



SELLING AGENT APPOINTMENT APPLICATION

Application applies to both GHI and GHI HMO

AGENT INFORMATION:

TYPE OF APPOINTMENT REQUESTED: INDIVIDUAL PARTNERSHIP CORPORATION

A.

Applicant: _____ Date of Birth: _____

Business Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Business Phone Number: _____ Business Fax Number: _____

Agency Taxpayer ID or Social Security Number: _____ Agent License Number: _____

B.

General Agency: _____

General Agency Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

GHI General Agency Code: _____

C.

List other companies to which the applicant has been appointed within the past five years:

D.

Does the applicant carry Errors and Omissions Insurance coverage:
 No Yes (If yes, please submit the face page of the current policy)

E.

List all Officers and Directors and give information requested below. If sub-licensee, check box(es) and list before other Officers and Directors

Name: Last _____ First _____ M.I. _____ Date of Birth: _____

Title of Officer _____ SSN _____ Check here if Sub-Licensee:

Name: Last _____ First _____ M.I. _____ Date of Birth: _____

Title of Officer _____ SSN _____ Check here if Sub-Licensee:

Name: Last _____ First _____ M.I. _____ Date of Birth: _____

Title of Officer _____ SSN _____ Check here if Sub-Licensee:

Note – If approved by GHI, this Selling Agent Appointment Application allows the broker to sell both GHI and GHI HMO products. The Selling Agent Appointment Application must be completed and returned, along with a copy of your current State of New York Insurance Department Accident & Health Agent license, to:

GHI Broker Administration/Operations Department
441 Ninth Avenue, 7th Floor
New York, NY 10001
Fax: 212-615-4628

Please complete other side

BACKGROUND INFORMATION (TO BE SUPPLIED BY AGENT):

NOTE: IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS BELOW, PLEASE INCLUDE IN YOUR RESPONSE ALL RELEVANT DATES, PLACES, STATES, AND NAMES. ATTACH ADDITIONAL INFORMATION IF NECESSARY.

1. HAS ANYONE NAMED ON THIS APPLICATION EVER BEEN KNOWN BY ANY OTHER NAME? NO YES (PROVIDE DETAILS)

2. HAS ANYONE NAMED ON THIS APPLICATION EVER BEEN REFUSED A LICENSE FOR INSURANCE OR HAD A LICENSE FOR INSURANCE REVOKED OR SUSPENDED? NO YES (PROVIDE DETAILS)

3. HAS ANYONE NAMED ON THIS APPLICATION EVER BEEN FINED OR FORMALLY DISCIPLINED BY ANY INSURANCE DEPARTMENT OR ANY STATE OR GOVERNMENT AGENCY OR AUTHORITY? NO YES (PROVIDE DETAILS)

4. HAS ANYONE NAMED ON THIS APPLICATION EVER BEEN CHARGED OR INVESTIGATED, IN ANY CAPACITY WHATSOEVER, WITH FINANCIAL IRREGULARITIES, MISCONDUCT, OR FRAUD BY ANY INSURER, FINANCIAL INSTITUTION, EMPLOYER, OR OTHER PARTY?

NO YES (PROVIDE DETAILS)

5. HAS THE APPLICANT EVER HAD ITS AGENCY APPOINTMENT TERMINATED FOR CAUSE OR FOR ANY OF THE ABOVE REASONS?

NO YES (PROVIDE DETAILS)

6. OTHER THAN TRAFFIC INFRACTIONS OR "YOUTHFUL OFFENDER" ADJUDICATION, HAS ANYONE NAMED IN THIS APPLICATION EVER BEEN CONVICTED OF A CRIME? NO YES (PROVIDE DETAILS)

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant (Selling Agent)

Date

As part of the procedure for processing this application for appointment with GHI/GHI HMO Select Inc., an investigative report may be made. Such report will be confidential and will be used only for purposes of evaluating the applicant's qualification for appointment and you have the right to request, in writing and within a reasonable period of time, a complete and accurate disclosure of additional information concerning the nature and scope of such investigation or report.

FOR INTERNAL USE ONLY

General Agent Number: _____

Selling Agent Number: _____

I hereby request the appointment of the above applicant:

Authorized Signature of General Agent

Date