



Corporate Offices: One Pre-Paid Way  
Ada, OK 74820 • www.LegalShield.com  
800-654-7757

# Broker/Agency Application

**To represent LegalShield as a broker/agency you must currently operate as a licensed insurance broker/agency with a minimum of 500 lives covered.**

## Company Information

Applying as:  Company  Individual

Name \_\_\_\_\_

DBA (must match IRS records) \_\_\_\_\_

SSN/Tax ID# \_\_\_\_\_ Years established \_\_\_\_\_

Address Line One \_\_\_\_\_

Address Line Two \_\_\_\_\_

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

Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_

• Number of producers \_\_\_\_\_

• Contact name and title of producer working this agreement \_\_\_\_\_

• **Lives Covered:**  500 to 1,000  1,001 to 2,000  Over 2,000  
(If less than 500, producer/agency is not eligible to participate in our broker/agency program. Please talk to the person who introduced you to LegalShield about a direct sales position.)

• **Current products offered:**  Life/Health  Property/Casualty  
 Other voluntary employee benefits  Other

• **Do you market to:**  Individuals  Groups  Both

• **In what states do you market?** \_\_\_\_\_

• **Are the licenses:**  Individual  Agency

List of licenses: \_\_\_\_\_

• **Are you:**  Captive  Independent

• **Is this brokerage/agency or any of its producers currently or ever been an Associate of LegalShield? If yes, please provide that information.**

\_\_\_\_\_  
\_\_\_\_\_

(Any existing group accounts of LegalShield are not eligible for enrollment by this producer/agency applicant. Our intent is to introduce new individuals to our products via payroll deduction.)

## 2. Account Information

Please list the individuals authorized to call and have access to your company's information.

### Compensation Contacts

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

### Account Manager(s)

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

### Benefits Administrator(s)

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

## 3. Payment Options

To receive payment via Electronic Funds Transfer, please fill in the information below. If no EFT data is on file, commissions will be paid monthly via a paper check. *(Subject to minimum accrual and other criteria established by LegalShield.)*

Daily       Weekly       Monthly       Direct Deposit (A voided check is required to set up a direct deposit.)

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

Financial Institution \_\_\_\_\_

Routing/Transit # \_\_\_\_\_ Account # \_\_\_\_\_



## 4. Consent to Background Check

(Required only if applying as an individual)

I, \_\_\_\_\_, hereby attest that I am authorized to provide the information on this form and that it is true and accurate to the best of my knowledge. I understand that LegalShield will verify all or part of this information which may include an inquiry into my criminal history, and/or prior employment, and/or prior relationships with companies with which I have worked as an Agent/Producer and I consent to such inquiry. I authorize release of such information as may be necessary to verify the information I have provided on this form. I release and hold harmless from all liability any individual or entity requesting or supplying information with respect to my application to be appointed as an Agent/Producer. My signature below also certifies that I have not been convicted of any criminal felony involving dishonesty or breach of trust nor an offense under Section 1033 of the Violent Crime and Law Enforcement Act of 1994. I understand submission of this application is not a guarantee of acceptance and I will be notified by LegalShield as to whether my application has been accepted.

## Consent to Recognition

LegalShield incentives are designed to promote and motivate associates through recognition. By participating in any LegalShield incentive or bonus program, and to receive benefits, cash or otherwise, the associate, Broker and General Agent, agrees to have his/her full name or business name, associate title, level, or standing published and recognized in LegalShield marketing materials, whether oral, written or electronic.

I agree to being recognized:  Yes  No Preferred Recognition Name \_\_\_\_\_

## 5. Request for Taxpayer Identification Number and Certification

This section provides all pertinent IRS W-9 information necessary for the completion of 1099 forms.

**Name** (As shown on your income tax return)

**Check appropriate box:**

Individual/Sole Proprietor

Corporation

Partnership

Limited Liability Company

**Enter tax classification:** (D=Disregarded Entity, C= Corporate, P=Partnership) \_\_\_\_\_  Other \_\_\_\_\_

**Check here if exempt payee**

**Address Line One** (Street Name) \_\_\_\_\_

**Address Line Two** (Suite, Apartment Number) \_\_\_\_\_

**Taxpayer Identification Number** (TIN) \_\_\_\_\_

The TIN provided must match the name given in this section to avoid backup withholding. For individuals, this is a Social Security Number (SSN). For other entities, it is your Employer Identification Number (EIN). If no Government identifying number, or need assistance, please visit [www.irs.gov](http://www.irs.gov).

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

**Social Security Number or Employer Identification Number** \_\_\_\_\_

## 6. Certification

### Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined in the instructions).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

1. Have you pled to, or been convicted of, a felony?  Yes  No
2. Has anyone who might write business under this Agreement pled to, or been convicted of, a felony?  Yes  No
3. Has any professional license held by you in any state been suspended or revoked?  Yes  No
4. Has any professional license held by anyone who might write business under this Associate Agreement in any state been suspended or revoked?  Yes  No
5. Do you, or does anyone who might write business under this Associate Agreement, have any unresolved pending arrests and/or charges?  Yes  No

If you answered "Yes" on any of these questions, please send documents concerning the matter. Having a felony will not necessarily preclude your acceptance. If any changes occur to the answers you've given above after your Agreement is approved, you are required to notify LegalShield immediately.

By signing below I am agreeing to allow LegalShield to perform a background check on me as well as acknowledge that I have provided accurate information.

**Applicant Signature** X \_\_\_\_\_ **Date** \_\_\_\_\_



## 7. Payment Information

Your credit card charge or check is your receipt.

**Start Up Fee:** \$ \_\_\_\_\_

**Paid By:**  Money Order  Check  Credit Card

**Amount to be charged:** \$ \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_

**X** \_\_\_\_\_  
Signature of Cardholder

I authorize LegalShield, to make direct payment by charge or draft of my credit card, checking or savings account from the financial information listed above. When I provide a check as payment, I authorize LegalShield to convert the paper check to an electronic fund transfer from my account. Funds may be withdrawn from my account as soon as the same day payment is received. For inquiries, please call 855-572-7653.



## 8. Associate Section - Broker Application

You must be broker certified to recruit this broker.

**Sponsoring Associate** \_\_\_\_\_ **Sponsoring Associate Number** \_\_\_\_\_

**Placing Associate** \_\_\_\_\_ **Placing Associate Number** \_\_\_\_\_  
(Must be Broker Certified)

**Who has the relationship with the broker/agent?**

**Sponsoring Associate** \_\_\_\_\_ **Placing Associate** \_\_\_\_\_

**If neither, please explain** \_\_\_\_\_

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**Producer Name and Title you will be working with in this agency** \_\_\_\_\_

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### Did you include?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| • Signed and Completed Broker/Agency Application                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Signed Broker/Agency Agreement  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Copy of Resident/Non-Resident License                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Copy of Declaration Page from Errors and Omissions Insurance, if applicable | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Payment for this agreement  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Voided Check, if applicable   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If not, please explain \_\_\_\_\_

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