

# Request for Appointment Form Group Sales Only



Florida Blue  
CPIM Administrator, DC2-2  
4800 Deerwood Campus Parkway  
Jacksonville, Florida 32246

Please complete the form below to request a new agency set-up or to add an agent to an agency. If more than one agent is being added to an agency, please complete a separate form for each new agent. Please contact the Agent Service Center at 1-800-267-3156 with any questions.

### Type of Request:

<p style="text-align: center;">New Agency</p> <p>Type of Agency: <i>(check one)</i></p> <p style="text-align: center;">Individual/Sole Proprietor</p> <p style="text-align: center;">Corporation/Legal Entity</p>	<p style="text-align: center;">Add Agent</p> <p>Florida Blue Agency Code: _____</p>
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### Agency Information:

Agency Name		Agency Tax ID (TIN)	
DBA			
Agency Email Address		Agency Phone Number	
Agency Address		Agency Fax Number	
City	County	State	Zip Code

### New Agency Questions:

1. Are you currently working with a Florida Blue Representative or General Agent?      Yes      No
  - If yes, with whom are you working? \_\_\_\_\_
  
2. Do you have a physical office location in Florida?      Yes      No
  
3. How long has your agency been in business? \_\_\_\_\_
  
4. How is your Florida business allocated?
  - a. Percent of your business that is group health business \_\_\_\_\_ %
  - b. Percent of your business that is P&C \_\_\_\_\_ %
  - c. Percent of your business that is financial advice \_\_\_\_\_ %

5. Number of Florida group health clients that have 4-50 employees? \_\_\_\_\_

- Current number of health contracts for this group size \_\_\_\_\_  
(where 1 contract = 1 subscriber)

6. Number of Florida group health clients that have 51 or more employees? \_\_\_\_\_

- Current number of health contracts for this group size \_\_\_\_\_  
(where 1 contract = 1 subscriber)

7. Do you have Florida health business with other group health carriers? Yes No

If so, how is this business allocated among the carriers?

- Name of Carrier \_\_\_\_\_ # of Groups \_\_\_\_\_
- Name of Carrier \_\_\_\_\_ # of Groups \_\_\_\_\_
- Name of Carrier \_\_\_\_\_ # of Groups \_\_\_\_\_

8. Do you have a preferred Group Health carrier in Florida? Yes No

If so, who and why?

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9. Do you have Florida ancillary business (Group Life, Dental, Disability, Vision and/or Worksite Products) with other group business carriers? Yes No

If so, how is this business allocated among the carriers?

- Name of Carrier \_\_\_\_\_ # of Groups \_\_\_\_\_
- Name of Carrier \_\_\_\_\_ # of Groups \_\_\_\_\_
- Name of Carrier \_\_\_\_\_ # of Groups \_\_\_\_\_

10. Do you have a preferred Ancillary carrier in Florida? Yes No

If so, who and why?

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11. What is your agency's 6 - 12 month growth goal for the Florida group health/ancillary market?

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12. Do you anticipate writing at least 50 contracts in the group market with Florida Blue in a year (1 contract = 1 subscriber)?

Yes, I anticipate 50 contracts

No, I do not anticipate 50 contracts

***Important note: If at this time, your agency doesn't have group business in Florida and doesn't anticipate being able to reach a 50 contract minimum with Florida Blue, you may want to reconsider and submit your request for appointment at a future date. I***

**Agent Information:**

Agent Name (Last, First, Middle)		Suffix (Jr., Sr.)	
Agent Date of Birth (mm/dd/yyyy)	Agent Social Security Number		Gender M      F
Agent Home Address			Home Telephone Number
City	County	State	Zip Code
Agent Email Address (if different than agency email address)			
Are you currently a resident of the State of Florida? Yes      No			
Are you currently licensed to sell health insurance products in the State of Florida? Yes      No			
If a Florida Resident, skip to the next field. Non-Resident agents should only list counties when physically selling in a county, since the State does not charge for each county if policies are sold over the phone, email or web.			
County #1 _____ County #2 _____ County #3 _____			

**License Information:**

License Number	Type of License	State
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**Errors & Omissions (E&O) Insurance**

Florida Blue requires each Agent to obtain and maintain a minimum of \$500,000 in specific and \$1,000,000 in aggregate Errors & Omissions (E&O) insurance coverage prior to becoming an appointed Florida Blue agent. A copy of the Errors & Omissions declaration page or Certificate of Insurance must be included with this application.

