



# Agent Appointment Application

Agent Sales Support  
P.O. Box 9074  
Oxnard, CA 93031-9074



## Appointment Type

- Direct Appointment
- Subagent Appointment

Agency Name	Agent Name
General Agent Appointment	Agent/Agency TIN (Tax ID No.) or EIN

General Agent Name WILLIAM E. SMALLWOOD II	General Agent TIN (Tax ID No.) or EIN
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## Writing Agent Information

Agent/Agency Name		Agent TIN (Tax ID No.) or EIN	
Physical Address	City	State	ZIP Code
Mailing Address (if different from above)	City	State	ZIP Code
Business Phone No.	Business Fax No.	Primary E-mail Address	
License Type (attach a copy)		Organizational Type	
<input type="checkbox"/> Life <input type="checkbox"/> Fire & Casualty		<input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other	
Are you bilingual?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language(s) do you speak? _____			
Has your agent license ever been suspended, revoked, or terminated?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explanation _____			
Are you currently appointed with Blue Cross of California?		Agent TIN (Tax ID No.) or EIN	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter your TIN _____		_____	
Errors & Omissions coverage is required. Please attach a copy of your certificate.			
<input type="checkbox"/> Check box once you have attached your E&O certificate.			
As stated in the agent agreement, do you understand that production requirements must be met in order to maintain your contract with Blue Cross of California? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**PLEASE NOTE: This application cannot be processed unless all questions have been answered and copies of your license and E&O certificate, and a check for \$24.00 made payable to Blue Cross of California has been sent.**

I understand that commissions are payable by Blue Cross of California. However, in the case of Individual business being sold through a General Agency or when a special arrangement exists where a commission is split, a General Agency may be responsible for commission payment. In those cases, under no circumstances whatsoever shall I have any claim against Blue Cross of California for compensation, expenses or any other payment. I also understand that Blue Cross of California reserves the right to terminate my appointment and that I am solely responsible for my training, supplies and correspondence with Blue Cross of California. I acknowledge that I have read, understand and agree with the terms of the agent agreement.

Agent Signature <b>X</b>	Date	Regional Sales Manager/Regional Sales Representative <b>X</b>	Date
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If applicable:

Subagent Signature <b>X</b>	Date	General Agent Signature <b>X</b> <i>William E. Smallwood II</i>	Date
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# Signature Sheet

Individual and Small Group Services  
P.O. Box 9074  
Oxnard, CA 93031-9074



THIS AGREEMENT is entered into by and between \_\_\_\_\_  
a licensed California disability agent or insurance broker (herein "Agent"), and Blue Cross of California, a California corporation and/or  
its affiliate(s) (herein jointly and severally "BCC"), and consists of:

1. This SIGNATURE SHEET, and
2. The attached Agreement (5115 3/04), and
3. The attached Commission Schedule(s) (IS 2223 3/04), (6212 6/03), and (IS 2203 3/04).

Tax Identification No. \_\_\_\_\_  
(To be completed by Blue Cross of California)

**BENEFICIARY** (For the purpose of paragraph 3.4):  
(Not applicable for corporations or Group Plan Programs)

Name \_\_\_\_\_

Relationship to Agent \_\_\_\_\_

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

### AGENT INFORMATION

Agent Name (Please print) \_\_\_\_\_

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

License(s) - Type and Number(s) \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP Code \_\_\_\_\_

**CONTINGENT BENEFICIARY**  
(If Primary Beneficiary predeceases the Agent.)

Name \_\_\_\_\_

Relationship to Agent \_\_\_\_\_

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

### BLUE CROSS OF CALIFORNIA

By \_\_\_\_\_  
Mary Floyd  
Vice President, Agency Sales

### CORPORATE INFORMATION

Corporate Name (For corporate license) \_\_\_\_\_

Corporate Officer and Title (If applicable) \_\_\_\_\_

Effective Date (To be completed by Blue Cross of California) \_\_\_\_\_