thenetwork
BROKER'S HEALTH INSURANCE NETWORK, INC.

Brokers Health Insurance Network Membership Questionnaire

Name: _____ Firm Name:_____

Owner of agency: _____

Business Address: _____ Shipping _____

_____ Address: _____

Business Phone: _____ Toll Free: _____

Email: _____ Fax: _____

Website: _____

Form of Agency: ____ Corporation _____ Sole Proprietorship

____ Partnership _____ LLC

Years in business: _____ Staff size: _____

Number of agents on mailing list: _____

How many active Brokers do you have? _____

Network Core carriers:

Please indicate your Agency's production for the following:

Carrier	Last year's production	Production goal for next 12 months	Will you transfer that production to the Network?
AIG			
IAC			
HPA			

Carrier	Last year's production	Production goal for current year	Will you transfer that production to the Network?
WellCare			
Coventry			

Names of primary & secondary group carriers:

_____

How many group cases are you writing per month:_____

Average case size: <5_____ 6-9 _____ 10-24 _____ 25-49 _____ 50+_____

Names of primary individual carriers: _____

_____

Number of Individual cases you are writing per month: _____

Approximate annualized new premium sales during the past 12 months:

Group Major Medical _____ Medicare Supp _____

Group Life _____ Dental _____

Individual Health _____ Medicare Advantage _____

Names of primary carriers: _____

List the professional insurance organizations you belong to: _____

_____

I understand that in order to qualify for membership, an investigative consumer report may be obtained which will provide applicable information concerning character, general reputation, personal characteristics, mode of living, office environment, etc. This information may be obtained from friends, neighbors and/or business associates. Upon written request, a copy of such findings, if such a report is obtained, will be furnished to me. I am retaining a photocopy of this form as evidence that I have been advised that such a report may be requested.

_____

Signature Title Date