



## Request for Appointment Form

To request a new agent or agency set-up, to make changes to an existing agent or agency or to terminate an active agent or agency, please complete all information in the form below. If more than one agent is being added to an agency, this form must be completed for each new agent. Please contact the Agent Service Center at (800) 267-3156 with any questions.

|                               |                               |                                  |
|-------------------------------|-------------------------------|----------------------------------|
| Type of Request: (circle one) |                               |                                  |
| Add Agent or Agency           | Update/Change Agent or Agency | Terminate Agent or Agency        |
| Type of Agency: (circle one)  |                               |                                  |
| Individual/Sole Proprietor    | Corporation/Legal Entity      | Agent-Only (Designated Producer) |
|                               |                               | AOR CODE: _____                  |

### Agency Information:

|                      |        |       |                            |
|----------------------|--------|-------|----------------------------|
| Agency Name          |        |       | Agency Tax ID (TIN)        |
| DBA                  |        |       |                            |
| Agency Email Address |        |       | Agency Phone Number<br>( ) |
| Agency Address       |        |       | Agency Fax Number<br>( )   |
| City                 | County | State | Zip Code                   |

### Agent Information:

|  |                                    |       |                               |
|--|------------------------------------|-------|-------------------------------|
| Agent Name (Last, First, Middle)   |                                    |       | Suffix (Jr., Sr.)             |
| Agent Date of Birth (mm/dd/yyyy)   | Agent Social Security Number (TIN) |       | Gender<br>M F                 |
| Agent Home Address   |                                    |       | Agent Telephone Number<br>( ) |
| City   | County                             | State | Zip Code                      |
| Agent Email Address (if different than agency email address)   |                                    |       |                               |
| Can BCBSF contact you via email regarding company, product, promotional, sales & bonus programs?<br>Yes No |                                    |       |                               |
| Are you currently a resident of the State of Florida?<br>Yes No  |                                    |       |                               |

|   |
|---|
| Are you currently licensed to sell health insurance products in the State of Florida?<br><br>Yes    No  |
| If Florida Resident, skip to next field. Non-Resident agents should only list counties when <u>physically</u> selling in a county since the State does not charge for each county if policies are sold over the phone, email or web.<br><br>County #1 _____      County #2 _____      County #3 _____ |

**License Information:**

|                |                 |       |
|----------------|-----------------|-------|
| License Number | Type of License | State |
|----------------|-----------------|-------|

**Errors & Omissions (E&O) Insurance**

Blue Cross and Blue Shield of Florida requires each Agent to obtain and maintain a minimum of \$500,000 in specific and \$1,000,000 in aggregate Errors & Omissions (E&O) insurance coverage prior to becoming an appointed BCBSF agent. A copy of the Errors & Omissions declaration page or Certificate of Insurance must be included with this application.

|                       |                   |                              |                               |
|-----------------------|-------------------|------------------------------|-------------------------------|
| E&O Insurance Carrier | E&O Policy Number | E&O Specific Coverage Amount | E&O Aggregate Coverage Amount |
| E&O Start Date        | E&O End Date      |                              |                               |

The following questions are applicable to all Agents, Agencies, Corporations, Partnerships, and other business ventures as well as to each of the partners, members, directors, officers, and agents individually. If any question is answered 'Yes', you must provide a full account of the details on a separate sheet of paper and return to Blue Cross and Blue Shield of Florida (BCBSF) with your application packet and all other required documents.

Have you (or the partners, members, directors, officers, or agents of this company/corporation/partnership) ever been convicted of a crime other than a minor traffic violation (e.g. felony, misdemeanor)?

Yes    No

Have you (or the partners, members, directors, officers, or agents of this company/corporation/partnership) ever been fined, reprimanded, sanctioned, or been the subject of a consent decree in any state for a violation of insurance laws, HMO regulations, or other administrative regulations?

