

Agency Information			
Agency Name:			
Agency Address:			
Agency Phone:		Agency Fax:	
Tax Payer ID:		Oregon License Number:	
Primary Contact:		Email:	
Commission Paid to:	<input type="checkbox"/> Producer		<input type="checkbox"/> Agency

For Communication and Updates

Producer Information			
Producer Name:		Email:	
Oregon License Number:		Held Since:	
Other states in which producer is licensed:			
Producer is insured under the agency's Errors and Omissions insurance policy?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
The producer will be:	<input type="checkbox"/> Employee of Agency		<input type="checkbox"/> Subcontractor
The producer is appointed with (check all that may apply):	<input type="checkbox"/> Health Net		<input type="checkbox"/> Kaiser
	<input type="checkbox"/> The Standard		<input type="checkbox"/> Advantage
Comments:			
<p style="text-align: center;"><b>Please Attach the Following Documents to the Application</b></p> <ul style="list-style-type: none"> <li>• A copy of the producer's and agency's current Oregon License</li> <li>• Proof of the agency's current Errors and Omissions insurance policy</li> <li>• A copy of the producer's Oregon State Producers Affiliation form</li> <li>• Completed W-9</li> <li>• Signed Sub-Agent Agreement</li> <li>• AOI Membership Form (if not currently an AOI member)</li> </ul>			