



US Health and Life  
US HEALTH AND LIFE INSURANCE COMPANY



Name of Agent: \_\_\_\_\_

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

### AGENT APPOINTMENT CHECKLIST

- Agent Appointment Form
- Agent Information Questionnaire
- Agent Agreement
- Hitech Business Associate Agreement
- Copy of Life and Health License
- Copy of Certificate for Agent's E&O Insurance Coverage (*Or evidence of coverage under Agency's E&O Insurance Coverage*)
- Submittal of W-9 is required for both agents and agencies seeking appointment:
  - Agents not assigning commissions to an agency must submit their W9 only.
  - Agents assigning commissions to an agency must submit both their W9 and also the agency W9.

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*