy Agreement, and completed W-9 form
3. Remit with your first case submission to: CHOICE Administrators®, 721 South Parker, Suite 200, Orange, CA 92868

A Professional Information

Please print using black or blue ink Important! Entire form must be completed to release commissions

Broker Last Name

Broker First Name

M.I.

Broker License #

Expiration Date (MM/DD/YYYY)

License Type

State of License

Company Name (if applicable)

Business Address

Check if residence

City

State

ZIP Code

Business Phone # (XXX) XXX-XXXX

Business Fax # (XXX) XXX-XXXX

E-mail Address

Mailing Address (if different from above)

City

State

ZIP Code

Make commission checks payable to (Required)

Company Structure or Individual Structure (Check only one)

Corporation Partnership LLC

If Corporation, Partnership or LLC, please provide
Company's Federal Tax ID #

Sole Proprietorship Individual

If Sole Proprietorship or Individual, please provide
Social Security #

B Personal Information

Broker
Social Security #

Residence Address

City

State

ZIP Code

Home Phone # (XXX) XXX-XXXX

Date of Birth (MM/DD/YYYY)

Male

Female

Please complete both sides of this form before signing

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C Supplemental Broker Information

The insurance department requires companies to investigate the competence, character and financial background of agents. Please provide the information below:

Has your application for a license to sell insurance, real estate or securities ever been denied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had a license revoked or suspended, (or voluntarily consented to the cancellation of such), involving the right to sell insurance securities, real estate or similar?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of any crime, whether a felony or a misdemeanor, involving fraud, dishonesty, misrepresentation, mishandling of money (such as larceny, embezzlement, conversion, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any insurer or general agent claim any indebtedness in default by you or your agency under any contract or otherwise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any outstanding judgments against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed bankruptcy or been involved in any insolvency proceedings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(If the answer to any of the questions above is "yes," please provide details on a separate sheet.)

The undersigned, by his/her signature below hereby agrees and certifies that:

He/she is currently authorized to sell life, A&H, and disability insurance products, and that he/she is in good standing with the insurance regulators in the state(s) where licensed.

The answers and information provided in this form are true and correct.

Broker Signature

Print Name

Date (MM/DD/YYYY)

Please remit all completed documents to:

CHOICE Administrators®
721 South Parker, Suite 200
Orange, CA 92868
E-mail: commissions@calchoice.com
Fax: (714) 908-3519

Staff Use Only	
Broker #	Agent #
<input type="text"/>	<input type="text"/>
Date (MM/DD/YYYY)	
<input type="text"/>	

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