



Appointment Application

United Healthcare Insurance Company and Affiliates Medicare Advantage and Prescription Drug Plan

Name _____ Alias/Other Names _____

Social Security # _____ Tax ID _____

Corporation Name _____ Appointment Type ___ Individual ___ Corporation

Date of Birth _____ Mailing Preference ___ Home ___ Business

Home Address _____	Business Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Home Phone _____	Business Phone _____

Fax Number _____ E-mail Address _____

Resident State License _____ License # _____ Expiration Date _____

Non-Resident License States _____
(Attach copies of all licenses for appointment)

Errors and Omissions Coverage

AN ACTIVE POLICY DECLARATION PAGE WITH YOUR NAME LISTED AS THE COVERED ENTITY MUST BE ATTACHED IN ORDER TO BECOME A CONTRACTED AGENT

Name of Carrier _____

Policy # _____ Expiration Date _____
(\$1,000,000 per occurrence and \$1,000,000 annual aggregate required)



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Background – Please provide a complete explanation of any “Yes” answers on a separate sheet:

Yes No 1.) Have you ever had your insurance or securities license suspended or revoked or have you ever had an application for an insurance license denied by any insurance department?

Yes No 2.) Have you ever plead guilty or nolo contendere to or found guilty of a felony or crime including but not limited to crimes involving dishonesty, breach of trust or a violation of any federal law or are you now under indictment?

Yes No 3.) Have you ever had a complaint filed against you with an insurance department, NASD, or other regulatory agency or do you anticipate one being filed or have you ever been terminated by any company for cause?

Yes No 4.) Are you at present time involved in any litigation or are there any unjustified judgments or liens (including State or Federal tax liens) against you?

Yes No 5.) Do you owe an insurance company or other person for any premiums collected or monies advanced?

Yes No 6.) Has any company or other person alleged that it has not received premiums or other monies due such company or person from you?

Conditions and Agreements

I have thoroughly reviewed this application and have answered all questions to the best of my knowledge. By signing below, I hereby attest to all matters set forth above and agree to all matters set forth below. I hereby agree that if and when any or all of the companies issue to me any Agreement(s) for which I hereby apply, I will be bound by such Agreement(s). I understand that my supervising office has specimen forms of the Agreement(s) on file and I have had the opportunity to review such Agreement(s). Submitting to the Company any application for insurance products, including but not limited to Medicare Advantage and Prescription Drug Plan shall constitute my agreement to such Agreement(s) and all the terms, conditions and provisions set forth therein. I acknowledge that by signing this Appointment Application and submitting any such insurance application for Insured Product, I have so agreed to the Agreement(s) and no future signature by me shall be necessary.

I have executed this Appointment Application as evidence of the understanding, acceptance and consent of its terms, and I agree that I will not solicit business until I receive notification from the Company that this acknowledgement has been approved. I understand that as part of its approval process, the Company may obtain an investigative consumer report which will confirm information regarding my character, general reputation, credit history, personal characteristics and mode of living. I hereby authorize the Company to obtain such a report.

Applicant Signature _____ Date _____