



# Producer Information Sheet



**Agent Information:**

Broker/Agent Name: LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_

Broker/Agent SSN: \_\_\_\_\_ Birth Date (mm/dd/yyyy): \_\_\_\_\_

Tax ID (if applying as a corporation): \_\_\_\_\_

**Business Address:**

Company Name: \_\_\_\_\_

Street Address 1: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Ext: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Home Addresses:**

Street Address 1: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**License Information: Please attach copies of all licenses**

Resident State: \_\_\_\_\_ License # \_\_\_\_\_

Non-Resident State: \_\_\_\_\_ License # \_\_\_\_\_

Please check requested contracts

\_\_\_\_ HUMANA \_\_\_\_ UHC \_\_\_\_ Aetna \_\_\_\_ Harvard Pilgrim \_\_\_\_ Anthem