



## CONTRACT INFORMATION SHEET

Agent Name: \_\_\_\_\_  
(As on license) First Name Middle Initial Last Name

\_\_\_\_\_  
(If corporate contract, give corporate name and your title)

BGA Name: \_\_\_\_\_ BGA Agent #: \_\_\_\_\_

Branch Code: \_\_\_\_\_ Agent Contract Level: \_\_\_\_\_ Next Level Agent #: \_\_\_\_\_

### **Requirements for contract and appointment:**

- 1) Contract Information Sheet**
- 2) Background Questionnaire**
- 3) Signed W7964 signature page**
- 4) Errors & Omissions** (copy of policy's face page)
- 5) Current licenses**
- 6) Commission Direct Deposit** (authorization/voided check)
- 7) W9 Tax ID form**
- 8) Solicitor Agreement or Assignment of Commissions – If applicable**

### **Home Office Use Only**

Investigative Reports: Equifax \_\_\_\_\_ B.I.G. \_\_\_\_\_

West Coast Life Agent Numbers: \_\_\_\_\_

Contract Effective Date: \_\_\_\_\_

Agent Code: \_\_\_\_\_ Contract mailed on: \_\_\_\_\_

LIFECOMM: \_\_\_\_\_ Appt processed/Confirmed: State - \_\_\_\_\_ Date - \_\_\_\_\_  
State - \_\_\_\_\_ Date - \_\_\_\_\_

**Please check one:**

☐

Individual

☐

Partnership

☐

Corporation

☐

Sole Proprietor

**BACKGROUND QUESTIONNAIRE**

Name \_\_\_\_\_

☐ Writing Agent ☐ Company Officer ☐ Both

Social Security Number \_\_\_\_\_

Residence Addresses \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**If less than 5 years, list previous addresses separately.**

Corporate Name \_\_\_\_\_

(If applicable) \_\_\_\_\_

Company Tax I.D. Number \_\_\_\_\_

**Please select one of the following.**

**Send mail to the BGA** ☐ **Send Mail to agent** ☐

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_

\*\*\*\*\* **The address in the Mailing Address field will be utilized for mailing purposes** \*\*\*\*\*

\*Physical Business Address for the Agent \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

\* This address will be used for compliance purposes.

Home \_\_\_\_\_ Business Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_

Birthdate: \_\_\_\_\_ Spouse Name \_\_\_\_\_ Email Address \_\_\_\_\_

**LICENSES/ SOLICITATION STATES/ TARGET MARKETS/ DESIGNATIONS**

**STATES WHICH YOU PLAN TO SOLICIT:**

Resident License #: \_\_\_\_\_ State: \_\_\_\_\_ List all states in which you plan to solicit: \_\_\_\_\_

How long have you been licensed \_\_\_\_\_ Circle appropriate designations/industry awards: CLU, ChFC, CFC, MDRT, NQA, Other: \_\_\_\_\_

What is your target Market: Middle class \_\_\_ Upper middle class \_\_\_ Other \_\_\_ If other, must explain.

\*\*\* We process just in time appointments for states that are not considered restricted\*\*\*

**BUSINESS/PERSONAL EXPERIENCE**

\*\*\***List employment history for past 5 years on separate paper and attach**\*\*\*

Yes	No	
_____	_____	Have you ever, or do you currently represent West Coast Life Insurance Company?
_____	_____	Has any insurance company or securities broker-dealer ever terminated your contract other than for lack of production?
_____	_____	Do you have E & O coverage? (Please provide verification of coverage)
_____	_____	Have you ever had a claim filed against your E & O insurance coverage?
_____	_____	Have you ever been bankrupt or insolvent, either personally or in business?
_____	_____	Have you ever had any liens or judgments, either personally or in business?
_____	_____	Have you ever been investigated by any state insurance department or government agency?
_____	_____	Have you ever had an insurance license denied or revoked by a state or province?
_____	_____	Has a bonding company denied, paid out on, or revoked a bond for you?
_____	_____	Have you ever been convicted or or plead guilty or plead no contest to a felony or misdemeanor other than those involving minor traffic violations?
_____	_____	Have you ever been on probation?
_____	_____	Are you now the subject of any complaint, investigation or proceeding that could result in a "Yes" answer to any of the above questions?

**If any answer is "yes" to above questions, please provide complete explanation on separate paper and attach.**

I certify that all statements are correct to the best of my knowledge. I understand that in compliance with the Federal Fair Credit Reporting Act (15 USC Section 1681, et sequellae), an investigative consumer report may be requested from a reporting agency to secure and provide information concerning my character, general characteristics, mode of living, and the accuracy of the statements made in this application. Subsequent investigative reports may be requested to update your file as needed. Upon written request, additional information as to the nature and scope of the report, if one is requested, will be provided.

Signature \_\_\_\_\_ Date \_\_\_\_\_

W7897 (04/09)

# **West Coast Life Insurance Company**

## **INDEPENDENT AGENT'S AGREEMENT**

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The Company hereby appoints the Agent to represent the Company in those states and areas in which the Agent is properly licensed for procuring applications for life and health insurance and annuities.

It is the Agent's responsibility to comply with all statutory laws, rules, regulations, and company guidelines in the sale of these insurance products. It is the Agent's responsibility to maintain any books and records required under any federal, state, or company rule, regulation, or policy. It is also the Agent's responsibility to maintain and obtain any licenses and appointments required for the sale of these products.

### **AGENT-COMPANY RELATIONSHIP**

The Company and the Agent mutually agree that this Independent Agent's Agreement is best served when the Agent is an independent contractor for all purposes. As an independent contractor, the Agent has the right to exercise independent judgment as to time, place and manner of soliciting insurance applications, servicing policyholders and otherwise carrying out the provisions of the Agreement. Furthermore, the Agent will pay all expenses in connection with his or her agency and has no authority to incur any indebtedness on behalf of the Company.

### **ERRORS AND OMISSIONS INSURANCE**

The Agent agrees to maintain Errors and Omissions insurance with a liability limit of \$1,000,000 or greater. The Agent also agrees to provide evidence of such coverage to the Company when requested. Failure to maintain adequate Errors and Omissions coverage may result in the suspension or termination of this Agreement.

### **INDEMNIFICATION**

The Agent will defend, indemnify and hold harmless the Company from and against any and all losses, claims, demands, liabilities, costs, and expenses (including attorney's fees) asserted against or incurred or sustained by the Company arising out of any act or error by the Agent, or its employees, in the performance of the Agent's duties and obligations under this Agreement, any failure or omission by the Company, or its employees, to perform any obligation under this Agreement, or the breach of any statute, law, regulation, agreement, covenant, or warranty by the Agent. The Company will defend, indemnify and hold harmless the Agent from and against any and all losses, claims, demands, liabilities, costs, and expenses (including attorney's fees) asserted against or incurred or sustained by the Agent arising out of any act or error by the Company, or its employees, in the performance of the Company's duties and obligations under this Agreement, any failure or omission by the Company, or its employees, to perform any obligation under this Agreement, or the breach of any statute, law, regulation, agreement, covenant, or warranty by the Company.

### **AGENT'S AUTHORITY**

The Agent has no authority on behalf of the Company to bind risks of any kind or to make, modify or discharge contracts or to extend the time for paying any premiums. Furthermore, the Agent has no authority to make statements or representations on behalf of the Company which might alter or waive any of the Company's rights or to name any extra premiums or charges on any risk not listed in the Company's rate book.

Inasmuch as the insurance business is subject to changing laws, regulations and conditions, it is understood and agreed that the Company will prescribe rules, regulations, prices and terms under which it will insure risks. The Company retains the right to change, alter or amend the rules, regulations, prices and terms, including the right to limit, restrict or discontinue entirely the acceptance of applications on any policy, coverage or any line of insurance, at any time it deems advisable to do so without prior notice or consent of the Agent. Any such change, alteration, amendment or limitation shall become effective on the date specified by the Company.

### **LICENSE AND APPOINTMENT**

You agree to maintain a state license in all states that you solicit business for the Company. You agree not to solicit business for the Company until you are properly licensed and/or appointed, unless allowed by law to do so in a given state.

