

CALIFORNIA CONTRACT



Agent Appointment Application

Agent Sales Support P.O. Box 9074 Oxnard, CA 93031-9074

App	ointment Type								
	Direct Appointment	☐ Farmers Agent	☐ Allsta	ate Ag	gent				
	Subagent Appointment	☐ Thrivent Agent							
	Agency Name	Age	ent Name			Agent/Agency	TIN (Tax II	0 <i>No.)</i> or	EIN
	General Agent Appointment	General Agent Appointment							
	General Agent Name					General Agent	TIN (Tax II	O <i>No.)</i> or	EIN
Wri	ting Agent Informatio	on							
Age	nt/Agency Name					Agent TIN (Tax	ID No.) or	EIN	
Phys	sical Address		City			State	ZIP Cod	е	
Mail	ing Address (if different from	above)	City			State	ZIP Cod	е	
		1							
Business Phone No. Business Fax No.				Prima	ary E-mail Address				
Lice	License Type (attach a copy) Organizational Type								
1	Life Fire & Casualty	☐ Individual/Sole prop	rietor \square	l Part	nership 🗆 Corporation 🗖 LLC	☐ Other			
Are	you bilingual?								
☐ Yes ☐ No If yes, what language(s) do you speak?									
Has your agent license ever been suspended, revoked, or terminated?									
	Yes No If yes, explana								
	Are you currently appointed with Anthem Blue Cross? Agent TIN (Tax ID No.) or EIN								
	Yes ☐ No If yes, enter y			Щ					
Errors & Omissions coverage is required. Please attach a copy of your certificate.									
Check box once you have attached your E&O certificate. As stated in the agent agreement, do you understand that production requirements must be met in order to maintain your contract									
	Anthem Blue Cross?		production	пеци	inements must be met in order to m	namtam your co	iiiiaci		
			ss all augs	tions	have been answered and copies of	of vour license	and EOO	oortifio	ata
	a check for \$24.00 made pa					or your needse	aliu E&O	CEILIIIC	ate,
					in the case of Individual business b				
					gency may be responsible for comm				
					oss for compensation, expenses or a I that I am solely responsible for my				
					ree with the terms of the agent agree			·	
Age	nt Signature		Date		Regional Sales Manager/Regional	Sales Represer	ıtative	Date	
X	The Olg. Tatal o		2 4.0		X			2410	
	plicable:							l	
	agent Signature		Date		General Agent Signature			Date	
Х					X				
								1	



COLORADO and NEVADA CONTRACT

Personal Data Sheet



Instructions:

- 1. Complete all sections of the Personal Data Sheet. A form will need to be completed for each individual or corporation who will receive commissions.
- 2. Attach a copy of your current resident license. Attach a copy of any non-resident license in which you are requesting appointment. If commissions are to be paid to a corporation, include a copy of both the individual and corporate license.
- 3. Send completed Personal Data Sheet, state required form, if any, and copy of current license to appropriate Anthem affiliate.

