

**Please check one:**  Individual  Partnership  Corporation  Sole Proprietor

**BACKGROUND QUESTIONNAIRE**

Name \_\_\_\_\_ Corporate Name \_\_\_\_\_  
 Writing Agent  Company Officer  Both (If applicable) \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Company Tax I.D. Number \_\_\_\_\_  
 Residence Addresses \_\_\_\_\_ **Please select one of the following.**  
 City \_\_\_\_\_ **Send mail to the BGA** \_\_\_\_\_ **Send Mail to agent** \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip code \_\_\_\_\_

**\*\*\*\*\* The address in the Mailing Address field will be utilized for mailing purposes \*\*\*\*\***  
 \*Physical Business Address for the Agent \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 \* This address will be used for compliance purposes.  
 Home ( ) \_\_\_\_\_ Business Telephone ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Spouse Name \_\_\_\_\_ Email Address \_\_\_\_\_

**LICENSES/ SOLICITATION STATES/ TARGET MARKETS/ DESIGNATIONS**


**STATES WHICH YOU PLAN TO SOLICIT:**  
 Resident License #: \_\_\_\_\_ State: \_\_\_\_\_ List all states in which you plan to solicit: \_\_\_\_\_  
 How long have you been licensed \_\_\_\_\_ Circle appropriate designations/industry awards: CLU, ChFC, CFC, MDRT, NQA, Other: \_\_\_\_\_  
 What is your target Market: Middle class \_\_\_ Upper middle class \_\_\_ Other \_\_\_ If other, must explain.  
 \*\*\* We process just in time appointments for states that are not considered restricted\*\*\*

**BUSINESS/PERSONAL EXPERIENCE**

**\*\*\*List employment history for past 5 years on separate paper and attach\*\*\***

Yes	No	
_____	_____	Have you ever, or do you currently represent West Coast Life Insurance Company?
_____	_____	Has any insurance company or securities broker-dealer ever terminated your contract other than for lack of production?
_____	_____	Do you have E & O coverage? (Please provide verification of coverage)
_____	_____	Have you ever had a claim filed against your E & O insurance coverage?
_____	_____	Have you ever been bankrupt or insolvent, either personally or in business?
_____	_____	Have you ever had any liens or judgments, either personally or in business?
_____	_____	Have you ever been investigated by any state insurance department or government agency?
_____	_____	Have you ever had an insurance license denied or revoked by a state or province?
_____	_____	Has a bonding company denied, paid out on, or revoked a bond for you?
_____	_____	Have you ever been convicted or or plead guilty or plead no contest to a felony or misdemeanor other than those involving minor traffic violations?
_____	_____	Have you ever been on probation?
_____	_____	Are you now the subject of any complaint, investigation or proceeding that could result in a "Yes" answer to any of the above questions?

**If any answer is "yes" to above questions, please provide complete explanation on separate paper and attach.**  
 I certify that all statements are correct to the best of my knowledge. I understand that in compliance with the Federal Fair Credit Reporting Act (15 USC Section 1681, et sequellae), an investigative consumer report may be requested from a reporting agency to secure and provide information concerning my character, general characteristics, mode of living, and the accuracy of the statements made in this application. Subsequent investigative reports may be requested to update your file as needed. Upon written request, additional information as to the nature and scope of the report, if one is requested, will be provided.

Signature \_\_\_\_\_  Date \_\_\_\_\_

West Coast Life Insurance Company has caused this Agreement to be signed and the Agent acknowledges his or her voluntary consent by signing below.

This Agreement, when executed, will become effective on \_\_\_\_\_, 20\_\_.

In witness whereof, the parties have executed this Agreement this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

By my signature, I attest that I have reviewed and received a copy of this entire contract.

\_\_\_\_\_  
Agent Signature



\_\_\_\_\_  
Barry K. Brown, 2<sup>nd</sup> Vice President  
Licensing, Contracting and Compensation  
WEST COAST LIFE INSURANCE COMPANY

Supplements to this Contract include:

- |                   |                   |
|-------------------|-------------------|
| 1) Form No. _____ | 3) Form No. _____ |
| 2) Form No. _____ | 4) Form No. _____ |

**West Coast Life Insurance Company**  
**SOLICITOR'S APPOINTMENT REQUEST & AGREEMENT OF CONDITIONS**

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West Coast Life Insurance Company, (herein referred to as Company) is hereby requested to make application to the Department of Insurance of the State of \_\_\_\_\_ for the issuance of a life insurance agent's license and/or appointment authorizing \_\_\_\_\_ (herein referred to as Agent) to solicit applications on behalf of the Company.

I hereby agree that your consent to the issuance of such license and/or appointment is subject to, and I hereby agree to be bound by, each and all of the following conditions:

I shall be an Agent # \_\_\_\_\_ assigned to the jurisdiction of \_\_\_\_\_  
(Agent or Agency)

The Company has no obligation to me for commissions, expense allowances or any form of compensation whatsoever in connection with the services performed and expenses incurred by me in the solicitation of applications for insurance issued by the Company. It is expressly understood that I am under direct contract with my General Agent who has personally agreed to compensate me for such services.

Earnings on commissions will be reported to the IRS for the Agency who signed the Independent Agent's Agreement on which commissions are being paid.

I have no employment contract with the Company, and I am not, and I shall refrain from holding myself out as an employee, partner, joint venturer, or associate of the Company.

I shall comply with the rules, regulations and rate books of the Company, the laws of the states I am licensed in, and the regulations of the Department of Insurance relating to my activities in the solicitation of insurance.

I shall not alter, modify, waive or change any of the terms, rates or conditions of any advertisements, receipts, policies or contracts of the Company in any respect.

I shall promptly remit to the Company any and all monies or securities received by me on behalf of the Company as full or partial payment of first year or renewal premiums, or any other item whatsoever.

I shall not obligate the Company nor incur expense on its behalf in any manner whatsoever.

The Company may without liability to me whatsoever, upon request of my General Agent, or upon its own initiative, cancel my appointment at any time.

The foregoing applicant is hereby recommended for appointment as an Agent assigned to my agency, subject to the terms of my Independent Agent's Agreement with the Company and this request.

\_\_\_\_\_  
Agency Principal Signature

This Agreement, when executed, will become effective on \_\_\_\_\_, \_\_\_\_\_

The parties have executed this Agreement this \_\_\_\_\_ day \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Agent Signature



\_\_\_\_\_  
Barry K. Brown, 2<sup>nd</sup> Vice President  
Licensing, Contracting and Compensation  
WEST COAST LIFE INSURANCE COMPANY



**West Coast Life  
Insurance Company**  
A PROTECTIVE COMPANY

## COMMISSION DIRECT DEPOSIT

*With West Coast Life's Commission Direct Deposit, your commission earnings will be deposited directly into your checking account.*

Please complete this form and mail or fax it along with your **VOID CHECK** to the following address:

West Coast Life Insurance Company  
Commission Service Department  
PO Box 2606  
Birmingham, AL. 35202  
**OR**  
Fax: (205) 268-3169

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### Commission Direct Deposit Authorization

I authorize West Coast Life Insurance Company to initiate entries and to initiate, if necessary, a debit entry for any credit entry made in error to my (our) account listed below.

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Agent Number

\_\_\_\_\_  
Your Signature



\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

This authority will remain in effect until West Coast Life Insurance Company has received written notification from me that I wish to discontinue participation in the Commission Direct Deposit program.

**DON'T FORGET TO ATTACH A VOID CHECK. YOUR REQUEST CANNOT BE PROCESSED WITHOUT IT.**