

INSTRUCTIONS: Non-licensed staff who require system access must fill out this form.

Please see our [website](#) for information on how your personal data is used.

Please email or fax this completed form to Agency Contract Management

**Note:** Do not send this form to Foremost<sup>®</sup> or Bristol West<sup>®</sup> via email unless your email platform is protected by the latest version of Transport Layer Security (TLS) encryption.

E-Mail: [acm@foremost.com](mailto:acm@foremost.com) • FAX: 616-956-4369

## AGENCY/BROKERAGE INFORMATION:

Agency / Brokerage:

(Check all that apply) I need access to the systems for the following lines of business:

☐ Bristol West<sup>®</sup> Auto    ☐ Foremost Choice<sup>®</sup>    ☐ Foremost Signature<sup>®</sup> Auto and Home

**Agency Code: \*Required Field**

Office Phone Number:

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## NON-LICENSED STAFF INFORMATION - RESIDING INSIDE OF UNITED STATES

First Name:	Middle Initial:	Last Name:	Suffix:
Date of Birth (mm/dd/yyyy):	Social Security Number:	State of Residence:	
Email Address:			
CHECK ONE BOX ONLY FOR EACH QUESTION			
1. Are you currently or have you ever had a license for any professional designation placed on probation, denied, suspended, revoked, canceled or non-renewed, have you ever been named in a complaint, or have you ever been disciplined, fined or censured by any other government, a state insurance department, or by any other state or regulatory body?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever had a contract or any other business relationship terminated for cause by an insurance carrier?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted or, pled guilty or nolo contendere (no contest) to any misdemeanor, felony, or similar criminal charge, or do you currently have misdemeanor or felony pending charges against you, (excluding any cannabis drug possessions, any drug possessions greater than 7 years, traffic violations or alcohol related offenses)?  *Pennsylvania applicants: You may exclude convictions that occurred more than seven (7) years from the date of the inquiry. Any period of incarceration should not be included in the calculation of the seven (7) years.			<input type="checkbox"/> Yes <input type="checkbox"/> No

NON-LICENSED STAFF INFORMATION - RESIDING OUTSIDE OF UNITED STATES (VIRTUAL ASSISTANT)			
First Name:	Middle Initial:	Last Name:	Suffix:
Date of Birth (mm/dd/yyyy):	Social Security Number or Resident Country ID #:	Country of Residence:	
Email Address:			
Virtual Assistant Vendor (if applicable):			
			CHECK ONE BOX ONLY FOR EACH QUESTION
1. Are you currently or have you ever had a license for any professional designation placed on probation, denied, suspended, revoked, canceled or non-renewed, have you ever been named in a complaint, or have you ever been disciplined, fined or censured by any licensing authority in the United States or its equivalent in a non-US territory, or by any United States or non-US territory regulatory body?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever had a contract or any other business relationship terminated for cause by an insurance carrier?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted, pled guilty or nolo contendere (no contest) to any misdemeanor, felony, or its equivalent by a court of competent jurisdiction in the United States or a non-US territory, or do you currently have misdemeanor, felony or similar criminal charges pending against you (excluding any cannabis drug possessions, any drug possessions greater than 7 years, traffic violations or alcohol related offenses in the United States or a non-US territory)?			<input type="checkbox"/> Yes <input type="checkbox"/> No

## Confidentiality and Data Security

**Data Privacy:** All data collection, storage, and processing activities must comply with relevant data protection regulations in the US and the country the virtual assistant resides in.

**Secure Communication Channels:** Ensure all communication with and by virtual assistants regarding Foremost and Bristol West business is conducted over secure, encrypted platforms (e.g., VPNs, encrypted email services).

**Authentication:** Secure login methods, such as a strong passwords and multi-factor authentication (MFA), must be used to access our systems. Each individual must have their own system credentials and these credentials must not be shared under any circumstances.

**Data Handling:** Confidential and sensitive Foremost and Bristol West data must be stored in secure locations – such as encrypted databases, devices or cloud storage – located in the US. Data must be transmitted securely, using encryption methods when sending data over networks. Confidential information should not be shared through unsecured channels.

**Consent for Use of Electronic Resources:** I hereby verify that I have read and agree to the [terms for Use](#) of Electronic Resources.

I hereby verify the foregoing statements and answers are true and accurate to the best of my knowledge.



**Signature**

**Date**

**Note: We can accept scanned, uploaded, stamped and electronic pad signatures.  
We will not accept a signature by typing one's name with a script font.**