



& Associates Insurance Services

AGENT DATA FORM

First Name M.I. 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: _____ Agency NPN #: _____

Is your Agency Licensed To Sell Insurance: Yes No (Agency MUST be licensed with State DOI to be contracted as an agency)

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

Pegasus is not responsible for obtaining releases. If unsure if a release is necessary, please contact Pegasus Contracting.

NECESSARY DOCUMENTS NEEDED

Pegasus will need copies of the following:

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 deposit
4. Explanation / Supporting documents for any potential contracting issues
5. Any Releases, if needed, that have been secured

Please include all necessary documents when submitting the completed Agent Data Form.

There are multiple methods of completing and submitting agent contracting:

Pegasus' product list will be on the following page. 1. Paper contracts must be completed and submitted back to Pegasus Contracting. 2. Online links will be provided to access and complete agent contracting online. 3. Links will be sent to you via email from the carrier for you to complete online. On-boarding instructions and initial contracting will be sent to the email you provided on the Agent Data Form.

Pegasus' National Product List

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

MEDICARE SUPPLEMENT	MEDICARE ADVANTAGE	PART D & AUXILLARY
ACE Aetna/Accendo* Amerigo Amerigroup Anthem* Aultcare Bankers Fidelity Capitol Central States Cigna GPM GTL HAP Heartland National Humana* Manhattan Medica Medical Mutual of Ohio* Medico Mutual of Omaha* New Era Pan American Physicians Mutual Premera Prosperity Life Providence Renaissance Security Health Sentinel Security Thrivent United Healthcare* Other Not Listed <hr style="width: 20%; margin-left: 0;"/>	Aetna* Alignment Anthem* Amerigroup* Aultcare/Primetime BCBS MI BCBS NC BCBS SC BCBS TN Blue Shield CA Bright Health/Brand New Day CHRISTUS Health Cigna HealthSprings Clear Spring Devoted Health* Excellus NY Florida Blue Freedom Optimum Geisinger HAP Highmark Highmark Wholecare Humana* Kelsey Seabold Lasso Medica Medical Mutual of Ohio* Medigold Memorial Hermann Molina Optima Oscar Paramount Priority Health SCAN Simply Fl SummaCare The Health Plan Texan Plus United Healthcare* UPMC Wellcare* Other Not Listed <hr style="width: 20%; margin-left: 0;"/>	Aetna/Silverscript* Anthem* Clear Spring Humana* Mutual of Omaha* United Healthcare* Wellcare* Other Not Listed <hr style="width: 20%; margin-left: 0;"/> <p style="text-align: center;"><u>Misc Products</u></p> Ameritas Clever Rx Dental Care Plus Delta Dental GEO Blue GTL Advantage Plus Manhattan DVH Medico Indemnity Molina Exchange National Care Dental National General Physicians Mutual Pivot Renaissance/Morgan White UHONE VSP Other Not Listed <hr style="width: 20%; margin-left: 0;"/> <p style="text-align: center;"><u>Life- Final Expense</u></p> Aetna/CVS American Amicable Foresters* Gerber (App needed to contract) Lumico Mutual of Omaha Transamerica* United Home Life Other Not Listed <hr style="width: 20%; margin-left: 0;"/>

Carriers Marked * are Preferred Carriers. We recommend no more than 10 carriers to start.

Pegasus offers a multitude of 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: