



Fax completed form to 641-755-4786 or email to jesslinger@BILTD.com

If you have questions regarding this appointment process please call 888-816-4901

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Agency or DBA Name \_\_\_\_\_ Web site Address: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Business Telephone: \_\_\_\_\_ Business Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_

**Please check all the insurance contracts below that you have through Brokers International Ltd.**

Aviva     American Equity     Allianz     Other \_\_\_\_\_

What are the primary carriers you use? \_\_\_\_\_

Have you attended CEP training since May 2008?  Yes     No    If Yes what was the date: \_\_\_\_\_

**The questions below must be completed by the Agent: (Please attach a detailed letter of explanation for any questions that is marked "YES")**

1. Have you ever been convicted or pled guilty to a crime other than a non-felony traffic violation?      Yes       No
2. Have you filed bankruptcy, been insolvent or made a compromise with creditors within the last 10 years?      Yes       No
3. Are you currently indebted to any insurance company?      Yes       No
4. Do you have any lawsuits, judgments, Federal or State Tax Liens outstanding against you?      Yes       No
5. Have you ever been suspended, disqualified, or disciplined by any state, federal or self regulatory body?      Yes       No
6. Have you ever had an appointment canceled by an insurance company for any reason other than low production?      Yes       No

I, \_\_\_\_\_, hereby authorize Brokers International Financial Services, LLC to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those mandated by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for appointment. I release Brokers International Financial Services, LLC and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used. I affirm that all the information provided on the foregoing application is true, accurate and complete to the best of my knowledge. Should any of the information change, I will promptly notify Brokers International Financial Services, LLC in writing.

Print Agent Name: \_\_\_\_\_ Agent Signature: \_\_\_\_\_

Marketing Organization Name: \_\_\_\_\_

<b>This Section for Home Office Use Only</b>				
_____ In Process	_____ CEP	_____ Contracts	_____ Production	_____ AT Training
_____ Approved	_____ List	_____ Materials		
_____ Denied	Reason _____			



\_\_\_\_\_ New instructions \_\_\_\_\_ Change to existing Instructions

I hereby authorize Brokers International Financial Services, LLC. ("Company") to initiate credit entries and to initiate, if necessary, debit entries and adjustment for any credit entries in error to my account as indicated below, and the depository institution ("Depository"), named below to credit and/or debit the same to such account.

\_\_\_\_\_  
Name on Bank Account

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Representative's Name

Transit /ABA Number	Account Number	
Bank Account Type ____ checking ____ savings (Individual Accounts Only) For checking accounts attach a preprinted voided check.		
Depository/Bank Name	Bank branch Phone Number	
City	State	Zip Code

This authority is to remain in full force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

**A preprinted "voided" check must be attached to this form. Deposit slips and temporary checks are not acceptable. Brokers International Financial Services, LLC. is prohibited from making a deposit into any of the following types of accounts: corporate accounts, including limited liability corporations, trustee accounts, and accounts containing any third party entities in the account name** The latter includes, but is not limited to, examples such as John Doe (rep name) Insurance Services, Jane Doe (rep name) Financial Services Agency, Joe Doe & Associates, etc.

May take 4 weeks for process to be completed.

For Company use only:

Date received \_\_\_\_\_ Processed by \_\_\_\_\_