



Selling Agent Application Form

Agent Information

Type of Appointment Requested: Individual Partnership Corporation

A. Applicant Information

Applicant		Date of Birth	
Business Name			
Business Address			County
City		State	Zip Code
Business Phone Number	Business Fax Number	Agent E-Mail Address	
Agency Taxpayer I.D. or Social Security Number		Agent License Number	

B. Commissions Payable Contact Information (If other than above)

Note: Commissions can only be paid to the person/entity printed on the required NYS license.

c/o			
Address			
City		State	Zip
Phone	Fax	E-mail	

C. General Agency Information

General Agency Name			
General Agency Address			County
City		State	Zip Code
HealthPass Agency Code		Agency E-Mail Address	

D. Officers and Directors

List all officers and directors and give information requested below. If sub-licensee, check box(es) and list before other officers and directors.

NAME	Last	First	M.I.	Date of Birth
Title of Officer			Social Security Number	Check here if sub-licensee <input type="checkbox"/>
NAME	Last	First	M.I.	Date of Birth
Title of Officer			Social Security Number	Check here if sub-licensee <input type="checkbox"/>
NAME	Last	First	M.I.	Date of Birth
Title of Officer			Social Security Number	Check here if sub-licensee <input type="checkbox"/>

NOTE: The Selling Agent Appointment Application Form must be completed and returned, along with a copy of your current State of New York Insurance Department Accident & Health Agent License to:

**HealthPass
Agent Appointment Department
386 Park Avenue South, Suite 703
New York, NY 10016**

Background Information (To be Supplied by Agent)

1. Has anyone named on this application ever been known by any name other than the one on the other side of this application?
 NO YES (Give details below.)

2. Has anyone named on this application ever been refused a license for insurance or had a license for insurance revoked or suspended?
 NO YES (Give details below.)

3. Has anyone named on this application ever been fined or formally disciplined by any insurance department or any state or government agency or authority?
 NO YES (Give details below.)

4. Has anyone named on this application ever been charged or investigated, in any capacity whatsoever, with financial irregularities, misconduct or fraud by any insurer, financial institution, employer or other party?
 NO YES (Give details below.)

5. Has the applicant ever had its agency appointment terminated for cause or for any of the above reasons?
 NO YES (Give details below.)

6. Other than traffic infractions or "Youthful Offender" adjudications, has anyone ever been convicted of a crime?
 NO YES (Give details below.)

Note: If you answered "Yes" to any of the above questions, please give all relevant dates, places, states and names where applicable. Attach additional information if necessary.

I hereby certify that the information provided on this application is true and complete to the best of my knowledge.

Signature of Applicant (Selling Agent)

Date

As part of the procedure for processing this application for appointment with HealthPass, an investigative report may be made. Such a report will be confidential and will be used for purposes of evaluating the applicant's qualification for appointment and you may have the right to request, in writing and within a reasonable period of time, a complete and accurate disclosure of additional information concerning the nature and scope of such investigation or report.

I hereby request the appointment of the above applicant.

Authorized Signature of General Agent

Date

FOR INTERNAL USE ONLY

General Agent Number _____

Selling Agent Number _____