

# Broker Licensing Form



CaliforniaChoice®  
Your Health. Your Choice.®



ChoiceBuilder®

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

CA 0100 11/2019

License # 0B42994 - CaliforniaChoice Benefit Administrators, Inc.  
License # 0N14196 - ChoiceBuilder Insurance Services

19746



# 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?   | <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	
Broker #	Agent #
<input type="text"/>	<input type="text"/>
Date (MM/DD/YYYY)	
<input type="text"/>	

