



# Prospective Agent Appointment Form Commercial

Please return this completed form to your PacificSource Sales Representative.

## Agent Information

Agent Name \_\_\_\_\_

Agency Name \_\_\_\_\_

Agent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Primary line of business:    Group Health/Dental    Individual Health/Dental

**Number of producers in your agency** \_\_\_\_\_

**Number of clients you currently serve:**    Group \_\_\_\_\_    Individual \_\_\_\_\_    Medicare \_\_\_\_\_

**Number of years you have held the following licenses:**    ID \_\_\_\_\_    MT \_\_\_\_\_    OR \_\_\_\_\_    WA \_\_\_\_\_

**Number of new health policies written in the past 12 months:**    Group \_\_\_\_\_    Individual \_\_\_\_\_    Medicare \_\_\_\_\_

## Existing Carrier Appointments

Carrier Name \_\_\_\_\_

Representative Name \_\_\_\_\_ Email \_\_\_\_\_

Carrier Name \_\_\_\_\_

Representative Name \_\_\_\_\_ Email \_\_\_\_\_

Carrier Name \_\_\_\_\_

Representative Name \_\_\_\_\_ Email \_\_\_\_\_

Carrier Name \_\_\_\_\_

Representative Name \_\_\_\_\_ Email \_\_\_\_\_

## Questions

What do you expect from PacificSource and your sales representative? \_\_\_\_\_

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

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Describe how your health insurance experience would benefit our mutual clients. \_\_\_\_\_  
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Additional comments. \_\_\_\_\_  
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**Authorization (to be filled out by PacificSource)**

**For office use only:**

- Small Group
- Large Group
- Individual
- Create iStore Account
- WA
- OR
- ID
- MT

\_\_\_\_\_  
Approval by PacificSource Sales Executive

\_\_\_\_\_  
Approval by PacificSource Regional Sales Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date