

APPLICATION FOR BROKER APPOINTMENT

PERSONAL DATA	
Name:	Type of appointment: <input type="checkbox"/> Individual <input type="checkbox"/> Agency
Residence address:	
Agency name:	
Business address:	
Residence phone:	Business phone:
Social Security #:	E.I. #:
State license #:	Fax number:
Email address:	

INSURANCE BACKGROUND	
No. of years in business:	No. of years as producing agent/broker:
Insurance education:	
Insurance designations: <input type="checkbox"/> CLU <input type="checkbox"/> RHU <input type="checkbox"/> CHFC <input type="checkbox"/> LUTC <input type="checkbox"/> CPCU <input type="checkbox"/> Other:	
Professional affiliations:	

INSURANCE AFFILIATIONS AND APPOINTMENTS
Primary company affiliations:

Agency appointments: List all brokers licensed to do business under your agency at present. It will be necessary to advise us when new people are hired. (Use additional paper if more space is required.)

NAME	LICENSE NUMBER	SOCIAL SECURITY NUMBER

Have any complaints been filed against you with any state insurance department? YES NO
 Has any state insurance department ever disciplined you? YES NO
 If YES to the above, what department? When? Explain circumstances with attachment.

INSURANCE ACTIVITY

1. Employee Benefit Specialist on staff? YES NO

If YES, who? _____

2. Prior Highmark Blue Cross Blue Shield DE working relationship? YES NO

If YES, explain: _____

3. Indicate group production for last two (2) years below:

How many groups of 3 or more lives?

How much total group premium?

1 to 5 _____

\$ 5,000 to \$ 10,000 _____

6 to 10 _____

\$ 10,000 to \$ 25,000 _____

11 to 20 _____

\$ 25,000 to \$ 50,000 _____

20 or more _____

\$ 50,000 to \$100,000 _____

\$100,000 or more _____

4. How many group cases do you have in force? _____

5. How much group premium do you write each year for:

Health _____

Life _____

STD _____

LTD _____

6. Do you object to making a joint call to your group clients with our representative? _____

7. References other than group clients (include their position):

I, _____, of _____

hereinafter referred to as the "Broker," certify that I am licensed to sell Life and Health Insurance in the State of Delaware and that my license is in good standing. I do hereby make application to be appointed to sell the products of Highmark Blue Cross Blue Shield Delaware (Highmark DE). If my application is accepted, I understand that any appointment is conditioned upon my agreement to the terms and conditions of the Highmark DE Broker Agreement.

I certify that the information provided in this application is true, correct and complete and give Highmark DE permission to conduct an investigation into my qualifications as a Broker, including but not limited to, contacting the Delaware and other Insurance Departments and contacting any references named herein to obtain verification of the information contained herein or any other information pertinent to my application.

Broker/Agency: _____

By: _____

Title: _____

Dated this: _____ day of _____, 20 _____