

# Solicitors appointment instructions WCL

## **Please Read**

**A “*solicitor appointment*” should be used only for agents who are assigning their commissions to an agency or other entity. The soliciting agent will not receive a 1099 or commissions under this agreement. All commissions and 1099's will be directed to the agency or other entity to whom commissions are assigned. The assignee (agency or entity receiving commissions) must also be appointment using the “*Agent appointment Kit*”**

01. Complete the Three (3) page solicitor appointment paperwork
02. Include a copy of your State License
03. Include a copy of your E7O insurance
04. Mail all to:

**Sierra Vista Marketing  
634 Saint Marks St. Suite B  
Redding, Ca 96003**

(Do not mail appointments direct to West Coast Life, this will only cause delays and your appointment will be returned).

Note: Appointments paperwork and applications maybe submitted simultaneously in the following States. Your appointment paperwork must be dated one day prior to the date on the application.

AZ, CA, NV, OR, ID.



Please check one:  Individual  Partnership  Corporation  Sole Proprietor

**BACKGROUND QUESTIONNAIRE**

Name \_\_\_\_\_

Writing Agent  Company Officer  Both

Corporate Name \_\_\_\_\_

(If applicable) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Company Tax I.D. Number \_\_\_\_\_

Residence Addresses \_\_\_\_\_

Mailing Address \_\_\_\_\_

**If less than 5 years, list previous addresses separately**

City \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Residence Telephone ( ) \_\_\_\_\_

Business Telephone ( ) \_\_\_\_\_

Birthdate: \_\_\_\_\_ Spouse Name \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

**LICENSES/DESIGNATIONS**

**STATES WHICH YOU PLAN TO SOLICIT: (Submit a copy of a current license for each state indicated below)**

Resident License #: \_\_\_\_\_ State: \_\_\_\_\_

List all states in which you plan to solicit: \_\_\_\_\_

Circle appropriate designations/industry awards: CLU, ChFC, CFC, MDRT, NQA, Other: \_\_\_\_\_

**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 plead guilty or no contest to a crime other than a misdemeanor?
_____	_____	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**  
**SOLICITOR'S APPOINTMENT REQUEST & AGREEMENT OF CONDITIONS**

---

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

\_\_\_\_\_  
Mark S. Rush, Senior Vice President Marketing  
WEST COAST LIFE INSURANCE COMPANY