If you have been appointed with the Company in a state and have not submitted any business from that state, your appointment with that state may be terminated.

## COMPENSATION

The Company agrees to pay and the Agent agrees to accept the compensation provided in the attached schedule subject to the terms and conditions set forth in this schedule. The schedule and the general conditions included therein are incorporated by reference and are made a part of this Agreement. The Company maintains the unilateral right to alter or change this schedule by giving the Agent prior written notice which shall clearly set forth the effective date of these changes.

The Company is hereby granted a first lien upon the commissions and other sums which may become due under this Agreement or any other Agreement the Agent may have with the Company. If the Company, for any reason, refunds any premiums on any policy written by the Agent, or any policy for the which the Agent received compensation, or on any policy written by Agents assigned or recruited to the Company by the Agent, whether legally required to refund or not, the Company has the right to deduct, set off or request repayment of the previously paid commissions.

In order to qualify for commissions, as detailed in the schedule of commissions and general conditions, the Agent must have an active Independent Agent's Agreement. The Agent is not entitled to any commissions after the Agent's Agreement has been terminated except as provided in the vesting section.

**Commission Chargebacks** – In the event a life insurance policy shall terminate within six months from the date of issue, the full compensation paid thereon will be charged back. In the event a termination takes place after the sixth month and before the thirteenth month after the date of issue, fifty percent of the compensation will be charged back.

If the face amount or rider benefit is decreased or discontinued within six months from the date of issue or increase, 100% of the commissions attributable to that decrease or discontinuance will be charged back. If a face amount or rider benefit is decreased or discontinued after the sixth month and before the thirteenth month from the date of issue or increase, 50% of the commissions attributable to that decrease or discontinuation will be charged back.

**Commissionable Premium** - For Universal Life policies, commissionable premium is the largest premium on which the Company will pay commissions at first year commission rates. For all other life policies, commissionable premium is the premium payable on the policy during the first policy year. Commissionable premiums are determined by the Company and published separately.

**Annualized Premium** - For Universal Life policies, annualized premium is the lesser of the commissionable premium or the periodic premium which the owner of the policy intends to pay multiplied by the number of periods in one year. For all other life policies, annualized premium is the commissionable premium multiplied by the number of periods in one year.

## COMMISSIONS

Commissions paid to the Agent are based upon the applicable commission rates for the policy year in question applied to premiums received by the Company.

Premiums in excess of target received on Universal Life plans during the first policy year shall be eligible for commission based on the renewal rate described in the schedule of commission.

Any additional policies written as a result of a guaranteed insurability option or its equivalent will create commission for the Agent only if the Agent is active at the time the additional policy is written.

Commissions will not be allowed on premiums paid by automatic premium loan and on premium waived by operation of a premium waiver provision. If conversion is exercised during a disability waiver period, commissions shall be limited to renewals only.

The Company processes commission payments weekly via electronic fund transfer (EFT) for any amount credited to the Agent's commission account. If EFT is not chosen as payment option, The Company has the right to withhold check payment due the Agent until the amount is more than \$100.00. The Company has the right to change this minimum and frequency of check payment at any time for all commissions payable and will notify the Agent.

Commissions shall be allowed to the reinstating Agent on policies reinstated after lapse for non-payment of premiums based on the type of policy, timing of the reinstatement and the personal involvement of the Agent.

If another Agent disputes a claim to a commission, the decision of the Company will be binding and conclusive.

If the Company returns a premium on a policy, the Agent will repay the Company on demand the amount of commission or advance received on the premium returned. Such amount can be recovered from future commission earnings.

The Company has the right to establish and change its rules and percentages for payment of commissions on policies that are replaced by or converted to new policies. Those written rules are hereby incorporated by reference.

## **VESTING**

Upon cancellation of this Agreement, the Agent will be fully and immediately vested in the commission provided in the Schedule of Commissions included herein for policy years two through ten. However, if in any calendar year after the cancellation of this Agreement, the total amount payable under this and any prior Agreement falls below \$100.00, no further commission will be payable under this Agreement or any prior Agreement and the Company will have no further obligations under these Agreements.

