



## CPA Program Pre-Qualification Form

Please complete and fax to 641.755.4201

Name: \_\_\_\_\_

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

In which city and state would you like a CPA workshop? \_\_\_\_\_

Have you attended training in Iowa?  Yes  No If yes, when? \_\_\_\_\_

Which carriers are you appointed with through Brokers Life Marketing Group, LLC<sup>SM</sup>?  
\_\_\_\_\_

Who recruited you to Brokers Life Marketing Group, LLC<sup>SM</sup>? \_\_\_\_\_

How much life premium have you written in the past year through Brokers Life Marketing Group, LLC<sup>SM</sup>? \_\_\_\_\_ or through someone else? \_\_\_\_\_

Which companies have you written life premium with in the past year? \_\_\_\_\_  
\_\_\_\_\_

Has the CPA Producer Agreement been signed?  Yes  No



**Brokers Life**  
MARKETING GROUP, LLC<sup>SM</sup>

866.528.7933 | [www.BrokersLifeGroup.com](http://www.BrokersLifeGroup.com)

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