Prospective Agency Appointment Form
Commercial

PacificSource HEALTH PLANS

Please return this completed form to your PacificSource Sales Representative.

1. Agent information

Agency name _____

Producer name _____

Agency/Producer address (not a PO box) _____

City _____ State _____ Zip _____ County _____

Phone number _____ Email _____

Primary line of business: ☐ Small group health/dental ☐ Large group health/dental

Number of producers in your agency _____

Number of clients you currently serve: Small group _____ Large group _____

Number of years you have held the following licenses: ID _____ MT _____ OR _____

Number of new health policies written in the past 12 months: Small group _____ Large group _____

2. Existing carrier appointments

Carrier name _____

Carrier name _____

Carrier name _____

Carrier name _____

3. Questions

What do you expect from PacificSource and your sales representative? _____

Continued on reverse >

Briefly describe the reasons for your interest in PacificSource at this particular time.

Describe how your health insurance experience would benefit our mutual clients.

Additional comments.

4. Authorization (to be filled out by PacificSource)

For office use only:

- ☐ Small group
- ☐ Large group
- ☐ Individual
- ☐ Medicare
- ☐ OR
- ☐ ID
- ☐ MT

Approval by PacificSource Sales Executive

Approval by PacificSource Director of Sales

Date

Date