If the Agent (1) withholds funds, (2) embezzles funds, or (3) fails to comply with the insurance laws and regulations (either of the Company or of states in which the Agent operates), this Agreement will be canceled immediately and all rights to any future commissions will be forfeited.

If the Agent becomes totally and permanently disabled during the continuance of this contract, any commissions payable under this contract will continue to be paid subject to the \$100.00 minimum explained above.

If the Agent's death is the cause of termination, the vested commissions will be paid to the Agent's estate subject to the \$100.00 minimum explained above.

## **COMMISSION PAYMENT SPECIFICATIONS**

**Intra company replacements** – Please contact your BGA for current rules regarding commission payments on Intra Company replacements.

**Internal replacements** – Please contact your BGA for current rules regarding commission payments on Intra Company replacements.

**Persistency** - An Agent must maintain 80% 25-month persistency. If the Agent has not yet established a 25-month persistency, the Agent must maintain 90% 13-month persistency. The 13-month and 25-month persistency measure by *volume (face amount)* and *premium* will be used by the Company. This will be calculated in accordance with the Company's current rules.

**Term Conversions** – Please consult the Company Home Office for policy concerning treatment of commission. Conversion during a period of disability waiver shall be limited only to a Non-par Whole Life policy form.

**Face Amount Increases** - For increases in face amount on Universal Life policies, the Company will pay first year commission, based on the commission rate applicable at the time of original issue, on the increased portion of the commissionable premium paid within the commissionable period following the increase. Revised commissionable premiums will be computed as if the policy were being issued on the effective date of the face amount increase.

In the event of a decrease in the face amount at any time during the twelve months following an increase, no further first year commissions will be payable. Face amount increases will receive first year commissions only to the extent that they exceed any prior increase both in face amount and commissionable premium.

**Rider and Supplementary Benefit Rates** - These rates are the same as those applied to the policy to which they are attached, except as may be specified in the Schedule of Commissions.

**Permanent or Temporary Flat Extra Ratings** - These ratings are non-commissionable.

## **INDEBTEDNESS**

Any and all cash advances or other payments, including annualized commissions, made to the Agent by the Company, will create a debtor-creditor relationship. As security, the Company has a first lien upon any commissions or other amounts payable to the Agent under this or any other Agreement between the Company or any of its subsidiaries or affiliates and the Agent. The Company may at any time deduct from any commissions or other amounts payable to the Agent any debts owed to the Company by the Agent, or any debts owed to the Company arising out of business written by any Agent which resulted in compensation to the Agent. The Agent will be responsible for all legal fees, court costs and collection fees incurred by the Company in the process of collecting any indebtedness.

The Company reserves the right to chargeback the Agent for any costs associated with medical testing of a proposed insured ordered at the Agent or BGAs request in instances where the Company does not receive a formal application on the proposed insured.

## **AGREEMENT CANCELLATION**

This agreement shall continue for an unspecified term during the mutual pleasure of the Agent and the Company until either party elects to cancel this Agreement for any reason. Cancellation shall become effective upon the mailing of the written notice of cancellation to the other party at the last known business address. This Agreement will cancel automatically upon the death of the Agent.

## **ASSIGNMENTS**

The Agent shall make no assignments of any rights or interest under this Agreement, including benefits or compensation, without the written consent of an officer of the Company. Any changes in the Agent's authority are permitted only when they appear in writing signed by an officer of the Company.

## **ADVERTISING**

The Agent agrees not to conduct any advertising whatsoever, including, without limitation, television, radio, print, media, internet, computer or electronic demonstrations or illustrations involving the Company, its name or products without obtaining prior written approval of the Company.

## **COMMUNICATION**

The Agent authorizes the Company to provide the Agent with any information that the Company would send by ordinary mail, fax and may also be sent via any electronic means as long as the Agent is currently appointed with the Company.

## **INSURANCE MARKETPLACE STANDARDS ASSOCIATION (IMSA) MARKET CONDUCT PRINCIPLES**

West Coast Life Insurance Company has committed itself to upholding the Insurance Marketplace Standards Association (IMSA) Market Conduct Principles:

1. To conduct business according to high standards of honesty and fairness and to render that service to its customers, which in the same circumstances, it would apply or demand for itself.
2. To provide competent and customer-focused sales and service.
3. To engage in active and fair competition.
4. To provide advertising and sales materials that are clear as to purpose and honest and fair as to content.
5. To provide for fair and expeditious handling of customer complaints and disputes.
6. To maintain a system of supervision and review that is reasonably designed to achieve compliance with these Principles of Ethical Market Conduct.

