

## 1 Application For

Individual     Individual through Agency     Company/Agency

## 2 Agent Information

Last Name                                  First Name                                  Middle Name

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Date of Birth (*mm/dd/yyyy*)                                  Email Address

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Preferred Phone                                  MA Producer License #

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Residence Address (Street, City, State, ZIP code)

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Mailing Address

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## 3 Company/Agency Information

Agency Name                                  Principal Agent

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Corporate Tax ID                                  Email Address

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

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Mailing Address

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## 4 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.

## 5 Product Selection

Mass Advantage Basic & Plus HMO                                   Mass Advantage Premier PPO

## 6 Criminal Background Information

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

1. Has your company's leadership or principals / Have you ever been convicted of a felony?  Yes  No
2. Has your company / Have you filed for bankruptcy and/or had a bankruptcy discharge?  Yes  No
3. 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
4. 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
5. Has your company / Have you ever been terminated for cause by any insurance carrier?  Yes  No

Explanation to any of the above questions 1 through 5:

## 7 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I hereby recommend approval of this appointment.

\_\_\_\_\_  
Central Mass Health,  
Authorized Representative

\_\_\_\_\_  
Date

Submit form to [Brokers@MassAdvantage.com](mailto:Brokers@MassAdvantage.com)