



Health Choice One

Agent Data Form

Recruiter / GA Name: Lance Zeidman

Please email or fax this packet back to:

Contracts@healthchoiceone.com

866-763-1086 Fax

Please be sure to include:

- 1.) Current copy of Insurance License(s) / Agency License(s)**
- 2.) Voided Check for Direct Deposits of Commissions**
- 3.) HCO EFT**
- 4.) Current copy of E&O**
- 5.) HCO Independent Agreement**
- 6.) Explanation / Supporting Docs for any “yes” answers**

Omitting ANY of these pieces of information will delay the contracting process



Agent Data Form

Personal Information:

GA Name: Lance Zeidman

| | | | | |
|---------------------|----------------|------------|------------------------|--------------------------------|
| _____ | _____ | _____ | | |
| First Name | MI | Last Name | | |
| _____ | _____ | _____ | _____ | _____ |
| Residential Address | City | State | Zip | Length of time at this address |
| _____ | _____ | _____ | _____ | _____ |
| Date of Birth | Place of Birth | M/F | Social Security Number | |
| _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | | |
| Email Address | Home Phone | Cell Phone | | |

Agency Information:

| | | | | | |
|-------------------------------------|--------------------------------------|--------------------------------------|------------------------------|-----------------------------|-----------------------|
| _____ | _____ | _____ | _____ | _____ | |
| Agency Name | | Insurance Licensed: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| _____ | _____ | _____ | _____ | _____ | |
| Business Mailing Address | City | State | Zip | | |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> LLC | _____ | |
| | | | | Tax ID | _____ |
| | | | | | Date of Incorporation |

Personal References:

| | | | | | |
|-------|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | | |
| First | Last | First | Last | | |
| _____ | _____ | _____ | _____ | | |
| City | State | Phone | City | State | Phone |

Please email or fax both pages of this contracting sheet and supporting documents to:

Contracts@healthchoiceone.com

866-763-1086 Fax

Background Information:

GA Name: Lance Zeidman

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? Yes No
- 2.) Have you ever had a Civil Judgment entered against you? Yes No
- 3.) Have you ever filed bankruptcy or reorganization either personal or business? Yes No
- 4.) Has an Insurance Company ever cancelled a contract with your for cause? Yes No
- 5.) Have you ever had a bond declined or cancelled? Yes No
- 6.) If currently licensed, has your insurance license ever been cancelled or suspended? Yes No
- 7.) Have you ever withdrawn an application or surrendered a license to avoid discipline action? Yes No
- 8.) Have you ever been refused an insurance license in any state? Yes No
- 9.) Have you ever been fined by any insurance regulatory authority? Yes No
- 10.) Have you ever been named as a party in a lawsuit or had civil charges filed against you? Yes 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? Yes No
- 12.) Do you have any outstanding liens (tax or otherwise) or judgments (civil or otherwise) Yes No
- 13.) Is your primary source of income from Life and Health insurance sales? Yes 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:

- Aetna Assurant Companion HumanaOne RMHP
- Anthem Celtic CoventryOne Kaiser United American
- ARIC Cigna Golden Rule (UHO) Madison Nat'l World