



*"Diversified Insurance and Financial Services Since 1978"*

# HANCOCK Contracting

**Complete all pages and send  
ATTN: HILLARY HATCHER to:**

**BMC Agency, INC.  
ATTN Hillary Hatcher  
1529 Sam Rittenberg Blvd., Ste. 200  
Charleston, SC 29407**

**843.763.1602 FAX**

**hillaryh@bmcagency.com EMAIL**

**Please attach a copy of your E&O and  
License(s)**

1529 Sam Rittenberg Boulevard, Suite 200, Charleston, South Carolina 29407  
PHONE: 843-763-8630 FAX: 843-763-1602 TOLL FREE: 800-357-2342  
[www.BMCagency.com](http://www.BMCagency.com)

## STATE RESTRICTION GUIDE

State	Non Restricted State does not process appointments. A valid license is required to represent insurer	Non Restricted Appointment must be submitted within 15, 30 or 45 days of submission of first piece of business.	Non Restricted Appointment must be submitted within 10, 15 or 30 days of date application was signed.	RESTRICTED Agent's appointment must be requested before agent can submit business. Appt does NOT need to be in ACT status	RESTRICTED Agent may NOT submit business until appointment has been confirmed by the state. Appt status must be ACT.
Alabama			X (15)		
Alaska	X				
Arizona	X				
Arkansas		X (15)			
California		X (14)			
Colorado	X				
Connecticut		X (15)			
Delaware		X (15)			
District of Col		X (30)			
Florida			X (30)		
Georgia				X	
Hawaii		X (15)*			
Idaho		X (15)			
Illinois	X				
Indiana	X				
Iowa		X (30)			
Kansas			X-		
Kentucky			X (15)		
Louisiana		X (14)			
Maine		X (15)			
Maryland	X				
Massachusetts		X (15)			
Michigan		X (15)			
Minnesota		X (15)			
Mississippi		X (15)			
Missouri	X				
Montana				X -	
Nebraska		X (15)			
Nevada		X (15)			
New Hampshire		X (15)			
New Jersey			X (15)		
New Mexico		X (15)			
New York		X (15) (JHL)			X (JHNY)
North Carolina			X (25)		
North Dakota		X (30)			
Ohio		X (30)			
Oklahoma		X (45)			
Oregon	X				
Pennsylvania				X -	
Puerto Rico	X				
Rhode Island	X				
South Carolina		X (15)			
South Dakota		X (15)			
Tennessee		X (15)			
Texas			X (25)		
Utah				X -	
Vermont			X (15)		
Virginia		X (30)			
Washington			X (30)*		
West Virginia		X (15)			
Wisconsin		X (15)			
Wyoming		X (15)			

\* If an agent has an affiliation notice with a firm, and that Firm has an active appointment with JH Co.'s, no appointment is required for the individual.

~ Appointment effective date should match the date paperwork was received.

**Bold States:** Commissions are not paid until appointment has been approved by the state. Status on Licensing must be Active.



# Appointment Data Information



**BMC Agency, Inc.**

1529 Sam Rittenberg Blvd.  
Suite 200  
Charleston, SC 29407

- This is an application for appointment to sell life and variable life insurance with the John Hancock Life Insurance Company (U.S.A.).
- Before submitting, please ensure that the Firm and/or Broker-Dealer you are affiliated with has a Selling Agreement with John Hancock Life Insurance Company (U.S.A.).
- If applicable, ensure Anti-Money Laundering training has been completed. Information regarding regulations of life insurance companies is posted on [www.johnhancock.com/about/abo\\_news.jsp](http://www.johnhancock.com/about/abo_news.jsp).
- Sub-producers appointed through Brokerage General Agency must have Errors and Omissions insurance coverage - minimum \$1Million. A copy of the declaration page is required.

### Section A - Personal Information

Name

Date of Birth 

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

 Social Security Number  National Producer Number

Home Address 

Street No. and Name		Apt No.
City	State	Zip Code

Mailing Address 

Street No. and Name		Suite No.
City	State	Zip Code

Contact Information 

Business telephone no.	Fax No.	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Section B - Firm Affiliate Information

Affiliate Name

Tax ID

Licensing Contact Name  Telephone Number

### Section C - Product Information

Please check off all products you intend to sell on behalf of John Hancock Life Insurance Company (U.S.A.)  Life  \* Variable Life  \*\*LTC Rider

\* Please include a copy of your U-4 printout form WebCRD showing your active registration with your Broker/Dealer.

\*\*Long Term Care Rider licensing requirements are the same as those needed for the sale of Long Term Care products.

### Section D - Producer Pay Information

John Hancock USA Commission Scale for Producer

If recipient of Producer's compensation is a Corporation 

Corporation Tax ID	Corporation Name
<input type="text"/>	<input type="text"/>

Direct Deposit/EFT  No  Yes - If **Yes**, please complete Authorization Agreement for Direct Deposit form and attach a check marked **VOID**.

