

AGENT APPLICATION

Sutter Health Plus

Please submit the following with this application:

- Legible copy of Agent's current California Life and Health License
- Sutter Health Plus 'Compliance, Privacy and Fraud, Waste and Abuse' training completion verification
- Signed and dated Agent Agreement*
- Signed and dated Business Associate Agreement*
- Proof of Errors and Omissions Insurance Coverage*
- W9 Form*

*Required for Independent Agents with commissions paid to themselves

Email your completed form to: shpbroker@sutterhealth.org

Section A – Applicant Information

Section A1 – Applicant Type

Agent with Commissions Paid to the Agency

Independent Agent or Sub-Agent with Commissions Paid to Themselves

Section A2 – Agent Information

Last Name	First Name	MI
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Work Phone	Other Phone	Email
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Work Address	City	State ZIP
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Section A3 – Agency Information

Agency Name			
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Agency Address	same as work address	City	State ZIP
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Section B – License Information

Licence Type	State of Issue	License #
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Issue Date	Expiration Date	Name on License
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Section C – Errors and Omissions Insurance *(Required for independent agents)*

Name of Carrier

Expiration Date

Specific Amount *(minimum \$1 million)*

Aggregate Amount *(minimum \$1 million)*

Section D – Commissions *(Please choose and complete one of the below)*

☐ **Commissions Payable to Agency**

Agency Name

Agency Tax ID

Agency License #

☐ **Commissions Payable to Individual Agent**

Individual Name

Social Security #

Individual License #

Pay to Address

City

State

ZIP