

# 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

<b>Broker Last Name</b>										<b>Broker First Name</b>		<b>M.I.</b>
<b>Broker License #</b>			<b>Expiration Date (MM/DD/YYYY)</b>				<b>License Type</b>			<b>State of License</b>		

**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)**

<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC If Corporation, Partnership or LLC, please provide <b>Company's Federal Tax ID #</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Individual If Sole Proprietorship or Individual, please provide <b>Social Security #</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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## 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](mailto:commissions@calchoice.com)  
Fax: (714) 908-3519

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

