



CONTRACT INFORMATION SHEET

INSTRUCTIONS: Please complete all information.

Agent Information:

Broker/Agent Name: LAST: _____ FIRST: _____ MI: _____
(Name as it appears on your insurance license)

Agent/Broker SSN: _____ Birth Date: _____ Suffix: _____

Home Telephone Number: _____ Cell Phone Number: _____

Business Phone Number: _____ Ext: _____ Fax Number: _____

E-mail Address: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Commission Statement Addresses:

Yes No Is this address same as your Home Mailing Address?

If yes, skip this section, if no, please complete Commission Statement Address.

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip Code: _____

License Information:

Resident License #: _____ License State: _____

Non Resident License #: _____ License State: _____

Non Resident License #: _____ License State: _____

Non Resident License #: _____ License State: _____

Appointment State Information:

If more than five appointment states are needed, please complete the optional form titled "Additional Appt States"

Resident Appointment State: _____

Non Resident Appointment State: _____ Non Resident Appointment State: _____

Non Resident Appointment State: _____ Non Resident Appointment State: _____

Background Information:

Please provide answers to the following questions:

Have you ever been fined suspended, placed on probation, paid administrative costs, entered into a consent order, been issued a restricted license or otherwise been disciplined or reprimanded, or are you currently under investigation by any insurance department, the NASD, SEC or any other regulatory authority? YES NO

Have you ever been convicted or plead guilty or nolo contendere (no contest), served any probation, paid any fines or court costs, had charges dismissed through any type of first offender or deferred adjudication or suspended sentence procedure, or are any charges currently pending against you for any offense other than a minor traffic violation? YES NO

If you answered yes to any of the questions above please explain:

Errors & Omissions Information:

Do you currently have errors and omissions insurance? YES NO

Proof of Coverage must be attached/faxed to Coventry. Failure to submit this information will result in rejection of this contract.

Name of Carrier: _____ Policy Number: _____

Per Incident: \$ _____ Per Year: \$ _____

Effective Date: _____ Expiration Date: _____

(Agent must maintain E&O coverage as referenced in your contract)

Certification Information:

I have completed and successfully passed the training.

Commissions **will not be paid** on any sales prior to successful completion of my certification.

Agency Information:

Are you the principal of an agency? Yes No

Agency Name: _____ TIN: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Agency License Number: _____ License State: _____

Authorization:

I am assenting to the terms and conditions of this Selling Agreement.
