



2017 Consumer Direct Products Sub-Agency/Agent Form

Exchange Only
 Off Exchange Only
 Both Exchange & Off Exchange

Return this form to your Full Service/General Producer:

_____ Print FSP/GP name

Complete and sign the Selection Form below to indicate your election of a Full Service/General Producer. CareFirst, Inc. strongly suggests that you contact several Full Service/General Producers before making this decision. A list of qualified Full Service/General Producers is attached.

Required Error & Omissions Insurance is:

- \$1 Million each Occurrence
- \$2 Million Annual Aggregate

Attach current copies of the following:

- State License(s) for agency and each agent
- Certificate of Insurance for Errors and Omissions insurance
- W9 – Only required for a Direct Broker
- Provide copy of Exchange Certification(s) for agents - Exchange business only

Agency Mailing Address: _____ Suite: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____ Fax Number: _____

Agency Name:		Tax ID:
Jurisdiction	Agency License number:	Expiration Date:
District of Columbia		
Maryland		
Virginia		
E & O Carrier		
Agent Name:		SSN:
e-mail address:		NPN:
Jurisdiction	Agent License number:	Expiration Date:
District of Columbia		
Maryland		
Virginia		

Signature of Agent Named Above: _____ Date: _____