



# Broker/Agency/Division Clearance Submission Form

Upon LegalShield's approval of this Clearance request, the BCA-Q Associate has thirty (30) calendar days to contact the Broker/Agency prospect and notify LegalShield of the progress, through the submission of the Broker Division Contact form, in order to maintain clearance. In addition to submitting the initial Clearance Form, LegalShield has the right to reassign clearance six months after approval if no status of the progression of the relationship has been submitted.

Date: \_\_\_\_\_

Name/Title of Contact: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Email: \_\_\_\_\_

Corporate Headquarters (if applicable): \_\_\_\_\_

Corporate Website: \_\_\_\_\_

Name of Local Office (Broker/Agent/Insurance Intermediary): \_\_\_\_\_

**(\*If this is an Upline Assist, Associate name and number is required)**

Are you working w/ an RSM?  Y  N

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

Specifications of Clearance Request: \_\_\_\_\_

Is this a personal relationship?  Y  N (Expand on relationship if Non-Broker Certified):

**(By Signing This Clearance I Will Comply With the Terms of This Agreement)**

Associate Signature: \_\_\_\_\_

Date: \_\_\_\_\_

A MAXIMUM OF TEN (10) OPEN BROKER/AGENCY CLEARANCES WILL BE ALLOWED AT ANY TIME. This Clearance Form does not give ownership of exclusivity of the contact. LegalShield reserves the right to amend or modify the broker program at any time. LegalShield reserves the right to accept or reject any submission and change any assignment, designation or appointment at any time. All broker accounts, relationships and broker information are the property of LegalShield.

\*Upline involvement will be required until "downline associate" is broker certified. FAX completed forms to 580.421.6315; email to brokerdocs@legalshield.com OR upload documents on the Broker Tab of the back office.