



Gateway Insurance Marketing, Inc.

P. O. Box 550
Stockton, MO 65785

Wats: 1.800.368.6711

417.276.4400

Fax: 800.553.6440

email: gatewayi@ipa.net

BCBS OF COLORADO CONTRACTING INSTRUCTIONS

(PLEASE FOLLOW CAREFULLY)

1. Please print the following contract, and completely fill out all its pages.
2. Make a copy of your CURRENT insurance license.
3. Please fax the following to 800-553-6440:
 - The completed, entire contract (4 pages not including this page)
 - A copy of your CURRENT health and life insurance license.

FAX TO:

Gateway Insurance Marketing
Attn: BCBS CO
800-553-6440

If you have any questions about this process, or BlueCross/BlueShield of Colorado products, please call Gateway at 800-979-6711, or send email to damiengs@ipa.net

Thanks,

Gateway Insurance Marketing Team

Personal Data Sheet



Instructions:

1. Complete all sections of the Personal Data Sheet. A form will need to be completed for each individual or corporation who will receive commissions
2. Attach a copy of your current resident license. Attach a copy of any non-resident license in which you are requesting appointment. If commissions are to be paid to a corporation, include a copy of both the individual and corporate license.
3. Send completed Personal Data Sheet, state required form, if any, and copy of current license to appropriate Anthem affiliate.

For Office Use Only	
Producer number	Other

Applicant Information			
Agent name	Social Security number	Date of birth	
Business address	City	State	ZIP code
Business county	Business phone number (include area code)		
Business fax number (include area code)	Currently licensed to sell life business? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list resident state	
Currently licensed to sell health business? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list resident state		
Resident address	City	State	ZIP code
E:mail address	Resident county	Resident phone (include area code)	

1. Have you ever been known by any name other than that noted as agent name? <i>If yes, please list on back of the form.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is your primary source of income from Life & Health Insurance Sales? <i>If no, explain on back of the form.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you now working full time in the insurance business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever been fined, censured or reprimanded by any insurance regulatory body? <i>If yes, explain fully, including the date, state and nature of the infraction on the back of the form.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has your agent license ever been suspended or revoked by any insurance regulatory body? <i>If yes, explain fully, including the date, state and why on the back of the form.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you ever been named as party to a lawsuit as a result of a policy of insurance you sold or has any company you sold been named in a lawsuit as a result of a policy you sold? <i>If yes, give complete details, including the outcome of the suit on the back of the form.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Has a customer ever filed a complaint against you with any insurance regulatory body? <i>If Yes, please list state, nature of complaint and what the eventual outcome was on the back of the form.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you ever been required to submit a statement to any insurance regulatory body or any insurance Company regarding your sale of insurance to a particular individual? <i>If yes, how many times? _____ List details on the back of the form.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. How many years have you been in the insurance business? _____		
10. Have you ever filed for or been declared bankrupt or insolvent, either personally or in business? <i>If yes, please list date and explanation on back of the form.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Have you ever been convicted of a crime under 18 U.S.C. 1033 involving fraud and/or dishonesty in the sale of insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Have you ever been convicted of a felony or misdemeanor under any other federal law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Have you ever been convicted of a felony or misdemeanor in any state court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Do you carry an Errors & Omissions Policy? <i>If yes, list policy number: PAL32474-21</i> Carrier's name and phone number: <u>Westport Insurance Corporation</u> Limit of Liability: Per occurrence: <u>2 M</u> and Per Aggregate: <u>4M</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
15. Does any Insurance Company claim you owe any balance of commissions or premium? <i>If yes, list companies and amounts: _____</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If commissions are to be paid to a firm or corporation, please complete information below. (Also complete PDS for principal officer.)	
Corporation name	Gateway Insurance Marketing, Inc.
IRS number	43-1617113
Is corporation currently licensed? If yes, attach a copy of license.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(Please complete reverse side)

Important Notice To Applicant: You MUST sign and date this notice prior to appointment approval.

