



2017 Consumer Direct Products Sub-Agent Form

Exchange Only

Both Exchange & Off Exchange

Return this form to your Elected Contractor on Page 17:

Complete and sign the Election Form to indicate your selection of a Contracted Broker. Each Contracted Broker may have additional requirements relating to Sub-Agents or Sub Agency. CareFirst, Inc. strongly suggests that you contact several Contracted Brokers before making this decision. A list of preferred Contracted Brokers is attached. If you wish to have your business go through another qualified Consumer Direct Market Contracted Broker, simply fill in the Brokerage/Agency name and address on the line that is marked "Other".

Sub-Agents are required to follow all guidelines as stated in Producer Administrative Manual.

Required Error & Omissions Insurance is:

- 1 Million Per Claim
- 2 Million Annual Aggregate

Attach current copies of the following:

1. State License(s)
2. Certificate of Insurance for Errors and Omissions Insurance
3. W-9
4. Provide copy of Exchange Certification(s) – Exchange business only

Agent Mailing Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

Agent Name:		SSN:
e-mail address:		NPN:
Jurisdiction:	Agent License number:	Expiration Date:
District of Columbia		
Maryland		
Virginia		Send Screen Print of Producer Look up
E & O Carrier		

Signature of Agent named above

Date