



# Broker Licensing Form



## 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?  Yes  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?  Yes  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.)?  Yes  No

Does any insurer or general agent claim any indebtedness in default by you or your agency under any contract or otherwise?  Yes  No

Are there any outstanding judgments against you?  Yes  No

Have you ever filed bankruptcy or been involved in any insolvency proceedings?  Yes  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 questionnaire are true.**

\_\_\_\_\_  
Broker Signature

\_\_\_\_\_  
Date

Please return completed form, copy of license, and agent agreement to:

**CHOICE Administrators®**  
**721 South Parker, Suite 200**  
**Orange, CA 92868**

**FAX (714) 972-7368**