

# Agency/Agent Application Form



**CONFIDENTIAL**

Broker Shared Service Center

Email: [HI-BKRLAC@kp.org](mailto:HI-BKRLAC@kp.org)

Phone: (844) 268-2943

Date of Application: \_\_\_\_\_

## Business Profile

Agency/Agent Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Tax ID or SSN \_\_\_\_\_

Name of owner/principal agent \_\_\_\_\_

Owner/principal agent e-mail \_\_\_\_\_

Name of accounting contact (if applicable) \_\_\_\_\_

Accounting contact e-mail (if applicable) \_\_\_\_\_

How long has the agency/agent been in business? \_\_\_\_\_

Check one:  Corporation  Partnership  Sole Proprietorship  S. Corp/LCC

**Licenses** (include the applicable state license(s) for the agency and each agent.) Please attach a copy of all licenses with application. To appoint additional agents who also have Kaiser Permanente

Type of License (Agency, Agent or Consultant)	State	License number	Name on License

## General Background

Has your agency/agent license ever been revoked, suspended or have you been subject to any tax liens?

Yes If yes, please explain: \_\_\_\_\_

No \_\_\_\_\_

Agency Representative Signature

Date

*This information is **strictly confidential** and will be used only by Kaiser Permanente management to evaluate your qualifications to become an appointed agency/agent with us (Hawaii region only). Kaiser Permanente reserves the right to decline your application.*