



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? _____

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

Describe how your health insurance experience would benefit our mutual clients. _____

Additional comments. _____

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