

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

Phone

Mailing Address

City

State

ZIP

Phone

Agency Tax ID #

Section B – Agency License Information

License 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)