

LICENSE INFORMATION MUST BE COMPLETED – Page 2

Evidence of Errors and Omissions Insurance (Please provide)

- Copy of Application, policy face page or evidence that coverage is in-force.

PRODUCER QUESTIONS – If your answer is “Yes” to any of the questions below, please write details on a separate sheet and attach. Failure to disclose may result in a decline of your application.

1. Are you now being sued or have you ever been sued or had a judgment rendered against you? _____
2. Have you ever filed for bankruptcy or sought protection from your creditors? _____
3. Have you ever been charged, convicted, or pled guilty to a felony or misdemeanor involving investments, securities, insurance, real estate, or any type of financial instrument? _____
4. Has any federal or state regulatory agency ever:
 - a. Censured you, threatened to suspend or terminate, or suspended or terminated your license(s) to sell securities, insurance, annuities, real estate, or any other type of financial instrument? _____
 - b. Found you made false statement(s) or omissions or been dishonest, unfair, or unethical? _____
 - c. Found you have been involved in a violation of investment, real estate, or insurance related statutes or regulations? _____
 - d. Found that you were a cause in an investment, real estate, or insurance agency or business having its authorization to do business denied, suspended, or revoked or restricted? _____
5. Are you now or have you ever been prevented from engaging in any activities related to securities, insurance, annuities, real estate, or any other type of financial instrument? _____
6. Have you ever been discharged or permitted to resign because you were accused of violating investment, real estate, or insurance related statutes, regulations, or rules of industry standards of conduct? _____
7. In the last five years, have any agent or broker contracts that you held with investment, real estate, or Insurance companies or agencies been canceled for cause? _____
8. In the last five years, has any policy or application for errors and omissions insurance on your behalf been declined, cancelled, or refused renewal? _____
9. Has any insurance company ever paid a claim on a bond taken out on your behalf? _____

Credit/investigative report notice and release

As part of the application procedure, the Company may have an investigative consumer report prepared.

The investigative report may consist of an investigative consumer report, criminal record report, insurance department inquiries, and interviews with third parties. Should a report have an adverse effect on my application, the Company will notify me in writing and identify the name and address of the reporting agency that prepared the report.

I hereby authorize the Company to conduct all such inquiries and obtain these investigative reports. I authorize all persons, firms, and entities having information about me to give the Company all information that it requests. I release from liability all persons, firms, or entities supplying such information to the Company, and I agree to hold the Company harmless from and indemnify it from any liability which it may incur as a result of conducting any of the inquiries contemplated herein. The Company may provide to its affiliate companies all information it receives during its investigation. The Company may provide to its affiliate companies or third parties, including agencies that assume my debit balance, any financial, business, legal or tax information regarding me that is not part of the investigative report that it receives from third parties or its affiliate companies. I authorize the Company to provide information concerning any past-due debts owed the Company to the credit reporting services to which it subscribes. These authorizations shall remain in effect for two (2) years after the date I sign this application.

I certify that I have reviewed this application and that my answers are true. I acknowledge that this application will form a part of my agent's contract with the Company. Further, I understand that if any information is incorrect or incomplete, it will be grounds at the sole discretion of the Company for rejecting this application or for termination of my contract.

Under Penalties of Perjury, I certify that the Social Security Number (or Taxpayer Identification Number) shown on this form is my correct taxpayer identification number.

Signature

Date

Addendum to Producer Request for Appointment

To become an appointed broker with BlueCross BlueShield of Tennessee please provide the following documents in addition to this form.

1. Complete the applicable Agency Agreement for the type of business you wish to sell.
2. Complete the Producer Request for Appointment form.
3. Complete the Business Associate Agreement.
4. Send a current copy of proof of E&O coverage.*
5. Send a current copy of your Tennessee Resident or Non-Resident license.*
6. W-9 Form.
7. Electronic Funds Transfer authorization with voided check or deposit slip.

PLEASE SELECT HOW YOU WOULD LIKE YOUR COMMISSIONS TO BE PAID:

Commissions paid to Agency
(must include Tax ID)

Commissions paid to me
(must include SSN#)

Please complete the following:

Name:	
Tax ID or SSN#	
Company Name:	
Street Address	
City, State, ZIP	
Telephone:	Fax:
Email:	

Signature: _____

Date: _____

*Must be provided upon renewal.



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