

AGENT APPOINTMENT INFORMATION FORM

PLEASE SELECT BOTH BCS INSURANCE COMPANY BCS LIFE INSURANCE COMPANY

FOR AGENCY APPOINTMENT: (Required only if agency appointment is being requested)

Agency Name as shown on license: _____ FEIN: _____

Agency Address: _____

WEBSITE ADDRESS: _____

NOTE: A data sheet should be completed for each licensed individual named on agency license.

FOR AGENT APPOINTMENT:

Agent Name as shown on license: _____

If known by any other name indicate here: _____

E-mail Address: _____ Date of Birth: _____ Social Security No.: _____

Home Address: _____

City/County/State/Zip _____ Phone # _____

Business Address: _____

City/County/State/Zip _____ Phone # _____

Attach a copy of a current license for every state where appointment is being requested. Agent previous employment (5 years):

EMPLOYER	ADDRESS	FROM:	TO:	REASON FOR LEAVING

- | | | |
|--|--------------------------|--------------------------|
| Background information to be supplied by Applicant (individual and/or agency). | Yes | No |
| 1. Have you ever been known by another name? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever applied for employment or a contract as an agent or broker with or ever employed or contracted by BCSI/BCSL? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever applied for a license and/or been appointed as an agent or broker with BCSI/BCSL? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you filed for, or been discharged from, any bankruptcy, insolvency, or assignment for the benefit of creditors with a filing or discharge date, whichever is later, within the last five years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have delinquent unpaid debts, including, but not limited to, loans, tax liens, outstanding civil judgments, child support payments, or alimony payments, exceeding, in total, \$10,000? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you been convicted, pled guilty, or pled no contest to any misdemeanor involving dishonesty or breach of trust within the last five years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you been convicted, pled guilty, or pled no contest to any felony? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has your insurance license ever been revoked by, or surrendered to, any state or have you ever been fined, penalized, sanctioned, or subject to any other disciplinary action by a state or federal regulatory agency or self-regulatory organization as a result of your activities in the business of insurance, securities, banking, investment banking, or real estate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you now the subject of any complaint, investigation, or proceeding that could result in a YES answer to any of the previous questions? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered YES to any question, provide complete details and appropriate documents such as official court records.

I authorize all corporations, companies, educational institutions, persons, law enforcement agencies, and former or current employers to release all written and verbal information about me to any reporting agency selected by BCSI/BCSL. I release them from any liability and responsibility for doing so. I also authorize BCSI/BCSL to procure a consumer/credit/criminal background report ("Consumer Report") for the purpose of reviewing and determining my trustworthiness in being appointed, licensed, or contracted ("appointment") as a BCSI/BCSL agent. I have been given a stand-alone consumer notification that a Consumer Report will be requested and used for the purpose of evaluating me for appointment. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested, to the extent allowed by law.

I hereby verify the foregoing answers and statements, I authorize BCSI/BCSL to release any information obtained, for the purpose of processing my application for appointment, to any BCS affiliate or to the principal of the agency recommending my appointment to BCSI/BCSL. I understand and agree that any misrepresentation of fact, whenever discovered, will be the basis for termination for cause of any such appointment. I hereby certify that I have never been convicted of a state or federal felony crime and certify that if in the future I am convicted of a state or federal felony crime, I will promptly notify BCSI/BCSL to that effect.

I agree to immediately notify your office of any material changes in the above information.

Agent Signature: _____

Date: _____

BCS INSURANCE COMPANY/BCS LIFE INSURANCE COMPANY

CONSUMER NOTIFICATION

UNDER THE FAIR CREDIT REPORTING ACT

This is to inform you that a consumer report or an investigative consumer report may be obtained from a Consumer Reporting Agency for the purposes of reviewing and determining your worthiness in being approved and/or licensed as a BCSI/BCSL agent.

This report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living from public record sources or through personal interviews with your neighbors, friends, or associates. You will receive a copy of whatever credit report we obtain prior to our taking any adverse action against you. You may also have a right to request additional disclosures regarding the nature and scope of the investigation.

THIS CONSUMER NOTIFICATION TO BE RETAINED BY THE APPLICANT.

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