



Premier Insurance Contracts, Inc.

Producer Appointment Application

By completing this Producer Appointment Application, the undersigned is applying to be a non-exclusive Producer to Premier Insurance Contracts, Inc., on behalf of itself. This form is the first step to the contracting process with different insurance carriers. The contracting process will not be complete until the undersigned has completed all required certifications and gets a final confirmation of appointment provided by the insurance carrier. Please select the carriers you want to contract with:

☐ Wellcare/TexanPlus ☐ Cigna HS ☐ Aetna ☐ Molina Healthcare ☐ Ambetter ☐ OSCAR ☐ BCBS ☐ CHC ☐ Humana ☐ Other

Please Print Clearly

Name:	Alias/Other Names:
Birth Date:	Social Security #:
Tax ID:	National Producer Number (NPN):
Corporation Name:	Appointment Type: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation
Mailing Preference: <input type="checkbox"/> Home <input type="checkbox"/> Business	
Home Address:	Business Address:
Home Phone:	Business Phone:
Fax Number:	Email (required):
Resident License State and License Number (attach copies of all licenses for appointment):	Non-Resident License States:
National Producer Number (NPN):	Marketplace ID Number:
Errors and Omissions coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No Coverage Amount:	If Yes, name of carrier:

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, revoked or subject to disciplinary action, or have you ever had an application for an insurance license denied by any insurance department?
Yes	No	2. Have you ever been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes	No	3. Have you ever pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes	No	4. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes	No	5. 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?
Yes	No	6. Have you been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes	No	7. Do you owe an insurance company or other person for any premiums collected or monies advanced?
Yes	No	8. Has any company or other person alleged that it has not received premiums or other monies due such company or person from you?
Yes	No	9. Do you agree to comply with all laws in the State you are appointed to sell in regards to marketing activities?
Yes	No	10. Do you agree to use ONLY marketing collaterals and advertisements that have been approved by Molina Healthcare, Inc. in connection with marketing Molina Healthcare, Inc. company products?
Yes	No	11. Do you agree to refrain from engaging in misleading, confusing, or "high pressure" sales tactics?

Attestation and Agreement

By signing below, I attest I have thoroughly reviewed this Producer Appointment Application and have answered all questions to the best of my knowledge.

I acknowledge that by signing and submitting this Producer Appointment Application, I have agreed to comply with all of the terms and conditions of Premier Insurance Contracts, Inc.'s standard Producer Agreement. A separate Producer Agreement will be completed and provided back to you for each one of the individual carriers you finally get appointed with. A copy of the Producer Agreement will be provided to me upon each carriers approval of this Producer Appointment Application.

I acknowledge that upon approval of this Producer Appointment Application, I will be an independent contractor, not an employee of Premier Insurance Contracts, Inc. Accordingly, I will have no claim for vacation or sick leave, retirement benefits, Social Security, Workers' Compensation benefits, disability or unemployment insurance benefits, or employee benefits of any kind.

I agree that I will not solicit individuals to enroll into any Company Products until I receive notification from Premier Insurance Contracts, Inc. and all and any carriers that this Producer Appointment Application has been approved.

Applicant Signature: _____ Date: _____

Email back completed Producer Appointment Application to **Contracting@prinsuco.com**