I agree to comply with all the regulations of Anthem Blue Cross and Blue Shield, Anthem Life Insurance Companies and the Insurance Departments. In compliance with Section 91-508 of the Fair Credit Reporting Act, it is my understanding that Anthem Blue Cross and Blue Shield and Anthem Life Insurance Companies will run a routine inspection to provide information concerning my general reputation, personal characteristics and mode of living in connection with my application to act as one of their representatives. This report may be obtained through personal interviews with third parties such as family members, business associates, financial resources, friends, neighbors or others that I am associated with.

I certify that I have read and understand the above information and that all answers to the above questions are true and correct.

Signature of applicant X	Date
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Additional Information

Please provide information as to your employment and/or companies represented during the last five (5) year period. Begin with the current or most recent employer and chronologically cover past five (5) year period. If additional space is needed, please use blank space provided on this form.

1. Employer name Shelter Insurance Company			Address 1817 West Broadway		
City Columbia	State MO	ZIP code 65218	Phone number (include area code) 573-445-8441		
Dates of employment From: To:			Position(s) held		
2. Employer name			Address		
City	State	ZIP code	Phone number (include area code)		
Dates of employment From: To:			Position(s) held		
3. Employer name			Address		
City	State	ZIP code	Phone number (include area code)		
Dates of employment From: To:			Position(s) held		
4. Employer name			Address		
City	State	ZIP code	Phone number (include area code)		
Dates of employment From: To:			Position(s) held		

List other companies you currently represent.

Name	Address	City	State	ZIP code
Shelter Insurance Company	1817 W Broadway	Columbia	MO	65218
Name	Address	City	State	ZIP code
Name	Address	City	State	ZIP code
Name	Address	City	State	ZIP code

Space for explanation of questions 1 – 15.


Assignment of Commissions (Applicable states only)

I, _____ do hereby request that any and all commissions due and owing to me from Anthem Blue Cross and Blue Shield and/or Anthem Life Insurance Company to be paid to Gateway Insurance Marketing of 11330 E Hwy 32 Stockton, MO 65785.
Name of Agency Address

Signature of agent X	Date
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Signatory Verification

The undersigned has reviewed the attached application(s) for licensing/appointment from the above and attests to its truthfulness. A copy of the agent/agency license is attached.

Signature of Broker/Agency Principal 	Date
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**NOTICE TO APPLICANT
REGARDING CONSUMER REPORTS**

You have applied to Anthem Insurance Companies, Inc., or one of its affiliates ("Anthem") to solicit business on behalf of Anthem. Anthem may obtain consumer reports (sometimes known as "credit reports") about you from a consumer reporting agency or agencies and may use the reports in deciding whether to contract and appoint you.

If Anthem contracts with you as a broker, Anthem may obtain consumer reports about you from time to time. Anthem may use the reports in deciding whether to continue your contract.

**APPLICANT'S STATEMENT
REGARDING CONSUMER REPORTS**

I hereby acknowledge that Anthem Insurance Companies, Inc., or one of its affiliates ("Anthem") has given me a Notice to Applicant Regarding Consumer Reports, informing me that Anthem may obtain consumer reports about me and may use the reports in deciding whether or not I may solicit business on behalf of Anthem. The Notice to Applicant also informs me that if Anthem contracts with me as a broker, consumer reports may be obtained and used in deciding whether to retain me as a broker. I understand that Anthem may not obtain such consumer reports unless I authorize it to do so.

I understand that Anthem may also obtain checks on debit balances held by other carriers ("debit checks"), and checks on any regulatory action previously taken against me ("regulatory checks").

I understand that if I refuse to give Anthem authorization to obtain consumer reports, debit checks or regulatory checks, my request for a new contract or continuation of an existing contract will not be considered.

I also understand that a copy of my credit report and a summary of my rights as a consumer will be provided to me before any decision adversely affecting my contract (or potential contract) is made if the decision is based on my consumer credit report.

(Instructions to Applicant: Check one box below)

- I authorize Anthem to obtain consumer reports, debit checks and regulatory checks about me.
- I do not authorize Anthem to obtain consumer reports, debit checks and regulatory checks about me.

Date _____

Signature of Applicant **X** _____

Printed Name of Applicant _____