

PATRIOT HEALTH INSURANCE COMPANY -- BROKER APPOINTMENT APPLICATION

AGENT INFORMATION			
TYPE OF APPOINTMENT REQUESTED: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION			
A.			
APPLICANT:		DATE OF BIRTH:	
BUSINESS ADDRESS:		COUNTY:	
CITY:	STATE:	ZIP CODE:	
BUSINESS PHONE NUMBER:		BUSINESS FAX NUMBER:	
TAXPAYER ID No.		AGENCY LICENSE NUMBER:	
B.			
LIST OTHER COMPANIES TO WHICH APPLICANT HAS BEEN APPOINTED BROKER OR AGENT WITHIN THE PAST FIVE YEARS (YOU MAY ATTACH A SEPARATE PAGE):			
C.			
PLEASE PROVIDE THE FOLLOWING FOR ALL SUBLICENSEES, OFFICERS AND DIRECTORS:			
LAST NAME:	FIRST NAME:	MI:	DATE OF BIRTH:
TITLE:	SOCIAL SECURITY NUMBER:		SUBLICENSEE: <input type="checkbox"/> YES <input type="checkbox"/> NO
LAST NAME:	FIRST NAME:	MI:	DATE OF BIRTH:
TITLE:	SOCIAL SECURITY NUMBER:		SUBLICENSEE: <input type="checkbox"/> YES <input type="checkbox"/> NO
LAST NAME:	First Name:	MI:	Date of Birth:
TITLE:	SOCIAL SECURITY NUMBER:		SUBLICENSEE: <input type="checkbox"/> YES <input type="checkbox"/> NO
E.			
DOES THE APPLICANT HOLD A VALID LICENSE FROM THE NEW HAMPSHIRE INSURANCE COMMISSIONER? <input type="checkbox"/> NO <input type="checkbox"/> YES (PLEASE ATTACH COPY OF CURRENT LICENSE)			

F.
DOES THE APPLICANT CARRY PROFESSIONAL LIABILITY INSURANCE COVERAGE: <input type="checkbox"/> No <input type="checkbox"/> YES (PLEASE ATTACH COPY OF FACE PAGE OF CURRENT POLICY)
BACKGROUND INFORMATION
1. HAS ANYONE LISTED ON THE PREVIOUS PAGE EVER BEEN KNOWN BY ANOTHER NAME: <input type="checkbox"/> No <input type="checkbox"/> YES (PLEASE GIVE DETAILS)
2. HAS ANYONE LISTED ON THE PREVIOUS PAGE EVER BEEN REFUSED A LICENSE FOR INSURANCE OR HAD A LICENSE FOR INSURANCE REVOKED OR SUSPENDED? <input type="checkbox"/> No <input type="checkbox"/> YES (PLEASE GIVE DETAILS)
3. HAS ANYONE LISTED ON THE PREVIOUS PAGE EVER BEEN FINED OR FORMALLY DISCIPLINED BY ANY INSURANCE DEPARTMENT OR ANY STATE OR GOVERNMENT AGENCY OR AUTHORITY? <input type="checkbox"/> No <input type="checkbox"/> YES (PLEASE GIVE DETAILS)
4. HAS ANYONE LISTED ON THE PREVIOUS PAGE EVER BEEN CHARGED OR INVESTIGATED, IN ANY CAPACITY WHATSOEVER, WITH FINANCIAL MISCONDUCT OR FRAUD BY AN INSURER, FINANCIAL INSTITUTION, EMPLOYER, OR OTHER PARTY? <input type="checkbox"/> No <input type="checkbox"/> YES (PLEASE GIVE DETAILS)
5. HAS THE APPLICANT EVER HAD A BROKER RELATIONSHIP TERMINATED FOR CAUSE OR FOR ANY OF THE ABOVE REASONS? <input type="checkbox"/> No <input type="checkbox"/> YES (PLEASE GIVE DETAILS)
6. HAS ANYONE LISTED ON THE PREVIOUS PAGE EVER BEEN CONVICTED OF A CRIME, OTHER THAN TRAFFIC INFRACTIONS? <input type="checkbox"/> No <input type="checkbox"/> YES (PLEASE GIVE DETAILS)
I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:
_____ SIGNATURE OF APPLICANT
_____ DATE

PLEASE RETURN THE COMPLETED APPLICATION FORM ALONG WITH THE FACE PAGE OF YOUR PROFESSIONAL LIABILITY INSURANCE POLICY AND A COPY OF YOUR NH LICENSE TO:
PATRIOT INSURANCE COMPANY, 11 WASHINGTON PLACE, BEDFORD, NH 03110.