Yes    No

Have you (or the partners, members, directors, officers, or agents of this company/corporation/partnership) ever been refused license to sell Insurance/HMO products, or has a license to sell Insurance/HMO products ever been suspended or revoked by any state?

Yes    No

Have you (or the partners, members, directors, officers, or agents of this company/corporation/partnership) ever been employed by an Insurance/HMO company, or another organization providing for or assisting with the administration of health care or other employee benefits, where the employment contract was terminated or non-renewed because of allegations of wrongdoing?

Yes    No

Have you (or the partners, members, directors, officers, or agents of this company/corporation/partnership) ever surrendered any insurance or HMO license, whether voluntary or involuntary?

Yes    No

Have you (or the partners, members, directors, officers, or agents of this company/corporation/partnership) ever declared bankruptcy, had a lien placed against you or your company, been a judgment debtor, or had other problems with your (or your company's) credit history?

Yes No

Are you (or the partners, members, directors, officers, or agents of this company/corporation/partnership) currently named party in any lawsuit?

Yes No

Have you ever been short in accounts with any employer?

Yes No

Has an application for bond ever been declined to you?

Yes No

To better service our market, BCBSF would like to know any language(s) our sales partners are capable of speaking and are willing to speak in their job. Additionally, we'd like to know our sales partners' ethnicity.

| Primary Language(s) Spoken (optional):           | Are you willing to use this language in your job? (Check all that apply) |
|--|--|
| <input type="checkbox"/> English                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| <input type="checkbox"/> Spanish                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| <input type="checkbox"/> Creole                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| <input type="checkbox"/> Portuguese              | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| <input type="checkbox"/> French                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| <input type="checkbox"/> Russian                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| <input type="checkbox"/> Other (please specify): |  |
| 1. _____   | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| 2. _____   | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| <input type="checkbox"/> Prefer to not Identify  |  |

| Ethnicity (optional): (Check all that apply)    |
|---|
| <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Caribbean Islander     |
| <input type="checkbox"/> Hispanic               |
| <input type="checkbox"/> Native American        |
| <input type="checkbox"/> White/Caucasian        |
| <input type="checkbox"/> Prefer to not Identify |

Blue Cross and Blue Shield of Florida, Inc. will be obtaining a complete list of companies with which you hold a current agent appointment as listed on the State of Florida Office of Insurance Regulation (OIR) website.

I certify that I have read and understand the items on this form and that the answers to the above questions are true and complete to the best of my knowledge. If accepted, I agree to comply with all the regulations of Blue Cross and Blue Shield of Florida and the State of Florida Office of Insurance Regulations (OIR). I understand and agree that I am not permitted to solicit insurance until I have received my license from the OIR.

NOTICE: "The Fair Credit Reporting Act" requires that we advise you that a routine inquiry may be made during our initial or subsequent processing of your application for sponsorship for license which will provide applicable information regarding your health, past history, character, general reputation, personal characteristics and mode of living. The information obtained in such an inquiry may be released to any third party, including State and Federal regulatory bodies. Upon your written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided.

In signing this application for appointment, I certify that I have not been convicted of any criminal felony involving dishonesty, breach of trust, or been convicted of an offense under Section 1033 of the Violent Crime and Law Enforcement Act of 1994. Furthermore, I agree to immediately inform Blue Cross and Blue Shield of Florida of any conviction of the types described in the preceding sentence.

Signature of Agent (Applicant): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**For Internal Use Only**

|                                       |              |                        |                |
|---------------------------------------|--------------|------------------------|----------------|
| Appointment Application:              |              |                        |                |
| Approved                              | Not Approved | Application Incomplete |                |
| Application Submission Received From: |              |                        |                |
| Agent/Broker                          | Agency/CGA   | CHCS/FCL               | Internal BCBSF |

BCBSF ID Assigned:

Agent ID/Row ID Assigned:

Agent Code Assigned:

Agent Code Effective Date: