

## Producer Appointment Checklist

*The following documentation needs to be submitted in order to process this request.*

Producer Appointment Form - All fields completed and signed

Producer Agreement - Signed by the producer and general agency (if applicable)

Individual

Commercial

Producer's Accident and Health Insurance License

Agency's Accident and Health Insurance License

(required if commission payments are being made to the agency)

Proof of E&O Insurance

NPN (National Producer Number)

FFM (FFM username Federally Facilitated Marketplace) - Required if selling on the Marketplace

Certificate of Completion for Individual and Shop (if applicable)

UPMC Health Plan Dominion Dental Appointment Form (Individual product only)

Direct Deposit Form (if applicable)

W9 (request for Taxpayer Identification Number and Certification) (if applicable)

# Producer Appointment Form

**Use N/A for all non-applicable items. Please do not leave any fields blank. Form will be returned if fields are left blank.**

## I. Producer Information

1. Agent First and Last Name: \_\_\_\_\_
2. Writing Agency Name (if applicable): \_\_\_\_\_
3. Principal Address: \_\_\_\_\_
4. Mailing Address (if different from principal): \_\_\_\_\_
5. Agent Office Phone Number: \_\_\_\_\_
6. Agent Cell Phone Number: \_\_\_\_\_
7. Agent Fax Number: \_\_\_\_\_
8. Agent Email Address: \_\_\_\_\_
9. Primary Contact First and Last Name: \_\_\_\_\_

Check here if the requested information is the same as above.

- a. Primary Contact Office Phone Number: \_\_\_\_\_
- b. Primary Contact Principal Address: \_\_\_\_\_
- c. Primary Contact Mailing Address (if different from principal): \_\_\_\_\_
10. Tax Identification Number (EIN): \_\_\_\_\_
11. Social Security Number (SSN): \_\_\_\_\_
12. PA Insurance License Number: \_\_\_\_\_
13. Federally Facilitated Marketplace (FFM) Username: \_\_\_\_\_  
**Required if you are selling individual policies on the Marketplace.**
14. National Producer Number (NPN): \_\_\_\_\_  
**a. \*Producer NPN information can be located by accessing <https://pdb.nipr.com/html/PacNpnSearch.html>.**
15. List the agencies you have been associated with during the past three years:

16. Producer's Employment Status?    W2 Employee    1099 (1099 individuals must complete a separate Producer Agreement)

17. Market Segment? (check all that apply)    Individual & Family (Under 65)    2-50    51-99    100+

18. Are you working with a General Agency (GA)?    Yes    No

a. If Yes, GA's Name: \_\_\_\_\_

GA's Address and Phone: \_\_\_\_\_

## II. Producer History

Please answer all questions as they relate to you and any organization over which you have exercised control. If you answer "yes" to any questions other than the first one, attach an additional sheet explaining all relevant information and include supporting documents.

1. Do you have errors and omissions (E&O) coverage?      Yes      No  
(If no, do not submit an application for a contract. If yes, submit proof of current coverage.)
2. Within the past 10 years, has any E&O carrier denied, paid claims on, or canceled your coverage?      Yes      No
3. Are you involved in any pending or current litigation, investigations, or E&O claims?      Yes      No
4. With the exception of routine traffic violations, have you ever been convicted of or plead guilty or nolo contendere (no contest) in a court to:
  - a. A misdemeanor?      Yes      No
  - b. A felony?      Yes      No

(Such convictions will not automatically disqualify agent candidates. The seriousness and nature of the crime, date of conviction, and rehabilitation will be considered.)

5. Do you have any outstanding unpaid indebtedness to an insurance company or general agent?      Yes      No
6. Have you ever had your insurance license suspended, revoked, or terminated?      Yes      No
7. Have you ever had a securities license or registration suspended or revoked?      Yes      No

## III. Producer and or Support Staff

**Please use this section for all employees who should be listed with UPMC Health Plan. Please complete all sections.**

- a. All W2 employees can be included in the same Producer Agreement.
- b. 1099 individuals must complete a separate Producer Agreement along with the other required documents.
- c. Provide copies of the agency license and licenses for all required staff.

Name	Producer or support staff	Group, individual, or both	PA Insurance License/ National Producer Number (NPN)	Email address	W2 or 1099

**\*Producer NPN information can be located by accessing** <https://pdb.nipr.com/html/PacNpnSearch.html>.

Use separate page if additional spaces are needed.

**I agree that the responses are accurate to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_