

Agency Datasheet

This Datasheet is an application to become contracted as a broker with Blue Cross Blue Shield of Nebraska and is not an application for employment. If you fail to answer any of the following questions it will delay processing. Please print legibly.

How did you hear about this contract? Internet Search Referred by _____
 Direct Mail / Email BCBS Account Exec
 Seminar Other _____

INSURANCE FOCUS

Our focus will be: <input type="checkbox"/> Individual Under 65 <input type="checkbox"/> Individual 65+ <input type="checkbox"/> Group – 2-99 Employees <input type="checkbox"/> Group – 100+ Employees	Our current business consists of: <input type="checkbox"/> Individual Under 65 <input type="checkbox"/> Individual 65+ <input type="checkbox"/> Group – 2-99 Employees <input type="checkbox"/> Group – 100+ Employees	In force business (lives / groups / premium): _____ _____ _____ _____
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General DATA

Agency Name:

Tax ID Number: _____	NPN #: _____	Today's Date: _____
Is the agency planning on selling Ancillary products? <input type="checkbox"/> Yes <input type="checkbox"/> No	License # _____	Expiration Date: _____
Business Mailing Address PO Box: _____ Street: _____ City/State/Zip: _____	UPS Mailing Address Street: _____ City/State/Zip: _____	
Primary Contact Information		
Name: _____	Job Title: _____	
Business Phone: _____	Business E-mail: _____	
Cell Phone: _____	Web Page: _____	

INSURANCE BACKGROUND & FINANCIAL

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 Has **ANY** license held by the agency or any of your agents **EVER** been revoked or suspended for any reason? Yes No
(if yes, provide complete documentation)

4. Has your agency ever been, or are currently appointed, with BlueCross BlueShield of Nebraska? Yes No
(if yes, when and why was contract terminated or why are you seeking another appointment?)

5. Do you have Errors & Omissions (E&O) Coverage for the agency? Yes No
(If no to question 5 & 6, do not submit application for contract. 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 no to question 5 & 6, do not submit application for contract. If yes, submit proof of current coverage)

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

8. In the last 5 years, has the agency ever filed for bankruptcy or been declared bankrupt? (If yes, attach court documents)	[] Yes	[] No
9. Are there any outstanding judgments against you or any of your agents? (If yes, explain)	[] Yes	[] No
10. Has your 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:		
a. violating investment-related or insurance related statutes, regulations, rules, or industry standards of conduct?	[] Yes	[] No
b. fraud or the wrongful taking of property?	[] Yes	[] No
c. violating company rules?	[] Yes	[] No
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) <i>(Such convictions will not automatically disqualify agent candidates. The seriousness and nature of the crime, date of conviction and rehabilitation will be considered.)</i>	[] Yes	[] No
13. Do you currently have any outstanding unpaid indebtedness 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? (if yes, provide complete documentation)	[] Yes	[] No

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 contract. 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)
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Contracting and Licensing
 PO Box 3248
 Omaha, NE 68008
<http://www.nebraskablue.com>

HOME OFFICE USE:

Large Group Rep:	Small Group/Individual Rep:	AP #
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