

# SELLING AGENT APPLICATION FORM

Agent Information			
Applicant		Date of Birth	
Business Address			
City	State	Zip Code	
Business Phone Number	Business Fax Number	Agent E-Mail Address	
Agency Taxpayer I.S. or Social Security Number		Agent License Number	
General Agency Information			
General Agency Name			
General Agency Address			
City	State	Zip Code	
HealthPass Agency Code		Agency E-Mail Address	
Other Appointment			
List other companies to which the applicant has been appointed in the last five years.			
Errors and Omissions Coverage			
Does the applicant carry Errors and Omissions Coverage?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			
Officers and Directors			
List all officers and directors and give information requested below. I sub-licenses, check box(es) and list before other officers and directors.			
Last Name	First	Middle	Date of Birth
Title of Officer	Social Security Number	Check here if Sub-license	<input type="checkbox"/>
<p><b>Note:</b> The Selling Agent Appointment Application Form must be completed and returned, along with a copy of your current State of New York Insurance Department Accident &amp; Health Agent License to:</p> <p style="text-align: center;"> <b>Atlantis Health Plan</b>  <b>Broker &amp; Account Services</b>            39 Broadway, Suite 1240            New York, NY 10006         </p>			



**Background Information (To be supplied by agent)**

1. Has anyone named on this application ever been known by any name other than the one on the other side of this application?

☐ No

☐ Yes (Give details below)

2. Has anyone named on this application ever been refused a license for insurance or had a license for insurance revoked or suspended?

☐ No

☐ Yes (Give details below)

3. Has anyone named on this application ever been fined or formally disciplined by any insurance department or any state or government agency or authority?

☐ No

☐ Yes (Give details below)

4. Has anyone named on this application ever been charged or investigated, in any capacity whatsoever, with financial irregularities, misconduct or authority?

☐ No

☐ Yes (Give details below)

5. Has the applicant ever had its agency appointment terminated for cause or for any of the above reasons?

☐ No

☐ Yes (Give details below)

6. Other than traffic infractions or "Youthful Offender" adjudications, has anyone ever been convicted of a crime?

☐ No

☐ Yes (Give details below)

**Note:** If you answered “Yes” to any of the above questions, please give all relevant dates, places, states and names where applicable. Attach additional information if necessary.

I hereby certify that the information provided on this application is true and complete to the best of my knowledge.

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Signature of Applicant (Selling Agent)

Date

As part of the procedure for processing this application for appointment with Atlantis Health Plan, an investigative report may be made. Such report will be confidential and will be used for purposes of evaluating applicants qualification for appointment and you may have the right to request, in writing and within a reasonable period of time, a complete and accurate disclosure of additional information concerning the nature and scope of such investigation or report.

I hereby request the appointment of the above applicant:

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Signature of Applicant (Selling Agent)

Date

**FOR INTERNAL USE ONLY**

General Agent\_\_\_\_\_

Date\_\_\_\_\_

Selling Agent\_\_\_\_\_

Date\_\_\_\_\_

