



Contract Information Sheet

Instructions: Please complete all information. Return via fax to 866-626-5450.

Agent Information:

Broker/Agent Name: LAST:_____ FIRST:_____ MI:_____
(Name as it appears on your insurance license.)

Agent/Broker SSN:_____ Birth Date:_____ Suffix:_____

Home Telephone Number:_____ Cell Phone Number:_____

Business Phone Number:_____ Ext:_____ Fax:_____

E-Mail Address:_____

Home Address:_____

City:_____ State:_____ Zip Code:_____

Commission Statement Addresses:

Yes

No

Is this address the same as your Home Address?
If yes, skip this section; if no, please complete the Commission
Statement Address section.

Street Address:_____

City:_____ State:_____ Zip Code:_____

Appointment State Information:

Resident Appointment State:_____

Select each non-resident state that you intend to market in.

AK	HI	ME	NJ	SD
AL	IA	MI	NM	TN
AR	ID	MN	NV	TX
AZ	IL	MO	NY	UT
CA	IN	MS	OH	VA
CO	KS	MT	OK	VT
CT	KY	NC	OR	WA
DC	LA	ND	PA	WI
DE	MA	NE	RI	WV
FL	MD	NH	SC	WY
GA				

Background Information:

Please provide answers to the following questions:

Have you ever been fined, suspended, placed on probation, paid administrative costs, entered into a consent order, been issued a restricted license or otherwise been disciplined or reprimanded, or are you currently under investigation by any insurance department, the NASD, SEC or any other regulatory authority? **Yes** **No**

Have you ever been convicted or plead guilty or nolo contender (no contest), served any probation, paid any fines or court costs, had charges dismissed through any type of first offender or deferred adjudication or suspended sentence procedure, or are any charges currently pending against you for any offense other than a minor traffic violation? **Yes** **No**

If you answered yes to any of the questions above please explain why:

Identify who recruited you: Compass Group Insurance, LLC

Errors & Omissions Information:

Agent must maintain E&O coverage as referenced in their contract.

Proof of Coverage must be attached to your contracting package prior to submitting to Aetna/Coventry. I will attach a copy of my E&O Proof of Coverage.

Please attach copy to this form when returned.

Certification Information:

I understand that Certification is required prior to marketing.

Commissions **will not be paid** on any sales prior to successful completion of my certification.

Agency Information:

Are you the principal of an agency? **YES** **NO**

Agency Name: _____ TIN: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Agency License Number: _____ License State: _____

Authorization:

By signing I am assenting to the terms and conditions of this Selling Agreement.

Signature _____ Date: _____