LIBERTY Dental Plan of Nevada

LIBERTY DENTAL PLAN of NEVADA PRODUCER APPLICATION

Individual Producer Information

Producer Name				
	(Last Name)	(First Name)		(Middle Name)
Date of Birth/_	/ SSN	Email:		
Phone # ()	Ext.	Cell Phone # ()	_ Fax # ()
Business Address	STREET ADDRESS	CITY	STATE	ZIP
Residence. Address	OTTLET ADDITEOU	onn	OIMLE	211
	STREET ADDRESS	CITY	STATE	ZIP
Organizational Bro	ducar Information (Agency) [You must complete	if you are working with	
organizational Fro		Agency) [fou must complete	ii you are working with	an agency
Organization Produc	er Name			
	T			
IIN	Taxpayer			LLP Other Entity
	_			
Phone # ()	Ext	_ Fax # ()	Email:	
Mailing Address.				
	STREET ADDRESS	CITY	STATE	ZIP
Business Address			07175	
	STREET ADDRESS	CITY	STATE	ZIP
Agency Contact Person				
Agency Contact reacting				
Phone # ()	Ext F	Fax # ()	Email	
Name of person (other	than yourself) or of the	agency to whom you will ass	ian commissions —	
		ot be effective until you		
License Informatio	n			
State which issued you	a resident producer lic	cense:	License #	
Lines of Insurance for	which you are currently	licensed (check all that apply):	
Life	Health Othe	er		

LIBERTY Dental Plan of Nevada Individual Producer Licenses

STATE	LICENSE NUMBER	EFFECTIVE DATE	EXPIRATION DATE

LIBERTY DENTAL INSURANCE COMPANY PRODUCER APPLICATION

Organizational Producer Licenses

STATE	LICENSE NUMBER	EFFECTIVE DATE	EXPIRATION DATE

YOU MUST ATTACH A COPY OF EACH INDIVIDUAL AND ORGANIZATIONAL LICENSE LISTED ABOVE.

Please answer **Yes** or **No to the following questions**. If you answer **Yes** to any question, YOU MUST ATTACH A SEPARATE SHEET WITH AN EXPLANATION: HAVE YOU EVER PLED GUILTY OR BEEN CONVICTED OF A FELONY OR MISDEMEANOR?

DO YOU HAVE E&O INSURANCE COVERAGE?	Ц	YES		NO
HAS YOUR E&O INSURANCE COVERAGE EVER BEEN TERMINATED OR RESCINDED BY THE INSURER?		YES		NO
HAS ANY INSURER OR FINANCIAL INSTITUTION EVER TERMINATED ITS APPOINTMENT OF YOU OR ANY ORGANIZATION	<u>) NC</u>	NITH W	ЧІС	H YOU
WERE ASSOCIATED "FOR CAUSE"?		YES	Ц	NO
HAVE YOU EVER BEEN DISCIPLINED BY ANY INSURANCE REGULATORY AUTHORITY?		YES		NO
HAVE YOU BEEN THE SUBJECT OF A BANKRUPTCY PETITION IN THE LAST SEVEN YEARS?		YES	Ц	NO
DO YOU HAVE ANY JUDGMENTS OR LIENS AGAINST YOU?		YES		NO
DO YOU OWE ANY AMOUNTS TO ANY INSURER, GENERAL AGENT, OR FINANCIAL SERVICE INSTITUTION THAT HAS F	<u>N SSEN</u>	AINED	OVE	RDUE
FOR MORE THAN 60 DAYS?		YES		NO
HAVE YOU EVER BEEN EXCLUDED, OR ARE YOU AWARE OF ACTIONS THAT COULD RESULT IN EXCLUSION,	ΒY	THE C	DIG	FROM
PARTICIPATION IN A GOVERNMENT HEALTH CARE PROGRAM, INCLUDING MEDICARE OR MEDICAID?	`	YES		NO
HAVE YOU EVER BEEN BARRED, OR ARE YOU AWARE OF ACTIONS THAT COULD RESULT IN DEBARMENT, BY THE	<u> </u>	INERAL	<u>SE</u>	RVICE
ADMINISTRATION FROM BEING A GOVERNMENT CONTRACTOR?		YES		NO

BY SIGNING BELOW, I ACKNOWLEDGE AND AGREE WITH THE FOLLOWING:

- (1) I may not place any business with Liberty Dental without the appropriate licensing and without a written appointment by Liberty Dental which requires that I enter into a written contract with Liberty Dental.
- (2) Liberty Dental Insurance Company, its affiliates, and/or outside entities may ask third parties about my credit history, character, business experience, personal characteristics, reputation, and insurance license status. I hereby authorize such information to be released to Liberty Dental or its legal representative.



- (3) A photocopy or facsimile of this signed authorization shall be as valid as the original.
- (4) Under penalty of perjury, I certify that information in this application or in any attached documents is correct and complete.
- (5) Under penalty of perjury, I certify that the taxpayer identification number on this application is mine and I am not subject to backup withholding.
- (6) If appointed by Liberty Dental or its affiliates, I agree that I will be an independent contractor, and not an employee Liberty Dental or its affiliates.

Individual Producer (Signature)	Date
Individual Producer (NAME PRINTED)	
Organizational Producer (Name Printed)	Date
By: (Signature of person signing on behalf of the o	rganization)
lts:	

(Title of person signing on behalf of the organization)