



BEST Life and Health Insurance Company  
P.O. Box 3023  
Meridian, ID 83680-3023

### Agent/Agency Appointment Data Sheet

Name of Licensee: \_\_\_\_\_  
(Name of individual or company to be appointed)

Business Address: \_\_\_\_\_  
(Please use Street Address Only)

\_\_\_\_\_ City State County Zip

Residence Address: \_\_\_\_\_  
(Please use Street Address Only)

\_\_\_\_\_ City State County Zip

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Tax ID: \_\_\_\_\_ SS: \_\_\_\_\_

Companies that you currently represent: \_\_\_\_\_

License Number: \_\_\_\_\_  
(Attach photocopy of present license)

Check which license you are currently holding

- Life Only     Life & Disability

Check one of the following – You are D.B.A.

- Partnership     Individual     Corporation

Do you have Errors & Omissions Insurance?

\_\_\_\_\_ Policy Number Company

How did you hear about BEST Life?

- Email     Account Executive phone call     Direct Mail  
 Industry Event: \_\_\_\_\_  General Agency: \_\_\_\_\_  
 Referral (other): \_\_\_\_\_  Trade magazine: \_\_\_\_\_

The insurance departments of the various states require companies to investigate the competence, character and financial background of agents. Therefore, please provide the information below in your own handwriting.

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 misdemeanor, involving fraud, dishonesty, misrepresentation, mishandling of money (such as larceny, embezzlement, conversion, etc.)?  
\_\_\_\_\_
4. Have you ever had an agency contract canceled involuntarily?  
\_\_\_\_\_

5. Does any insurer or general agent claim any indebtedness in default by you or your agency under any contract or otherwise?

\_\_\_\_\_

6. Are there any outstanding judgments against you?

\_\_\_\_\_

7. Have you ever been adjudged bankrupt or been involved in any insolvency proceedings such as receivership?

\_\_\_\_\_

**If you've answered "yes" to any of the previous 7 questions, please attach further details**

**THREE-YEAR EMPLOYMENT HISTORY**

Complete address of companies represented for the past three years and dates. Please be advised, a background investigation / investigative consumer report may be necessary in the state you are requesting a license.

Company Rep.: \_\_\_\_\_ From: \_\_\_\_\_

Address: \_\_\_\_\_ To: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Company Rep.: \_\_\_\_\_ From: \_\_\_\_\_

Address: \_\_\_\_\_ To: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Company Rep.: \_\_\_\_\_ From: \_\_\_\_\_

Address: \_\_\_\_\_ To: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I, the undersigned, by my signature below hereby agree and certify that:

1. I am currently authorized to sell Life, A&H, and Disability Insurance products in my state of residence, and that I am in good standing with the insurance regulators of the said state.
2. The answers and information provided in this questionnaire in my own handwriting is true.
3. I authorize all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, former employers and the military services to release all written and verbal information about me BEST Life. I release them from any liability, and responsibility for doing so. I also authorize the procurement of a consumer credit report and understand that it may contain information about my background, mode of living, character and personal reputation. This authorization, in original or copy form, shall be valid for this and future reports or updates that may be requested.
4. I understand that by signing this application I become a member of the BEST Employers Association, the Association that sponsors the Beneficial Employees Security Trust ("B.E.S.T.") that funds BEST Life and Health Insurance Co. plans. I agree to the \$0.50 monthly due that will be deducted from my Agent Service Fees. This will also provide me access to benefits offered by BEA.

*Note: Date of Birth is necessary to verify an applicant's criminal and driving history. The Federal Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age.*

**X** \_\_\_\_\_  
Signature and date Please print first and last name

Please return completed and signed form to: **BEST Life and Health Insurance Company  
ATTN: AGENT APPOINTMENT PROCESSING  
P.O. Box 3023  
Meridian, ID 83680-3023**