

This is an application to become a contracted agent with Blue Cross Blue Shield of Nebraska (BCBSNE) and is not an application for employment. Incomplete applications may cause a delay in processing. Please print legibly.

Please check all lines of business the agency would like to sell:

Individual

- ☐ Armor Health ☐ Medicare Supplement
- ☐ Stand-alone Dental ☐ Medicare Advantage
- ☐ ACA ☐ Medicare Part D

Group

- ☐ Small Group (2-99)
- ☐ Large Group (100+)

Ancillary

- ☐ LifeSecure
- ☐ GeoBlue®
Travel Medical Insurance

Agency Information

Agency Name _____

Tax ID Number _____

Agency Physical Address

Address _____

City _____

State _____ ZIP _____

Agency Mailing Address

Address _____

City _____

State _____ ZIP _____

Agency Admin Information

Name _____ Job Title _____

Business Phone _____ Agency Email _____

Cell Phone _____ Renewal Contact Email _____

Web Page _____

INSURANCE BACKGROUND AND FINANCIAL INFORMATION

1. Companies your agents are appointed to represent: _____

2. States in which the agency is currently licensed: _____

3. Has **ANY** license held by the agency or any of your agents EVER been revoked or suspended for any reason? If yes, provide complete documentation. ☐ Yes ☐ No

4. Has your agency ever been, or currently appointed, with BCBSNE? ☐ Yes ☐ No
If yes, when and why was it terminated, and why are you seeking another appointment?

5. Do you have Errors & Omissions (E&O) coverage for the agency? ☐ Yes ☐ No

If the answer to questions 5 and 6 is no, we cannot accept your application.

If yes, submit proof of current coverage.

6. If you answered no to question 5, do you require each agent to hold their own E&O coverage? ☐ Yes ☐ No

If the answer to questions 5 and 6 is no, we cannot accept your application.

If yes, submit proof of coverage.

7. Are you or any of your agents involved in any pending or current litigation, investigations or E&O claims? If yes, please explain. ☐ Yes ☐ No

8. In the last five years, has the agency ever filed for bankruptcy or been declared bankrupt? ☐ Yes ☐ No
If yes, attach court documents.

9. Are there any outstanding judgments against you or any of your agents? If yes, explain. ☐ Yes ☐ No

10. Has your agency ever defaulted on a promissory note or any other debt? ☐ Yes ☐ No

11. Have you or your agents ever been discharged or permitted to resign from your employment because you were accused of: ☐ Yes ☐ No
a. violating investment-related or insurance-related statutes, regulations, rules or industry standards of conduct?
b. fraud or the wrongful taking of property?
c. violating company rules?

12. With the exception of routine traffic violations, have you or any of your agents EVER pleaded guilty or no contest to or been convicted of any crime? If yes, provide complete documentation. (Such convictions will not automatically disqualify agent candidates. The seriousness and nature of the crime, date of conviction and rehabilitation will be considered.) ☐ Yes ☐ No

13. Do you currently have any outstanding unpaid debts to an insurance company or general agent? ☐ Yes ☐ No

14. Within the past 10 years, have you or any of your agents ever had a complaint filed against you that resulted in a fine, penalty case or desist order, censure or consent order? ☐ Yes ☐ No
If yes, provide complete documentation.

AUTHORIZATION AND RELEASE

The information set forth in this document is true and complete. I understand that if contracted with Blue Cross Blue Shield of Nebraska as a broker, any false, incomplete or misleading statement on this document or any requested information that is omitted shall be considered sufficient cause for termination of my contact. You are hereby authorized to make any investigation of my personal and work experience history, criminal record history, insurance department history and credit history through any consumer reporting agency or through inquiries with my past or present employers, contact any neighbors, friends or others with whom I am acquainted. I understand that this inquiry will include information as to my character, general reputation, personal characteristics and mode of living.

I understand that if contracted as an agent, this document, the agents contract, the training materials I may receive, and any other manuals and documents, are not contracts of employment.

Signature

Date (MM/DD/YYYY)