



AGENT DATA FORM
Amanda Brewton
216-644-6032
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_____	_____	_____	_____
First Name	MI	LAST NAME	M/F
_____		_____	_____
Residential Street Address	City	State	Zip
_____	_____	_____	
Date of Birth	Social Security Number	E-Mail Address	
_____	_____	_____	
Primary Phone	Cell Phone	National Producer Number	
_____	_____	_____	

CORPORATE INFORMATION IF CONTRACTING AS AN AGENCY

_____		_____	
Agency Name		Tax ID #	
_____		_____	_____
Agency Street Address	City	State	Zip
_____		_____	
Tax Classification: _____	Date of Incorporation: _____		
Is your Agency Licensed To Sell Insurance: Yes No			

LICENSING INFORMATION

_____	_____	_____	_____
Resident State	License #	Non-Resident State Licenses	States to Appoint In
**Non-Resident State Licenses must be provided for appointment process. Direct up-line must also be appointed in those states. If contracting as a corporation, please provide a copy of those licenses. Please inquire with any questions.			
Lines of Authority:	Accident & Health	Life	P&C
Are you Medicare Certified:	Yes No		
Are you Securities Registered:	Yes No		

FOR HOME USE ONLY

Contracts Emailed: _____ Agency BLOC: _____ Marketer: _____

BACKGROUND INFORMATION

Are there any potential complications such as bankruptcies, criminal history, debt balances, liens, pending lawsuits or other issues that may hinder contracting? Yes No

If yes, please write a brief Letter of Explanation, date, sign accordingly and send back with Agent Data Form.

Do you currently have Errors and Omissions insurance? Yes No

Have you ever had a claim filed against it? Yes No

Name of Carrier

Policy Number

Coverage Amount

CURRENT MEDICARE CONTRACTS

How many years have you been selling Medicare? _____

What Medicare carriers do you currently represent? _____

Current upline for those contracts? _____

Are you able to obtain a release from your current up line? Yes No

TLC is not responsible for obtaining releases. If unsure if a release is necessary, please contact TLC Agent Support.

NECESSARY DOCUMENTS NEEDED

TLC will need copies of the following for the contracting process:

1. Current copy of Insurance License(s) / Agency License(s) per state
2. Current copy of your E&O certificate
3. Voided check for direct deposits
4. Explanation / Supporting docs for any potential contracting issues
5. Any Releases, if needed, that have been secured

Please include all necessary documents when you send back the Agent Data Form.

CONTRACTS

TLC's product list will be on the following page. Some are paper contracts that will need filled out and sent back to TLC. Some are online links that you will need to click and complete via online. Finally, some will be requested from TLC home office to be sent to you via email for you to complete online. These will be sent when your initial contracting e-mail is sent to you.

TLC's National Product List

****PLEASE CHECK THE BOX NEXT TO THE CARRIERS YOU WISH TO CONTRACT WITH****

MEDICARE SUPPLEMENT	MEDICARE ADVANTAGE	PART D & AUXILLARY
Aetna* Americo Amerigroup Anthem BCBS* Bankers Fidelity Cigna Companion Gerber GPM GTL Humana* Manhattan Medical Mutual of Ohio* Medico Mutual of Omaha* New Era Pan American Renaissance Sentinel Security Thrivent United Healthcare* Other Not Listed <hr style="width: 20%; margin-left: 0;"/>	Aetna* Anthem* Amerigroup* BCBS MI BCBS NC BCBS TN BCBS TX Bright Health* Centene/Allwell Cigna HealthSprings Devoted Health Excellus NY Geisinger Highmark PA Humana* Lasso Medical Mutual of Ohio* Medigold Meridian Molina Mutual of Omaha Oscar Paramount Priority Health SummaCare The Health Plan Texan Plus United Healthcare* UPMC Wellcare Other Not Listed <hr style="width: 20%; margin-left: 0;"/>	Aetna Anthem* CVS Silverscript ^(Aetna) Envision* First Health Humana* Mutual of Omaha* United Healthcare* Wellcare* Other Not Listed <hr style="width: 20%; margin-left: 0;"/> <p style="margin-left: 20px;"><u>Misc. Products</u></p> Ameritas Care Plus Delta Dental GEO Blue GTL Advantage Plus* Manhattan DVH Medico Indemnity Renaissance/ ^{Morgan White} <p style="margin-left: 20px;"><u>Life- Final Expense</u></p> Aetna AIG Foresters* Gerber Great Western Kemper Mutual of Omaha* Royal Neighbors United Home Life

Carriers Marked * are TLC Preferred Carriers

TLC offers many more Life and Annuity carriers that you can choose from. For more information, please contact your Manager. **If you do not see a carrier you desire to be contracted with, mark it in Other Not Listed. Chances are, we have the contract!**

Please Submit
Agent Data Form To

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