



**MUST BE COMPLETED WITH CHECKLIST DOCUMENTS PRIOR TO SUBMITTAL**

Date Submitted: \_\_\_\_\_  
 License No: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Business/Agency Name: \_\_\_\_\_  
 Daytime Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

HIERARCHY:
_____
General Agent
_____
Broker

**Required Checklist:**

- Agreement(s), including HIPAA Compliance Amendment, signed & dated
- W-9 Form
- Copy of License
- Appointment Form & Check

*CAHP Office Use Only*

Date Received \_\_\_\_\_

Agreement(s) Signed:  Yes  No

Circle Type(s): BR / GA

Copy of License:  Yes  No

Verified License:  Yes  No

Check enclosed:  Yes  No

Check No. \_\_\_\_\_ Check Amount \$ \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_  
VP Sales

Approved \_\_\_\_\_ Date \_\_\_\_\_  
President

*For Finance Use Only*

E-Appoint Completed  YES  NO Date Created: \_\_\_\_\_ By: \_\_\_\_\_