

AGENCY INFORMATION

Agency Name: _____

Agency Address: _____ County: _____

Phone Number: _____ Fax Number: _____

Agency ID: _____ Agency Tax ID Number: _____

Primary line of business:

- Group Health/Dental 2 to 25 employees 26 to 50 employees 51+ employees
 Individual Health Life Disability (DI) Property & Casualty (P&C)

PRODUCER INFORMATION

Producer Name(s): _____

Health Insurance License(s):

	Idaho	Oregon	Washington	Other State(s)
License Number				
License Held Since				

Producer(s) insured under the agency's Errors and Omissions insurance policy: Yes No

Producer(s) want PIN to access online agent services: Yes No E-mail address? _____

The producer will be: an employee of the agency a subcontractor

QUESTIONS

What are your requirements/expectations of a quality health carrier? _____

What are your requirements/expectations of a carrier representative? _____

Have you considered PacificSource as a carrier/partner in the past? Why or why not? _____

Briefly describe the reasons for your interest in PacificSource at this particular time: _____

Additional comments: _____

PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THIS APPLICATION

- Copy of current Idaho license (and Oregon), if applicable Copy of Idaho State Producer Affiliation form
 Proof of agency's current Errors & Omissions policy

AUTHORIZATION

David L. Ewers, Idaho Regional Manager of PacificSource Date

Producer Contract: delivered by Regional Manager on _____ to be mailed by Agent Coordinator