

FHCP Agent / Broker Appointment Application

To Be Completed by FHCP:

Approved: ☐ Yes ☐ No

Authorized Signature: _____ Date: _____

All below information must be completed for the approval of your application.

Agent Information

Name: _____ Social Security No: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____

Email Address: _____ NPN: _____

Florida Insurance License Number: _____

Are you appointed with Florida Blue? (BCBSFL): ☐ Yes ☐ No

What is your FL Blue Agent of Record (AOR) Number? _____

What is your SalesConnect / SellPoint Agent ID? _____

Agency (Broker) Information

Name of Employer / Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone No: _____

Federal Tax ID (EIN): _____ Broker License No: _____

Is your agency appointed with Florida Blue? (BCBSFL): ☐ Yes ☐ No

What is your Agency's FL BCBS Rating? (Standard, Preferred, Diamond): _____

What is the effective date of your Agency's FL BCBS Rating? _____

What is your FL Blue Broker of Record (BOR) Number? _____

What is your Agency's SalesConnect / SellPoint Broker ID? _____

Does your Agency qualify as MAA, CGA, or Other? ☐ MAA ☐ CGA ☐ Other: _____

What insurance licenses do you hold? (2-40, 2-15, etc.): _____

Who is your Agency's GA? _____

(In the case it is a larger GA with multiple offices, please specify which location your Agency is partnered with.)

What lines of business will you sell? ☐ IU65 ☐ Medicare ☐ Group

Have you ever pled guilty or nolo contendere to or been found guilty of a felony or a crime involving moral turpitude? ☐ Yes-enclose complete information ☐ No

I hereby certify that the above information is accurate and correct.

I have enclosed a copy of my License, Errors & Omissions Coverage, W-9 and Agent / Broker Agreements.

Signature: _____ Date: _____