



Standard Agent/Broker Information Sheet

Required Agent Information

Full Name:
Agency:
Principal Address:
City: State: Zip:
Mailing Address:
City: State: Zip:
Email:
Telephone: Cell Phone: Fax:

Required Agency Information

Type of Firm: (check one) Corporation Partnership Individual
Taxpayer I.D. Number: Year Business Established:
During the past 5 (years) has the firm changed names or acquired/merged with another firm?
Is the firm currently engaged in, owned or controlled by any other business interest?

License Information

License State: License Number:
Effective Date: Expiration Date:
National Producer #: FFM Username (NH Only):
Industry Credential: CEBS CHFC CIC CLU CPCU HIAA
Other Licenses: Group Health Life NASD Series 6 NASD Series 7 P&C
Other State Licensed:

Errors and Omissions

Carrier Name: Policy in Name of: Agency Broker
Policy #: Policy Period: From to
Legal Liability Each Loss: \$ Legal Liability Aggregate: \$

Commissions

Commissions Payable to (check one) Agency Broker
Tax ID:
SSN:

Marketing Information

Assistant's Name:
Assistant's Telephone #: Assistant's Email:

I agree that I am a licensed broker in the states I am quoting. I agree that I have the necessary Errors and Omissions insurance for both myself, and if I am associated with a brokerage, that the brokerage has the necessary coverage. Upon writing a policy either with Minuteman Health or through HSA, I will return the necessary paperwork, including W9 forms and proof of insurance coverage in a timely fashion.

Signature Date:

Please return this form with all required documents. If you have any questions, please contact Eric Thornberg, Account Manager at 1-857-265-3339.