

# AGENT APPOINTMENT FORM

Applying Agent must reside in Wisconsin to acquire an appointment with  
Common Ground Healthcare Cooperative.

Submit Completed Form to:  
Email: Sales@CommonGroundHealthcare.org  
Fax: 262.754.9690

(PLEASE PRINT OR TYPE)

AGENT INFORMATION					
Last	First	Middle Initial	Will You be Selling (Select All that Apply)	<input type="checkbox"/> Individual	<input type="checkbox"/> Small Group
Social Security Number	Email Address		Fax Number		
Work Address		City	State	Zip Code	
Primary Phone Number	Secondary Phone Number	General Agent / Agency Name			

ASSIGNMENT OF COMMISSIONS			
Commissions Payable To General Agent/Agency:			
General Agency Name		Agency Tax Identification Number (TIN)	
Mailing Address (if different than Work Address above – P.O. Box allowed)	City	State	ZIP Code

HEALTH LICENSE INFORMATION (ATTACH A COPY)					
License Type	State of Issue	License Number	NPN	Issue Date	Expiration Date
Has your insurance license suspended or revoked?		<input type="radio"/> Yes <input type="radio"/> No	Have you ever been convicted of a felony?		<input type="radio"/> Yes <input type="radio"/> No
Have you ever been investigated or fined by an Insurance Regulatory Authority?		<input type="radio"/> Yes <input type="radio"/> No	Do you owe any debt/balance to an insurer, general agent, or financial service institution that has remained overdue for more than 60 days?		<input type="radio"/> Yes <input type="radio"/> No

ERRORS AND OMISSIONS INSURANCE (ATTACH A COPY)		
Applicant or Agency must be noted on the Certificate		
Name of Carrier	Specific and Aggregate Amounts (Min. \$1 Million each)	Expiration date

ATTESTATION	
The Agent information contained herein is true to the best of my knowledge.	
Agent Signature	Date