

**APPOINTED AGENT FORM**

An Insurance Producer (Producer) authorized by Blue Cross and Blue Shield of Nebraska (BCBSNE) to solicit Products must submit to BCBSNE information regarding Producer's Appointed Agents. Please read this form carefully and supply the information requested below.

**SECTION I - Insurance Producer Information**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

TYPE:  Sole Proprietorship  Corporation  LLC  LLP  Other

TIN: \_\_\_\_\_

**SECTION II - Appointed Agent Information**

Please list the name and license number for each Appointed Agent representing Producer. If additional space is needed, check here [ ] and attach a separate list.

<b>Agent Name</b>				
National Producer Number				
Email Address				
Soc Sec #				
City/Zip of agent				
Line of Business				
Expiration date of license				
Phone Number				
License ever suspended? YES OR NO				

**SECTION III - Acknowledgement**

Insurance Producer hereby acknowledges and agrees to the following:

- Appointment of agents is subject to BCBSNE's consent, which may be approved, denied or revoked at any time by BCBSNE in its sole discretion.
- Producer is responsible for the supervision and management of the Appointed Agent(s) listed herein and for ensuring compliance with the terms and conditions of the applicable Insurance Producer Agreement.
- Producer certifies Appointed Agent(s) is lawfully licensed to transact the type of insurance for which he or she is appointed.
- Producer agrees it retains sole responsibility to notify BCBSNE of any change in status of its Appointed Agent(s), including but not limited to, notification that Appointed Agent no longer represents Producer.

**SECTION IV - Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title (if signing on behalf of an agency)

\_\_\_\_\_  
Date

Please return your completed form to the following address:

**Blue Cross and Blue Shield of Nebraska**  
**ATTN: Underwriting Services**  
**P.O. Box 3248**  
**Omaha, NE 68180-0001**

<b>Agent Name</b>				
National Producer Number				
Email Address				
Soc Sec #				
City/Zip of agent				
Line of Business				
Expiration date of license				
Phone Number				
License ever suspended? YES OR NO				

<b>Agent Name</b>				
National Producer Number				
Email Address				
Soc Sec #				
City/Zip of agent				
Line of Business				
Expiration date of license				
Phone Number				
License ever suspended? YES OR NO				

<b>Agent Name</b>				
National Producer Number				
Email Address				
Soc Sec #				
City/Zip of agent				
Line of Business				
Expiration date of license				
Phone Number				
License ever suspended? YES OR NO				

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