



Health Choice One

Broker Data Form

Recruiter / GA Name _____

Please email or fax this packet back to:

Contracts@healthchoiceone.com

866-763-1086 Fax

Please be sure to include:

- 1.) A copy of your current Insurance License(s) / Agency License (s)**
- 2.) Current copy of E&O**
- 3.) 1 Voided Check for Direct Deposits**
- 4.) Explanation / Supporting Docs for any “yes” answers**

Background Information:

Current Insurance License Number _____

States Licenses Held _____

States to Appoint in _____

Lines of Authority: Life and Health Property and Casualty Medicare Certified

Please provide an explanation for any "yes" answer:

- | | | |
|--|------------------------------|-----------------------------|
| 1.) Do you have any outstanding Debt / Debit Balance with any insurance company? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2.) Have you ever had a Civil Judgment entered against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.) Have you ever filed bankruptcy or reorganization either personal or business? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4.) Has an Insurance Company ever cancelled a contract with your for cause? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5.) Have you ever had a bond declined or cancelled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6.) If currently licensed, has your insurance license ever been cancelled or suspended? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7.) Have you ever withdrawn an application or surrendered a license to avoid discipline action? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8.) Have you ever been refused an insurance license in any state? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9.) Have you ever been fined by any insurance regulatory authority? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10.) Have you ever been named as a party in a lawsuit or had civil charges filed against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11.) Do you have any felony charges pending against you, or have you ever plead guilty or Nolo contendere to or been convicted of a felony or a crime involving moral turpitude? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12.) Do you have any outstanding liens (tax or otherwise) or judgments (civil or otherwise) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13.) Is your primary source of income from Life and Health insurance sales? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- If no, please explain _____

How many years have you been in the insurance industry? _____

Do you current have Errors and Omissions insurance? Yes No

Have you ever had a claim filed against it? Yes No

Name of Carrier _____

Policy Number _____

Coverage amount _____

Previous 5 years Employment History:

Employer Name _____

Employer Name _____

Address _____ City, State _____ Zip _____

Address _____ City, State _____ Zip _____

Phone _____ Position Held _____

Phone _____ Position Held _____

Employment Dates _____ Reason for leaving _____

Employment Dates _____ Reason for Leaving _____

Current Carrier Appointments:

- | | | | | |
|---------------------------------|--------------------------------------|---|----------------------------------|--|
| <input type="checkbox"/> Aetna | <input type="checkbox"/> Assurant | <input type="checkbox"/> Companion | <input type="checkbox"/> Humana | <input type="checkbox"/> RMHP |
| <input type="checkbox"/> AMS | <input type="checkbox"/> Best Health | <input type="checkbox"/> Golden Rule | <input type="checkbox"/> Imerica | <input type="checkbox"/> United American |
| <input type="checkbox"/> Anthem | <input type="checkbox"/> Celtic | <input type="checkbox"/> Guarantee Trust Life | <input type="checkbox"/> Kaiser | <input type="checkbox"/> World (Which product) |