

Agent Application

Sutter Health Plus

Please submit the following with this application:

- Legible copy of Agent's current California Life and Health License
- Sutter Health Plus 'Compliance, Privacy and Fraud, Waste and Abuse' training completion verification
- Signed and dated Agent Agreement*
- Signed and dated Business Associate Agreement*
- Proof of Errors and Omissions Insurance Coverage*
- W9 Form*



Email your completed form to:

shpbroker@sutterhealth.org

**Required for Independent Agents with commissions paid to themselves*

Section A – Applicant Information

Section A1 – Applicant Type

Agent with Commissions Paid to the Agency

Independent Agent or Sub-Agent with Commissions Paid to Themselves

Section A2 – Agent Information

Last Name

First Name

MI

Work Phone

Other Phone

Email

Work Address

City

State

ZIP

Section A3 – Agency Information

Agency Name

Agency Mailing Address

Same as work address

City

State

ZIP

Section B – Agent License Information

License Type

State of Issue

License #

Issue Date

Expiration Date

Name on License

Section C – Errors and Omissions Insurance (Required for independent agents)

Name of Carrier

Expiration Date

Specific Amount (minimum \$1 million)

Aggregate Amount (minimum \$1 million)

Section D – Commissions (Please check one of the boxes and complete the corresponding information below)

Commissions Payable to Agency

Agency Name

Agency Tax ID

Agency License #

Commissions Payable to Individual Agent

Individual Name

Social Security #