



SIHO INSURANCE SERVICES

AGENT APPLICATION (COMPLETE FOR EACH AGENT IN AGENCY)

SIHO approval: _____

Date: _____

Comments: _____

AGENT INFORMATION

NAME (first, middle, last) _____ DOB _____

ADDRESS (street, city, state, zip) _____

MAILING ADDRESS (if different) _____

SOCIAL SECURITY NUMBER _____

BUSINESS PHONE (____) _____ CELL PHONE (____) _____

INDIANA HEALTH INSURANCE LICENSE # _____ EFFECTIVE DATE _____

E&O CARRIER NAME _____ COVERAGE AMOUNT \$ _____

E&O COVERAGE EXPIRATION/RENEWAL DATE _____

PLEASE ANSWER THE FOLLOWING QUESTIONS: (if yes to any question please provide details)

Yes___ No ___ Have you ever been convicted of a felony?

Yes___ No ___ Are you in a current bankruptcy proceeding personally or through a business venture?

Yes___ No ___ Have you ever been sanctioned or removed from participation in Medicare or Medicaid?

Yes___ No ___ Have you or any business in which you were an owner, partner, or officer ever been involved in an administrative proceeding regarding any professional or occupational license?

Yes___ No ___ Are you currently a party to, or have you been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of fund, misrepresentation or breach of fiduciary duty?

I hereby attest to the accuracy of this information and request appointment with SIHO Insurance Services.

Agency: _____

Signed: _____ Date: _____

Printed Name: _____