

Producer Information Form

Section I: Complete the following if Agency

Agency's Legal Name: _____

Tax Identification Number: _____ - _____ Date of Incorporation: _____

Business Address: _____
Street Address County City State Zip Code

Telephone Number: (_____) _____ - _____ Fax Number: (_____) _____ - _____

Email address: _____ Website: _____

State(s) in which an appointment is requested: _____ **(Include copy of license for each State)**

Is your business placed through a General Agent or TPA? Yes No

If Yes, please list whom and in which State(s): _____

If for **Maryland**, identify the Responsible Individual(s). If for **Pennsylvania**, identify the Qualifying Active Officer(s).

If for **Michigan**, identify the Responsible Individual(s).

Name	Position	Address	Date of Birth

NOTE: A Producer Information Form and appropriate licenses must be submitted for each individual's appointment.

Section II: Complete the following if Agent or Producer

Legal Name: _____
Last First Middle

If you conduct business under a fictitious name, please list here: _____

National Producer Number: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Resident Address: _____
Street Address County City State Zip Code

Business Address: _____
Street Address County City State Zip Code

Telephone Number: (_____) _____ - _____ Fax Number: (_____) _____ - _____

Email address: _____ Website: _____

State(s) in which an appointment is requested: _____ **(Include copy of license for each State)**

Do you want your commissions paid to an agency? Yes No If Yes, please provide the following information:

Agency Name: _____ Tax Identification Number: _____ - _____

Is your business placed through a General Agent or TPA? Yes No

If Yes, please list whom and in which State(s): _____

Please provide name and address information of your former employers (including Military) for the past 10 years:

Name/Title: _____ Address: _____ From: _____ To: _____

Name/Title: _____ Address: _____ From: _____ To: _____

**Section III: Background Information –
Applies to an Agency's Partners, Directors and Officers as well as Individual Agents and Producers**

If the answer is Yes to any of the below questions, attach complete details on a separate sheet of paper:

Have you ever had your insurance license suspended or revoked?

Yes No

Have you ever been convicted of, or pleaded guilty or no contest to, or are charges currently pending for a felony or a misdemeanor (other than a traffic violation)?

Yes No

Have you ever been employed by an Insurance Company, where the employment contract was terminated or non-renewed because of allegations of wrongdoing?

Yes No

Have you ever been investigated or fined by an Insurance Regulatory Authority?

Yes No

**Section IV: Reference Information –
Applies to an Agency's Partners, Directors and Officers as well as Individual Agents and Producers**

Please have a business reference complete and sign this section:

How long have you known the applicant? _____

How would you rate your business experience with the applicant? Excellent Good Fair Poor

Is the above applicant trustworthy and reliable? Yes No

Is the above applicant qualified to act as an agent or producer? Yes No

Signature of Reference

Date

Section V: State Mandated Requirements

AL: Must hold a Dental Service line of authority in order to be appointed.

FL: Non-Residents must identify what counties in Florida they will be acting as an agent.

KS: Must verify that appointee has Errors and Omissions coverage of at least \$100,000 per occurrence/\$100,000 total aggregate (\$100,000/\$500,000 if covered under a blanket policy).

MD: In order to appoint an agency, must appoint a Responsible Individual of the agency.

MI: In order to appoint an agency, at least one officer of the agency must be appointed.

PA: In order to appoint an agency, must appoint a Qualifying Active Officer of the agency.

WA: Employees of an appointed agency only need to submit an Affiliation Certificate to be appointed.

Certifications and Authorization to Obtain Investigative Consumer Report

I certify the questions I have answered are true. I agree to comply with all the regulations of United Concordia (the Company), and applicable state insurance departments. I certify that I am free to contract with the Company. I authorize the individuals or companies shown in this application to give to the Company, any business or personal information concerning me that they may have and I release said individual or company from all liabilities for any damage whatsoever for issuing this information. I understand that my appointment must be processed with applicable state insurance departments prior to receiving any commissions.

COMPLIANCE WITH VIOLENT CRIME AND LAW ENFORCEMENT ACT OF 1994: By signing this agreement, I certify that I have not been convicted of any criminal felony involving dishonesty or breach of trust or been convicted of an offense under section 1033 of the Violent Crime and Law Enforcement Act of 1994. I further agree to immediately inform the Company of any conviction described in the preceding sentence.

AUTHORIZATION TO OBTAIN INVESTIGATIVE CONSUMER REPORT: As part of its regular procedures, I understand that the Company may obtain an investigative consumer report. It may deal with character, reputation and personal traits. It may involve personal interviews with friends, neighbors and associates. I understand that I have the right to request from the Company a complete disclosure of the nature and scope of this report, along with the name and address of the agency making it. If I make this disclosure request, the Company will provide me with a written response no later than 5 days after the date in which the Company receives my request, or the date on which the Company first requested the report, whichever date is later. I further understand that depending on applicable state law, subjects of an investigative consumer report may have the right to: 1) request that they be interviewed in connection with the making of the report; and 2) receive a copy of the report, upon request. My signature below constitutes my agreement and authorization to the Company to obtain an Investigative Consumer Report in connection with my application for appointment as an insurance producer.

AUTHORIZATION TO REPRESENT UNITED CONCORDIA:

United Concordia hereby appoints Producer to act as its representative in the sale and service of authorized products. Producer agrees to comply with all United Concordia underwriting guidelines, practices and policies, as may be in effect from time to time. This authorization to represent United Concordia may be terminated by United Concordia at any time upon prior notice, and will automatically terminate if, at any time, Producer's license is suspended or terminated. Producer shall be subject to limitations on the use and disclosure of protected health information ("PHI") and United Concordia-produced data ("Data"). Those limitations are set forth either in the Producer agreement you make with United Concordia, or in the Producer agreement made between United Concordia and the Producer through which you submit United Concordia business. These limitations on use of PHI or Data shall apply regardless of the manner in which Producer received it.

Signature: _____ Date: _____

Please provide the following documents along with your Producer Information Form

- 1. Copy of current valid license(s) for each state that an appointment is being requested**
- 2. Copy of current Errors & Omission Insurance Declaration Page or Certificate of Insurance (if applicable)**
- 3. Completed IRS W-9 Form identifying the agency, agent or producer who is to receive commission payments (if applicable)**
- 4. Executed Producer Agreement (if applicable)**