



US Health and Life  
US HEALTH AND LIFE INSURANCE COMPANY



Name of Agency: \_\_\_\_\_

State: \_\_\_\_\_

**AGENCY APPOINTMENT CHECKLIST**

- Agency Appointment Form
- Agency Information Questionnaire
- Agency Agreement
- W-9
- Hitech Business Associate Agreement
- Copy of Life and Health License
- Copy of Certificate for Agent's 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: \_\_\_\_\_

*Excess loss insurance policies and EPO/PPO insurance plans underwritten by US Health and Life Insurance Company. SafeGuard plans administered by US Health and Life Insurance Company. © US Health and Life Insurance Company. All rights reserved.*