

Name of Agency: _____

State: _____

AGENCY APPOINTMENT CHECK LIST

- AGENCY APPOINTMENT FORM
- AGENCY INFORMATION QUESTIONNAIRE
- AGENCY AGREEMENT
- W-9
- HITECH BUSINESS ASSOCIATE AGREEMENT
- COPY OF LIFE AND HEALTH AGENCY LICENSE
- COPY OF CERTIFICATE FOR E&O INSURANCE COVERAGE
- COPY OF:
 - (1) REGISTRATION AS A BUSINESS ENTITY WITH SECRETARY OF STATE OR STATE CORPORATIONS DIVISION OR
 - (2) DBA REGISTRATION (Assumed Name; Fictitious Name) IF A SOLE PROPRIETORSHIP (*County Clerk - IL IN, MI, TX ; Secretary of State - OH*)

Date Received: _____

Sent request for missing information to: _____

Date: _____

Date Complete: _____

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