



AGENT INFORMATION SHEET

Please email to: Donna.Huling@deancare.com or
 Fax to: Donna Huling at 608-827-4152

Contracted Agency Information

Business Name			
Business Address			
City	State	Zip Code	Tax ID Number
Phone Number	Fax Number	Website Address	

New Agent Information

First, Middle and Last Name			
Home Address			
City	County	State	Zip Code
Home Phone	Cell Phone	Date of Birth	City of Birth
Social Security Number	Resident State	Resident Agent License No.	Expiration Date
Non-Resident License Numbers		State	Expiration Date
1.			
2.			

Please describe any "Yes" answer to the following questions on a separate page and submit with this form.

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| 1. Have you ever pled guilty or "nolo contendere" to or been found guilty of a felony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you ever been refused a surety or fidelity bond? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you ever declared bankruptcy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you ever had, or do you in the near future anticipate, any disciplinary action from any insurance department? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have you ever had a contract and/or appointment with another insurance company terminated for reasons other than non-production? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have you ever had a professional license, such as insurance, revoked, suspended, surrendered or refused? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have you ever had a complaint filed against you with an insurance department? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Have you ever been convicted of a crime involving dishonesty or breach of trust? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Are any charges now pending against you? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Have you ever applied for or received an appointment/listing with Dean Health Plan before? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Current E&O Insurance Carrier Name	Current E&O Insurance Carrier Policy Number
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I understand that as part of the normal agent selection procedure an investigative consumer report may be made, which in all likelihood will contain information about my background, mode of living, character, general reputation, and personal characteristics. I authorize all persons and entities to release all written and verbal information about me. I release and agree to hold Dean Health Plan harmless from all liability and responsibility for doing so. I further understand that I may make a written request for information as to the nature and scope of the any investigative consumer report made. This release, in original or copy form, shall be valid now or any time in the future.

The information furnished herein is accurate to the best of my knowledge. I understand that if any material information given in this application is found to be incorrect or incomplete, it will be grounds for termination at the sole discretion of Dean Health Plan. I understand the information disclosed in this Agent Information Sheet will be kept confidential unless Dean Health Plan is required by law to release such information.

Agent Signature

Date