



Underwritten by MotivHealth

# Start Health

## AGENT CHECK LIST

- \_\_\_\_\_ Completed & Signed Agent Appointment Application
- \_\_\_\_\_ Completed & Signed Agent / Agency Agreement
- \_\_\_\_\_ Copy of E&O Insurance

## AGENT APPOINTMENT APPLICATION

**\*\* Complete the Application in full. Incomplete Applications will NOT be processed \*\***

Date: \_\_\_\_\_

### PERSONAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

NPN \_\_\_\_\_

Utah Producer License # \_\_\_\_\_ Exp Date \_\_\_\_\_

Agency Name \_\_\_\_\_

Business Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

Cell Phone # (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Home Street Address \_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ SSN # \_\_\_\_\_



## GENERAL INFORMATION

How long have you held a [STATE] health insurance license? \_\_\_\_\_

List the names of carriers with which you are currently appointed or applying for appointment:

_____	_____
_____	_____
_____	_____
_____	_____

## PROFESSIONAL REFERENCES

List two professional references that can attest to your honesty, professionalism, and ethical standards of practice.

Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

List any professional association to which you belong:

Name of Organization \_\_\_\_\_ Member Since \_\_\_\_\_

Name of Organization \_\_\_\_\_ Member Since \_\_\_\_\_

Name of Organization \_\_\_\_\_ Member Since \_\_\_\_\_

## DISCIPLINARY ACTIONS

Have you or your agency been convicted of any felony involving dishonesty, breach of trust, or any insurance-related crime ("prohibited person")? This would include conduct such as making false statements to regulators, embezzling insurance funds, making false entries in books, or obstructing proceedings related to the business of insurance.

YES

NO

If yes, please provide the complete background and details of the circumstances, paying particular attention to activities affecting interstate commerce.

_____
_____
_____



Have you ever been cited, fined, suspended, revoked or refused an insurance license by any State? If yes, give the name of the State, the month and year.

YES      NO      State \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

SIGNATURE

I hereby certify that the information in this application is true and complete and that it fairly and accurately discloses all matters requested. I understand that any omissions, misrepresentations, or inaccuracies in this application constitute cause for denial of my appointment and / or may be cause for my summary dismissal as an MotivHealth Insurance Company appointed agent.

Agent Signature \_\_\_\_\_ Date \_\_\_\_\_



## Start Health Agent / Agency Agreement

This agreement is made and entered as of the \_\_\_\_ day of \_\_\_\_\_, 20\_\_  
between \_\_\_\_\_ (Agent/Agency) and Start Health.

In consideration of the premises, the parties hereto agree as follows:

### A. Definitions

- a. Agent means the person licensed and appointed by Company to solicit a Purchaser to purchase a health insurance policy and who is a party to this Agreement.
- b. Agency means the entity licensed and appointed by Company to solicit a Purchaser to purchase a health insurance policy and who is a party to this Agreement and whose employees, or contractors' sales may be accumulated in compensation calculations due to the entity from Company.
- c. Agency of Record means a legally eligible person or entity designated by a purchaser to serve as its insurance Agency, broker, or producer and that Company may compensate under the terms of this Agreement.
- d. Agent and Agency agree that Agent shall be an employee or contractor to Agency and Agency shall be the Agency of Record.

Agent Signature \_\_\_\_\_ Name Printed \_\_\_\_\_

Agency Signature \_\_\_\_\_ Name Printed \_\_\_\_\_