

Producer Agreement Acknowledgement & Information Form

I/We, _____, hereby certify that I/we have read and fully understand the terms and conditions set forth in the Standard Producer Commission Agreement and its attachments.

Name of Agency:

Producer Name:

Business Mailing Address:

Phone: _____

Email: _____

(Commission statements and electronic correspondence will be sent to this email address unless otherwise noted.)

Signature: _____

Date: _____

Return this completed form along with:

- Vermont Accident, Health and HMO Producer license
- Producer Agreement Acknowledgement and Information Form
- SADBUS Survey Form
- Direct Deposit Form
- W9

Mail to:
BCBSVT
Attn: Product Coordinator
PO Box 186
Montpelier, VT 05601

Or Email to: broker@bcbsvt.com