Broker Application

Welcome to CCHP: To complete the Broker Appointment Application, complete and sign the following.
BROKER: Please keep a copy for your records prior to sending to CCHP for processing. Please print clearly.

☐ Individual / Solo Proprietor ☐ Corporation ☐ Partnership ☐ Others _____

Company Name (if applicable): _____ Tax ID or SSN#: _____

Broker Name: _____ Title: _____

Business Tel: _____ Cell: _____

Email: _____ Fax: _____

Type of License: _____

CA Agent License Number: _____ Expiration Date: _____

Company License Number (if applicable): _____ Expiration Date: _____

Covered CA Certification ID#: _____ Expiration Date: _____

E & O Carrier: _____

Policy Number: _____ Expiration Date: _____

Additional Contact Name: _____ Title: _____

Email: _____ Telephone: _____

Company Address: _____

Payment Address: _____

W9 (Tax Return) Address: _____

Commission Check should be made payable to: _____

I certify under the penalty of perjury of California law that the foregoing statements are true and correct.

Signature	Please Print Name	Date

CCHP SECTION – ADMINISTRATIVE USE ONLY			
E&O Provider:		Validated By:	
CCHP Processor/Supervisor:		Date Processed:	