E&O Insurance Carrier	E&O Policy Number
E&O Specific Coverage Amount	E&O Aggregate Coverage Amount
E&O Coverage Start Date	E&O Coverage End Date

The following questions are applicable to all Agents, Agencies, Corporations, Partnerships, LLCs and other business entities/ventures as well as to each of the partners, members, directors, officers, and agents individually. If any question is answered 'Yes', you must provide a full account of the details on a separate sheet of paper and return to Florida Blue with your application packet and all other required documents.

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| 1. Have you (or any of the partners, members, directors, officers, or agents of this applicant/entity) ever been convicted of a crime?   | Yes | No |
| 2. Have you (or the partners, members, directors, officers, or agents of this applicant/entity) ever been fined, reprimanded, sanctioned, or been the subject of a consent decree in any state or Federal jurisdiction for a violation of insurance laws, regulations, or other administrative rules/requirements? | Yes | No |
| 3. Have you (or the partners, members, directors, officers, or agents of this applicant/entity) ever been refused license or authority to sell Insurance/HMO products, or has a license or authority to sell Insurance/HMO products ever been suspended or revoked by any state or Federal jurisdiction?           | Yes | No |
| 4. Have you (or the partners, members, directors, officers, or agents of this applicant/entity) ever been employed by an Insurance/HMO company, or another organization, where the employment was terminated or non-renewed because of allegations of wrongdoing?  | Yes | No |
| 5. Have you (or the partners, members, directors, officers, or agents of this applicant/entity) ever surrendered any license, whether voluntarily or involuntarily?  | Yes | No |
| 6. Have you (or the partners, members, directors, officers, or agents of this applicant/entity) ever declared bankruptcy, had a lien placed against you or your company, been a judgment debtor, or had other problems with your (or your company's) credit history?   | Yes | No |

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|--|-----|----|
| 7. Are you (or the partners, members, directors, officers, or agents of this applicant/entity) currently a named party in any lawsuit? | Yes | No |
| 8. Have you ever had unreconciled discrepancies in accounts with any employer?   | Yes | No |
| 9. Has an application for bond ever been declined to you?  | Yes | No |

For demographic purposes and to better service our markets, Florida Blue requests the following information. This information, which you may decline to provide, is used for statistical purposes only and is not used in any way whatsoever to determine eligibility for appointment.

Primary Language(s) Spoken (optional):	Are you willing to use this language in your job? (Check all that apply)	
English	Yes	No
Spanish	Yes	No
Creole	Yes	No
Portuguese	Yes	No
French	Yes	No
Russian	Yes	No
Other (please specify):		
1. _____	Yes	No
2. _____	Yes	No
Prefer not to identify		

Ethnicity (optional): (Check all that apply)
Asian/Pacific Islander
Black/African American
Caribbean Islander
Hispanic
Native American
White/Caucasian
Other _____
Prefer to not identify

Florida Blue will be obtaining a complete list of companies with which you hold a current agent appointment, as listed on the State of Florida Office of Insurance Regulation (OIR) website.

I certify that I have read and understand the items on this form and that the answers to the above questions are true and complete to the best of my knowledge. If accepted, I agree to comply with all applicable laws and regulations, as well as Florida Blue policies and procedures. I understand and agree that I am not permitted to solicit insurance until I have received all applicable licenses and authorizations.

NOTICE: "The Fair Credit Reporting Act" requires that we advise you that a routine inquiry may be made during our initial or subsequent processing of your application, which will provide applicable information regarding your health, past history, character, general reputation, personal characteristics and mode of living. The information obtained in such an inquiry may be released to any third-party, including State and Federal regulatory bodies. Upon your written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided.

In signing this application for appointment, I certify that I have not been convicted of any criminal offense involving dishonesty, breach of trust, or any other wrongdoing. Furthermore, I agree to immediately inform Florida Blue of any conviction of the types described in the preceding sentence.

Signature of Agent (Applicant): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**For Internal Use Only**

Appointment Application:

Approved

Not Approved

Application Incomplete

Application Submission received From:

Agent/Broker

Agency/CGA

CHCS/FCL

Internal Florida Blue

Florida Blue ID Assigned:

Agent ID/Row ID Assigned:

Agent Code Assigned:

Agent Code Effective Date: