

# MESSER Financial Group

## Coventry Healthcare Medicare Advantage Licensing Checklist

Please complete the following contracting papers. Remember to sign in the required areas.  
The more complete the application, the sooner it will be approved.

Agents Name: \_\_\_\_\_  
 Appointing Agent/Agency: \_\_\_\_\_  
 State(s) to Be Appointed In: \_\_\_\_\_  
 Commission Level (if unknown, call MESSER at 1-866-568-9649 x714 prior to faxing): \_\_\_\_\_

Writing Agent Checklist		MESSER Use Only
Contract Information Sheet		
Participating Agent Addendum		
Complete and sign EFT form		
Complete W-9 form		
Attach a copy of a voided check		
Attach State licenses and a copy of E&O		

MESSER Financial Group    ATTN: Contracting  
 7100 Lawyers Road    Charlotte, NC 28227

Please return by mail, fax, or email to:

Ph: (866) 568-9649 x714  
 Secure Fax: (888) 900-2330  
 kristin@messerfinancial.com

(For Office Use Only)		
Marketing Rep: _____	Date In: _____	Date Out: _____
Notes: _____		

# Contract Documentation Checklist

- ❖ Please ensure all forms are fully completed. Missing/Incomplete Information will delay processing.

## Hierarchy Transmittal Form

- Filled out completely to show all levels of the hierarchy.
- The agent's name and SSN/TIN is documented to show the agent level requested

## Contract Information Sheet

- Social security number, date of birth, contact numbers and e-mail address
- Home address and, if required, Commission Statement address are populated.  
A physical address is required for the Home address – a PO Box is not acceptable  
Additional Address History form is included - home address is less than 7 years
- License Information: Specific state and the license number should be legible on sheet
- Appointment State Information: requested appointment states are listed  
Additional Appointment States form is attached if requesting more than 5 states  
Florida County Selection Form: if requesting FL appointment
- Background Information: a brief explanation is provided if "yes" to either question
- Errors and Omissions: Name of Carrier, Policy Number, Per Incident/Year, Effective Date, Expiration Date are all filled out. Submit Proof of Coverage.
- Agency Information: this section is filled out if the agent is a principal of an agency
- Signature and Date

## Participating Agent Addendum

- The agent level on the addendum matches what is on the Hierarchy Transmittal Form
- LOA Addendum: the upline signature is required on the form

## Background Authorization Form

- All information is complete. This includes date of birth, drivers license number, etc.
- Signature and Date

## W-9

- The name of the Payee is shown on the "Name" line.  
Business Name or doing business as (DBA) is entered on the "Business Name" line
- If the broker does not have a tax identification number, they may use their social security number as long as broker's name is listed on line 1 of W9 AND the name of the agency/corporation is listed on line 2
- Signature and Date

## Electronic Fund Transfer Form (If broker wants commission by direct deposit)

- Name on Electronic Fund Transfer Form should match the Name on the W9 form
- Payment information: Broker must choose electronic fund transfer or check
- Bank name, routing and account numbers for electronic fund transfer selection
- Signature and Date

## Marketing Summary Sheet

- This is completed if the requested agent level is a GA level or higher



**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: \_\_\_\_\_  
mm/dd/yyyy

Home Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
xxx-xxx-xxxx xxx-xxx-xxxx

Business Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
xxx-xxx-xxxx xxx-xxx-xxxx

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:

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**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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## COVENTRY Additional Address History (Rev. 09/09)

I have more address history to supply in order to comply with providing 7 years of address history.  Yes  No

Name Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Init: \_\_\_\_\_

Social Security # \_\_\_\_\_

Provide all addresses not listed on the Agent Application covering 7 years

**Past Address** Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
At this address: From: (mm/yyyy) \_\_\_\_\_ To: (mm/yyyy) \_\_\_\_\_

**Past Address** Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
At this address: From: (mm/yyyy) \_\_\_\_\_ To: (mm/yyyy) \_\_\_\_\_

**Past Address** Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
At this address: From: (mm/yyyy) \_\_\_\_\_ To: (mm/yyyy) \_\_\_\_\_

**Past Address** Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
At this address: From: (mm/yyyy) \_\_\_\_\_ To: (mm/yyyy) \_\_\_\_\_

**Past Address** Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
At this address: From: (mm/yyyy) \_\_\_\_\_ To: (mm/yyyy) \_\_\_\_\_

**Past Address** Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
At this address: From: (mm/yyyy) \_\_\_\_\_ To: (mm/yyyy) \_\_\_\_\_

**Past Address** Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
At this address: From: (mm/yyyy) \_\_\_\_\_ To: (mm/yyyy) \_\_\_\_\_

**Past Address** Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
At this address: From: (mm/yyyy) \_\_\_\_\_ To: (mm/yyyy) \_\_\_\_\_

**Past Address** Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
At this address: From: (mm/yyyy) \_\_\_\_\_ To: (mm/yyyy) \_\_\_\_\_





## Florida County Selection Form For Non-Residents

***Must be completed if you are applying for a Florida appointment. For a resident appointment, please indicate one and only one county. If applying for a Florida non-resident appointment, please indicate as many counties as necessary.***

*An individual licensed and appointed by the State of Florida as a nonresident agent is not permitted to solicit personally in Florida, unless, in addition to a state appointment for the insurer, he/she is appointed to represent the same insurer for each county in which he represents and engages in person in the activities as an agent for the insurer.*

<input type="checkbox"/> 01 Dade	<input type="checkbox"/> 15 Manatee	<input type="checkbox"/> 29 Columbia	<input type="checkbox"/> 43 Okaloosa	<input type="checkbox"/> 57 Okeechobee
<input type="checkbox"/> 02 Duval	<input type="checkbox"/> 16 Sarasota	<input type="checkbox"/> 30 Hardee	<input type="checkbox"/> 44 Sumter	<input type="checkbox"/> 58 Calhoun
<input type="checkbox"/> 03 Hillsborough	<input type="checkbox"/> 17 Seminole	<input type="checkbox"/> 31 Suwanee	<input type="checkbox"/> 45 Bradford	<input type="checkbox"/> 59 Franklin
<input type="checkbox"/> 04 Pinellas	<input type="checkbox"/> 18 Lee	<input type="checkbox"/> 32 Indian River	<input type="checkbox"/> 46 Jefferson	<input type="checkbox"/> 60 Glades
<input type="checkbox"/> 05 Polk	<input type="checkbox"/> 19 Brevard	<input type="checkbox"/> 33 Santa Rosa	<input type="checkbox"/> 47 Citrus	<input type="checkbox"/> 61 Flagler
<input type="checkbox"/> 06 Palm Beach	<input type="checkbox"/> 20 St. Johns	<input type="checkbox"/> 34 De Soto	<input type="checkbox"/> 48 Clay	<input type="checkbox"/> 62 Lafayette
<input type="checkbox"/> 07 Orange	<input type="checkbox"/> 21 Gadsden	<input type="checkbox"/> 35 Madison	<input type="checkbox"/> 49 Hendry	<input type="checkbox"/> 63 Union
<input type="checkbox"/> 08 Volusia	<input type="checkbox"/> 22 Putnam	<input type="checkbox"/> 36 Walton	<input type="checkbox"/> 50 Washington	<input type="checkbox"/> 64 Collier
<input type="checkbox"/> 09 Escambia	<input type="checkbox"/> 23 Bay	<input type="checkbox"/> 37 Taylor	<input type="checkbox"/> 51 Holmes	<input type="checkbox"/> 65 Wakulla
<input type="checkbox"/> 10 Broward	<input type="checkbox"/> 24 St. Lucie	<input type="checkbox"/> 38 Monroe	<input type="checkbox"/> 52 Baker	<input type="checkbox"/> 66 Gulf
<input type="checkbox"/> 11 Alachua	<input type="checkbox"/> 25 Jackson	<input type="checkbox"/> 39 Levy	<input type="checkbox"/> 53 Charlotte	<input type="checkbox"/> 67 Liberty
<input type="checkbox"/> 12 Lake	<input type="checkbox"/> 26 Osceola	<input type="checkbox"/> 40 Hernando	<input type="checkbox"/> 54 Dixie	
<input type="checkbox"/> 13 Leon	<input type="checkbox"/> 27 Highlands	<input type="checkbox"/> 41 Nassau	<input type="checkbox"/> 55 Gilchrist	
<input type="checkbox"/> 14 Marion	<input type="checkbox"/> 28 Pasco	<input type="checkbox"/> 42 Martin	<input type="checkbox"/> 56 Hamilton	

