

AGENCY APPLICATION

Sutter Health Plus

Please submit the following with this application:

- Legible copy of Agency's current California Life and Health License
- Signed and dated Business Associate Agreement
- Signed and dated Solicitor Firm Agreement
- W9 Form
- Proof of Errors and Omissions Insurance Coverage

Email your completed form to: shpbroker@sutterhealth.org

Section A – Agency Information

Agency Name

Address

City

State

ZIP

Section A2 – Agency Contact Information

Last Name

First Name

MI

Work Phone

Other Phone

Email

Section B – License Information

Licence Type

State of Issue

License #

Issue Date

Expiration Date

Name on License

Section C – Errors and Omissions Insurance

Name of Carrier

Expiration Date

Specific Amount (minimum \$1 million)

Aggregate Amount (minimum \$1 million)

Section D – Commissions Payable to Agency

Agency Name

Agency Tax ID

Agency License #