For Office Use Only						
Producer number	Other					
Applicant Information			Data af hiladh			
Agent name	Social Security	number	Date of birth			
Business address	City		State	710	code	
Dusiness address	City		state		couc	
Business county	Business phone	e number (include ar	rea code)			
Business fax number (include area code) state	Currently lices	Currently licensed to sell life business? If yes, list resid				
Currently licensed to sell health business?	☐ Yes If yes, list resid	∐ No dent state				
	11 , 00, 1100 1 0010					
☐ Yes ☐ No Resident address	City		State	ZIP	code	
1100140110 114411000					cour	
E:mail address	Resident count	tv 1	Resident phone (1	include a	rea code)	
21		3	ntestuene priorie (.	merme a	. cu couc,	
Have you ever been known by any name other th	an that noted as agent name? If we nle	ase list on back of the	form	Yes	□ No	
2. Is your primary source of income from Life & He				Yes	☐ No	
3. Are you now working full time in the insurance bu			_	Yes	☐ No	
4. Have you ever been fined, censured or reprimande				Yes	☐ No	
If yes, explain fully, including the date, state and nature of the infraction on the back of the form.			_	_	_	
5. Has your agent license ever been suspended or rev				Yes	No	
If yes, explain fully, including the date, state and why on the back of the form.						
6. Have you ever been named as party to a lawsuit as a result of a policy of insurance you sold or has any company you sold been nam in a lawsuit as a result of a policy you sold? If yes, give complete details, including the outcome of the suit on the back of the form.					☐ Yes	
in a lawsuit as a result of a policy you sold? If yes,	give complete aetails, including the out	icome of the suit on th	е васк ој те jorm.		⊥ res	
7. Has a customer ever filed a complaint against you	with any insurance regulatory body?			Yes	□ No	
If Yes, please list state, nature of complaint and v						
8. Have you ever been required to submit a statement to any insurance regulatory body or any insurance Company regarding your sale						
of insurance to a particular individual? If yes, how many times? List details on the back of the form				Yes	☐ No	
9. How many years have you been in the insurance b				-		
10. Have you ever filed for or been declared bankrupt or insolvent, either personally or in business?			_	Yes	□ No	
If yes, please list date and explanation on back of 11. Have you ever been convicted of a crime under 18		shamaatss in the gale of	in	Yes	□ No	
12. Have you ever been convicted of a crime under 13		nonesty in the sale of		Yes	□ No	
13. Have you ever been convicted of a felony or miso				Yes	□ No	
14. Do you carry an Errors & Omissions Policy? <i>If ye</i>				Yes	☐ No	
Carrier's name and phone number:						
Limit of Liability: Per occurrence:	and Per Aggregate:					
15. Does any Insurance Company claim you owe any	balance of commissions or premium?			Yes	☐ No	
If yes, list companies and amounts:						
If commissions are to be paid to a firm or corpor	ation, please complete information b	pelow. (Also comple	te PDS for princi	pal offic	er.)	
Corporation name						
IRS number	Is corporation	currently licensed?	If yes, attach a co	opy of li	cense.	
	Yes	□ No	•	- *		
1						

(Please complete reverse side)

Important Notice To Applicant: You MUST sign and date this notice prior to appointment approval. I agree to comply with all the regulations of Anthem Blue Cross and Blue Shield, Anthem Life Insurance Companies and the Insurance Departments. In compliance with Section 91-508 of the Fair Credit Reporting Act, it is my understanding that Anthem Blue Cross and Blue Shield and Anthem Life Insurance Companies will run a routine inspection to provide information concerning my general reputation, personal characteristics and mode of living in connection with my application to act as one of their representatives. This report may be obtained through personal interviews with third parties such as family members, business associates, financial resources, friends, neighbors or others that I am associated with.

financial	rs or others that I am associ	C 1	onai interviews with t	imu parties such as fan	mry memoers, o	usiness associates,
I certify that I have read an Signature of applicant	nd understand the above inf	formation and that all	answers to the above	questions are true and		
Signature of applicant					•	
Additional Information						
Please provide information recent employer	as to your employment and	d/or companies repres	ented during the last f	five (5) year period. Be	egin with the cu	rrent or most
and chronologically cover	past five (5) year period. If	additional space is nee	eded, please use blank	space provided on this	form.	
1. Employer name			Address			
City		State	ZIP code	Phone number (in	naluda anaa aad	(a)
City		State	ZIF code	r none number (th	исние атей сой	<i>e)</i>
Dates of employment		· ·	Position(s) held			
From:	To:					
2. Employer name			Address			
		1-				
City		State	ZIP code	Phone number (in	ıclude area cod	e)
Dates of employment			Position(s) held			
From:	To:					
3. Employer name			Address			
City		State	ZIP code	Phone number (in	ıclude area cod	le)
Dates of employment			Position(s) held			
From:	To:					
4. Employer name			Address			
G:1-		1 64-4-	ZID 1.	DI	1 1 1	
City		State	ZIP code	Phone number (in	iclude area cod	e)
Dates of employment		•	Position(s) held			
From:	То:					
List other companies yo	ou currently represent.					
Name		Address		City	State	ZIP code
Name		Address		City	State	ZIP code
Name		Address		City	State	ZIP code
		1			1	
Name		Address		City	State	ZIP code
	c 1 17					
Space for explanation o	i questions 1 – 15.					
Assignment of Commis	sions (Applicable states on	ely)				
Ι,		A	o hereby request that	any and all commissior	is due and owin	g to me from
Anthem		u	s norce; request that t	, una un commissioi	due und owni	5 10 me nom
Blue Cross and Blue Shi	ield and/or Anthem Life	Insurance Compan	y to be paid to	of		
		*		Name of Agency		Address
Signature of agent				Dat	e	

Signatory Verification

The undersigned has reviewed the attached application(s) for licensing/appointment from the above and attests to	ts truthfulness. A copy of the
agent/agency	
license is attached.	
Signature of Broker/Agency Principal	Date