



# Supplemental Broker Information

**THE INSURANCE DEPARTMENT REQUIRES COMPANIES TO INVESTIGATE THE COMPETENCE, CHARACTER AND FINANCIAL BACKGROUND OF AGENTS. PLEASE PROVIDE THE INFORMATION BELOW:**

1. HAS YOUR APPLICATION FOR A LICENSE TO SELL INSURANCE, REAL ESTATE OR SECURITIES EVER BEEN DENIED? \_\_\_\_\_
2. 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? \_\_\_\_\_
3. 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.)? \_\_\_\_\_
4. DOES ANY INSURER OR GENERAL AGENT CLAIM ANY INDEBTEDNESS IN DEFAULT BY YOU OR YOUR AGENCY UNDER ANY CONTRACT OR OTHERWISE? \_\_\_\_\_
5. ARE THERE ANY OUTSTANDING JUDGMENTS AGAINST YOU? \_\_\_\_\_
6. HAVE YOU EVER FILED BANKRUPTCY OR BEEN INVOLVED IN ANY INSOLVENCY PROCEEDINGS? \_\_\_\_\_

**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:**

1. HE/SHE IS CURRENTLY AUTHORIZED TO SELL LIFE, A & H, AND DISABILITY INSURANCE PRODUCTS IN CALIFORNIA, AND THAT HE/SHE IS IN GOOD STANDING WITH THE INSURANCE REGULATORS OF CALIFORNIA.
2. THE ANSWERS AND INFORMATION PROVIDED IN THIS QUESTIONNAIRE ARE TRUE.

\_\_\_\_\_  
BROKER SIGNATURE

\_\_\_\_\_  
DATE

PLEASE RETURN COMPLETED FORM, COPY OF LICENSE, AND CALIFORNIA CHOICE AGENT AGREEMENT TO:

**CALIFORNIA CHOICE BENEFIT ADMINISTRATORS, INC.  
721 S. PARKER, SUITE 200  
ORANGE, CA 92868**