The Agent agrees that they have read, understand and agree to follow the IMSA Principles and Code and West Coast Life Insurance Company's Ethical Market Conduct Guide.

## **POLICY ADMINISTRATION**

The Company requires the premiums submitted to the Agent be received in a fiduciary capacity and remitted immediately to the Company in gross. Net remissions of premiums are strictly forbidden. The Company will pay compensation as soon as possible and will assume the administrative handling of billings, changes and related duties.

West Coast Life Insurance Company has caused this Agreement to be signed and the Agent acknowledges his or her voluntary consent by signing below.

This Agreement, when executed, will become effective on \_\_\_\_\_, 20\_\_\_\_.

In witness whereof, the parties have executed this Agreement this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By my signature, I attest that I have reviewed and received a copy of this entire contract.

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Barry K. Brown, 2<sup>nd</sup> Vice President  
Licensing, Contracting and Compensation  
WEST COAST LIFE INSURANCE COMPANY

Supplements to this Contract include:

1) Form No. \_\_\_\_\_

3) Form No. \_\_\_\_\_

2) Form No. \_\_\_\_\_

4) Form No. \_\_\_\_\_



## COMMISSION DIRECT DEPOSIT

*With West Coast Life's Commission Direct Deposit, your commission earnings will be deposited directly into your checking account.*

Please complete this form and mail or fax it along with your **VOID CHECK** to the following address:

West Coast Life Insurance Company  
Commission Service Department  
PO Box 2606  
Birmingham, AL. 35202  
**OR**  
Fax: (205) 268-3169

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### Commission Direct Deposit Authorization

I authorize West Coast Life Insurance Company to initiate entries and to initiate, if necessary, a debit entry for any credit entry made in error to my (our) account listed below.

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Agent Number

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

This authority will remain in effect until West Coast Life Insurance Company has received written notification from me that I wish to discontinue participation in the Commission Direct Deposit program.

**DON'T FORGET TO ATTACH A VOID CHECK. YOUR REQUEST CANNOT BE PROCESSED WITHOUT IT.**



**W-9**

**Request for Taxpayer  
Identification Number and Certification**

**Give form to the  
requester. Do not  
send to the IRS.**

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership  
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ .....  
☐ Other (see instructions) ▶

☐ Exempt  
payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

or

Employer identification number

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign  
Here**

Signature of  
U.S. person ▶

Date ▶

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

## Notice to California agents only:

As part of the application process and as permitted by California law, West Coast Life Insurance Company may conduct a background check on you. In the state of California, such a background check is considered an Investigative Consumer Report. This disclosure is to notify you that we may procure such an Investigative Consumer Report on you and that the report may include information on your character, general reputation, personal characteristics and mode of living. The investigative consumer reporting agency named below supplies these reports:

**Business Information Group, Inc.**  
**P.O. Box 130**  
**Southampton, PA 18966**  
**800 260-1680**

Under Section 1786.22 of the California Investigative Consumer Reporting Agencies Act, you have a right to view all files and information maintained by the investigative consumer reporting agency relating to this report, provided that proper identification is supplied. This information may be viewed in person, supplied by mail, or provided by telephone.

Business Information Group will provide properly trained personnel to explain your file to you, and provide a written explanation of any coded information in the report. If files are viewed in person, an additional person of your choice may accompany you, provided that proper identification is supplied.

☐ I request to receive a free copy of the Investigative Consumer Report by checking this box.

If requested, this report will be provided to you within three days of West Coast Life Insurance Company's receipt of this form. Fill in the following information only if you are requesting a copy of the Investigative Consumer Report.

(PLEASE PRINT CLEARLY)

Agent Name \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

West Coast Life Insurance Company  
343 Sansome Street, Agency Admin., 5<sup>th</sup> Floor, San Francisco CA 94104