**BROKERAGE GENERAL AGENT (BGA) PRODUCER AGREEMENT**

IT IS AGREED as of \_\_\_\_\_ th \_\_\_\_\_, \_\_\_\_\_, by and between \_\_\_\_\_ (hereafter referred to as "Brokerage General Agent/BGA") and \_\_\_\_\_ (hereafter referred to as "Producer,") unless otherwise specified, that in consideration of Brokerage General Agent's continued good will and patronage:

- A. Brokerage General Agent agrees that commission payments, if any, made by the Brokerage General Agent to Producer shall be vested in Producer to the same extent that commission on the same transaction are vested in Brokerage General Agent by applicable insurance company, with the exception of group insurance which may be subject to a Broker Records direction.
- B. Producer agrees to indemnify, defend and hold harmless Brokerage General Agent and respective insurance carrier its affiliates, subsidiaries, officers, directors, employees and agents (hereafter referred to as "Carrier") against all liabilities, losses, claims, demands, damages, judgments, costs or expenses of any nature, type or kind (including reasonable attorney's fees) which they or any of them may incur or be subject to due to any act or omission (including but not limited to any alleged violations of applicable insurance or securities laws and regulations) on the part of the Producer or any person acting on its behalf. Such indemnification shall survive the termination of this Producer Agreement.
- C. Producer agrees to obtain and maintain from the date of this Agreement forward at Producer's Expense liability insurance coverage with limits for any single claim or occurrence of at least one million dollars (\$1,000,000) with a deductible of no more than five thousand dollars (\$5,000) from an insurance carrier licensed to do business in the state of applicable jurisdiction. This insurance coverage will include protection against any errors and/or omissions on the part of the Producer and his or her agents and employees. Producer will be listed as the name insured. Producer agrees to provide proof of such insurance to Brokerage General Agent and to furnish Brokerage General Agent with a copy of the applicable insurance policy (or policies) upon the request of Brokerage General Agent.
- D. In the event that any commission, premium, or fee paid or credited to Producer must be refunded or returned by Brokerage General Agent to insurer, Brokerage General Agent is authorized, but not obligated, to make payment on Producer's behalf and will be reimbursed for this payment in full by Producer within thirty (30) days of the date of such payment. If such payment is not made by Producer, the Brokerage General Agent is authorized to debit any commission which may be due to Producer until such obligation has been fulfilled. Producer will also reimburse Brokerage General Agent for any and all cost and expenses (including reasonable attorney's fees) incurred by Brokerage General Agent in collecting any such sums from Producer.

In the event of litigation to determine the respective rights, duties and/or obligations of the parties under this Agreement, the prevailing party shall be entitled to reasonable attorney's fees.

Producer certifies that information provided to Brokerage General Agent in this Agreement is correct and complete.

It is understood that a life insurance company or Brokerage General Agent may run a routine inspection to provide information concerning Producer's general reputation, personal characteristics, and mode of living in connection with Producer's application to act as one of their representatives.

Producer authorizes Brokerage General Agent to distribute pending case status, product information, insurance company information, sales or marketing information to Producer via e-mail, fax or mail.

IN WITNESS WHEREOF, the Brokerage General Agent and the Producer have caused this instrument to be signed by authorized officers, as of the date first above written.

**BGA:** \_\_\_\_\_

**Producer:** \_\_\_\_\_

**By:** \_\_\_\_\_

**By:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**BMC Agency**

**1529 Sam Rittenberg Blvd. Suite 200**

**Charleston SC 29407**



# Authorization Agreement for Direct Deposit of Regular Compensation Payments

**BMC Agency**  
**1529 Sam Rittenberg Blvd. Suite 200**  
**Charleston SC 29407**

- To have your pay deposited into two accounts (the accounts may be different banks), indicate either a % of net pay or a flat amount for the primary bank account.
- Direct Deposits will be effective on the second or third commission run following the receipt of this form (the bank requires advance notification of one pay period to verify account information).

Send completed form by Mail: John Hancock PO Box 600 Buffalo NY 14201-0600 Fax: 416-963-7323 Email: usagency@jhancock.com This is not a secure email site.

For assistance, please call our toll free number : 1-800-505-9427, Option 1

Producer Name	Producer Code (if known)	Payroll Number
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Payee's SSN ID \_\_\_\_\_ or Payee's Tax ID \_\_\_\_\_  
Last four digits only

### Contact Information

Name	
Address - Number, Street, Apt. City, State, Zip Code	
Telephone Number	Email Address

### Primary Bank Information

New Enrollment     Updated Information

Bank Name		
Bank Address - Number, Street, City, State, Zip Code	Bank Telephone Number	
Transit/Routing Number	Payee's Account Number	Name on Bank Account
<input type="checkbox"/> Checking (attach a check marked VOID) <input type="checkbox"/> Savings*		

If two accounts, indicate \_\_\_\_\_ % net pay OR \$ \_\_\_\_\_ amount for the primary account.

### Secondary Bank Information\* - If this is the same bank as above, only complete the account information.

Bank Name		
Bank Address - Number, Street, City, State, Zip Code	Bank Telephone Number	
Transit/Routing Number	Payee's Account Number	Name on Bank Account
<input type="checkbox"/> Checking (attach a check marked VOID) <input type="checkbox"/> Savings*		

\* Not available for all John Hancock Statutory Companies. Please contact your Compensation Representative for details.

### Authorization

I/We, the undersigned, hereby authorize John Hancock Life Insurance Company (U.S.A.) (hereinafter referred to as The Company) to initiate:

- credit entries to my/our bank account(s) indicated above;
- any necessary debit entries and adjustments to correct entries made in error.

This authorization is to remain in full force and in effect until The Company has received advance notification in writing from me/us of its termination or a new signed authorization form. I/We understand that such notification and new authorization must be provided and received by The Company in such time and such manner as to afford The Company a reasonable opportunity to act on them.

Signature of Account Holder	Signature of Joint Account Holder	Date
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# Blanket Assignment

John Hancock Life Insurance Company (U.S.A.)  
(hereinafter referred to as The Company)

For value received,

of

(the "Assignor") assigns to

of

any and all commissions and bonuses to which Assignor may be entitled. This assignment is subject to all claims of The Company.

Signed at   This  Day of

In the presence of:  Signature of Assignor  
(If corporation is completing form, corporate officer(s) must indicate Title)

My Commission Expires:

This document has been received and recorded in the books of The Company. No responsibility is assumed for its sufficiency.