

**MASS ADVANTAGE
INSURANCE AGENT APPLICATION**

APPLICATION FOR:

Individual Individual through Agency Company/Agency

AGENT INFORMATION:

Last:	First:	Middle:
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Social Security Number:	Date of Birth:	Alias/Other Names:
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Residence Address (Street, City, State, ZIP code):

Mailing Address:	MA Producer License #:
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Residence/Cell Phone:	Business Phone:	Fax Number:
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Languages:	Email Address:
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COMMISSION PAYABLE TO (Needs to match W-9)

Broker Agency: _____

Company/Agency Information

Corporation Name:	Principal Agent:
Corporate Tax ID:	Business Phone:

Business Address (Street, City, State, ZIP code):

Mailing Address:

**ERRORS & OMISSIONS COVERAGE
(\$1,000,000 annual aggregate required)**

An active policy is required to be on file with us at all times, with a declaration page showing your name/the agency's name listed as a covered entity.

PRODUCT SELECTION

- Mass Advantage Basic & Plus HMO
- Mass Advantage Premier PPO

Please answer the questions below and provide an explanation as needed below. Failure to accurately and honestly answer any of the questions may result in a denied application.

CRIMINAL BACKGROUND INFORMANTION

1. **Has your company's leadership or principals / Have you ever been convicted of a felony?** Yes No
2. **Has your company's leadership or principals / Have you ever been convicted of a misdemeanor (other than traffic), including an alcohol or drug related offense?**

 Yes No
3. **Has your company's leadership or principals / Have you ever had your driver's license revoked?** Yes No

CREDIT HISTORY

4. **Has your company / Have you filed for bankruptcy and/or had a bankruptcy discharge?** Yes No
5. **Has your company / Have you been reported as delinquent on your state or federal taxes?** Yes No
6. **Does your company / Do you currently have any federal tax liens?** Yes No

CMS & DEPARTMENT OF INSURANCE

7. **Is your company / Is your insurance license currently restricted or under investigation? Has your company / Have you ever had your insurance license revoked and/or suspended by any department of insurance for any reason? Has your company / Have you ever had to pay a fine related to a consumer complaint, failure to renew your license, or continuing education credit in excess of \$500?** Yes No

8. Has your company/have you ever had a complaint reported against you by a consumer, and/or insurance company for any reason with any department of insurance or other regulatory reporting agency including CMS? Yes No

OTHER

9. Has your company / Have you ever been terminated for cause by any insurance carrier? Yes No

10. Has your company / Have you ever been denied an appointment by any insurance carrier? Yes No

Explanation to any of the above questions 1 through 10:

AUTHORIZED SIGNATURES

I attest to the truth and completeness of the foregoing statements and answers and agree not to solicit business until I am dually appointed:

Applicant Signature

Date

I hereby recommend approval of this appointment:

Central Mass Health, Authorized Representative

Date