



Please complete and sign the following documents to become appointed with Highmark Blue Shield (Central PA) and Northeastern PA:

1. Standard Producer Agreement
2. Producer Appointment Information Form
3. Preferred Producer & Standard Producer Relationship Agreement
4. Schedule E & Schedule D
5. W-9 Form
6. Certification of Completion Product Training Form
7. Privacy & Certification of Completion Product Training Form
8. Copy of PA License
9. Copy of E & O Certificate
10. \$20.00 Appointment Fee Payable to “Highmark, Inc”

Upon completion return to:

National Insurance Markets, Inc.
915 Saxonburg Blvd, #217
Pittsburgh, PA 15223
1.800.235.2013
412.782.1979
kmravintz@nimbroker.com

**HIGHMARK BLUE SHIELD
PRODUCER APPOINTMENT INFORMATION FORM**

(Individual)

YOUR FULL NAME: _____
(As it appears on Certificate of Qualification)

LIST ANY OTHER NAMES BY WHICH YOU CONDUCT BUSINESS: _____

PRODUCER CERTIFICATE OF QUALIFICATION NUMBER: _____
(Attach copy of Certificate)

COMPANY NAME: _____
(Agency that you will write business through, if applicable)

YOUR SOCIAL SECURITY NUMBER: _____ - _____ - _____ **DATE OF BIRTH:** _____
(mm/dd/yy)

BUSINESS ADDRESS:
STREET _____

CITY _____ **STATE** ____ **ZIP** _____
TELEPHONE NO. (____) _____
FAX NO. (____) _____
NUMBER OF YEARS AT THIS LOCATION: _____
PRIMARY E-MAIL ADDRESS: _____

RESIDENCE ADDRESS:
STREET _____

CITY _____ **STATE** ____ **ZIP** _____
TELEPHONE NO. (____) _____

- Yes No Has any insurance license or certificate held by you ever been refused, suspended, revoked or been the subject of any administrative action in this state, any other state, the District of Columbia or any Canadian province?
- Yes No Do you engage or have you ever engaged in the insurance business as an individual under any name other than the one stated on this form?
- Yes No Are you aware of any past acts, past failures to act or any other facts or events which relate in any way to your fitness or competence to engage in the business of insurance? (e.g. dishonest acts, conviction of a crime, lack of training or experience, etc.)

NOTE: You are required to provide information regarding your employment history and references with this application.

**HIGHMARK BLUE SHIELD
AGENCY APPOINTMENT INFORMATION FORM**

(Corporations/Partnerships)

Corporation Partnership

COMPANY'S NAME: _____
(As it appears on Certificate of Qualification)

LIST ANY OTHER NAMES IN WHICH THE COMPANY CONDUCTS BUSINESS:

TAX ID NUMBER: _____
 BUSINESS ADDRESS:
 STREET _____

 CITY _____ STATE ____ ZIP _____
 TELEPHONE NO. (____) _____
 FAX NO. (____) _____
 NUMBER OF YEARS AT THIS LOCATION: _____
 PRIMARY E-MAIL ADDRESS: _____

List Officers in Corporation or Partners in Partnership (Active/Inactive)
 Each Active Officer/Partner must complete an individual Appointment Information Form and attach appropriate fee as well as provide copy of Certificate of Qualification.

(Name)	(Title)	(SSN/Tax ID)	(Active/Inactive)

** Attach additional pages if needed.

- Yes No Has any insurance license held by this agency ever been refused, suspended, revoked or been the subject of any administrative action in this state, any other state, the District of Columbia or any Canadian province?
- Yes No Does the charter and/or other organization documents of this agency authorize the agency to engage in the business of insurance?
- Yes No Since the last appointment, has there been any change in the power to direct, or in the authority to control, the activities of this agency?

NOTE: If you answered "yes" to any of the above questions, you are required to provide additional information and full documentation of the facts relating to your answer with this application.

**HIGHMARK BLUE SHIELD
PRODUCER APPOINTMENT AGREEMENT**

This Appointment Agreement (“Agreement”) is made effective as of the date set forth below by and between Highmark Blue Shield (“HBS”), with its principal office at 1800 Center Street, Camp Hill, PA. 17089 and _____ (“Producer”) an individual whose address is _____

WHEREAS, Producer has been issued a Certificate of Qualification (“CQ”) by the Commonwealth of Pennsylvania Insurance Department (“Department”); and

WHEREAS, Producer has requested HBS to appoint him/her as an Producer to sell HBS products.

NOW, THEREFORE, intending to be legally bound, the parties hereto agree as follows:

1. Producer warrants that he/she has been issued a valid CQ by the Department and that the CQ is in full force and effect. Producer further warrants that his/her CQ reflects lines of authority for the kinds of insurance that Producer intends to sell on behalf of HBS.
2. Producer has completed the Producer Appointment Information Form (“Information Form”), attached hereto and made a part hereof, prior to the execution of this Agreement. Producer hereby represents HBS that the information contained on the Information Form is true and correct as of the effective date of this Agreement.
3. HBS hereby appoints Producer to act as its Producer in the sale and service of the following products:
Individual products, basic hospitalization and Basic Medical Surgical
4. This Agreement shall become effective on this __ day of _____, 20____ and shall be unlimited in duration; provided, however that this Agreement will automatically terminate if, at any time, Producer’s CQ is no longer valid.
5. Either party hereto may terminate this Agreement, with or without cause, by giving written notice to the other party at the address set forth herein.
6. The parties hereto agree that nothing contained herein shall create an employment relationship between the parties.
7. HBS shall have the right, with prior written notice, to conduct periodic audits of the books and records of Producer as such relate to this Agreement.
8. Producer shall obtain and keep in force, during the term of this Agreement, Errors and Omissions Insurance in an amount and, with an insurance carrier reasonably satisfactory to HBS. Upon request, Producer agrees to provide HBS with a Certificate of Insurance evidencing the required coverage.
9. HBS, at is option, may assign or transfer this Agreement to any affiliated or successor entity.

10. Producer agrees to comply with all HBS guidelines, procedures and policies, as may be in effect from time to time, heretofore or hereafter adopted by HBS.
11. Producer agrees to notify HBS immediately upon the occurrence of any event which may affect the ability of the Producer to fulfill his/her obligations under this Agreement or affect the status of Producer's CQ.
12. Producer agrees to satisfy all obligations that he/she may have under this Agreement in accordance with applicable federal, state, and local laws and regulations.
13. Producer agrees to any and all disclosures made by HBS in reliance upon its duty to comply with applicable federal, state, and local laws and regulations regarding the appointment and termination of the Producer.
14. Producer agrees that HBS may amend this Agreement, without prior notice, in order to comply with applicable statutory and regulatory requirements.
15. This Agreement shall be governed in all respects by the laws of the Commonwealth of Pennsylvania. The invalidity or unenforceability of any terms or provisions hereof shall in no way affect the validity or enforceability of any other terms or provisions of this Agreement.
16. This Agreement, together with any attachments hereto, constitutes the entire Agreement between the parties, and supercedes all other proposals, understandings or agreements, whether written or oral, previously entered into between HBS and Producer for the purpose of appointing Producer to sell HBS products.

NOW, THEREFORE, the parties hereto have executed this Agreement as of the date set forth herein.

Producer

Highmark Blue Shield

Date: _____

By: _____

Title: _____