



APPLICATION FOR PRODUCER APPOINTMENT

All individual producers and agencies must complete a separate Application for Producer Appointment (“**Application**”). Each agency must have one licensed individual producer designated as the authorized representative, whose individual information will be entered in Section 1 of this Application. Please type or print legibly.

1. Individual Information

Producer: Mr. Mrs. Ms. _____
First M.I. Last Suffix

SSN: _____ - _____ - _____ Date of Birth: ____/____/____

Mailing Address: _____

Physical Address: _____

Phone Number:(____)____-____ Ext.:____ Fax Number: (____)____-____

E-Mail Address: _____

Ins. License No.:_____ Eff. Date: ____/____/____ Exp. Date: ____/____/____

2. Agency Information

(If you are not working for an agency, check here and skip to Section 3).

Agency Name: _____

TIN Number:_____ Entity Type:Corp. Sole Prop. LLC LLP Other_____

Mailing Address: _____

Physical Address: _____

Phone Number:(____)____-____ Ext.:____ Fax Number: (____)____-____

Website Address: _____

Ins. License No.:_____ Eff. Date: ____/____/____ Exp. Date: ____/____/____

3. Certification

Please answer the following questions by checking “YES” or “NO.” If you answer yes to any question, please give the details in a separate letter.

- YES NO Has your insurance license ever been terminated, revoked, suspended or restricted?
- YES NO Have you ever been unable to renew your insurance license?
- YES NO Have you ever pled guilty or no contest to, or been convicted of any felony, or any misdemeanor involving dishonesty, moral depravity, or breach of trust?
- YES NO Have you ever had an appointment terminated “For Cause” by any insurer?

(continued on back)

READ CAREFULLY

ODS Health Plan, Inc., its parent corporations, and affiliates are hereby authorized to make such pertinent inquiry about me as may be necessary to verify the content of this Application, and may make further inquiries regarding my character, reputation, business experience, and personal characteristics. I certify that the information provided by me in this Application is true, correct and complete.

Signature

Title (if signing on agency's behalf)

____/____/____
Date