



Onboarding – Getting Started

Becoming an ApexHealth Agent Partner

To get started, please fill out the attached application with the following documents:

- A copy of your AHIP certificate
- A copy of your E&O
 - *Policy should be at least \$1,000,000 per claim and \$1,000,000 aggregate at all times to maintain appointment.*
- A copy of your W-9 (Agency Only)

The completed application and supporting documents can be sent via secure email to agentsupport@apexhealth.com.

If you have any questions, please call Agent Support at 844-279-0508 option 4

We look forward to partnering with you!



Onboarding Application

Agency Name (if applicable): _____

Agent Name (First Name, Last Name): _____

Social Security Number (SSN): _____

National Producer Number (NPN): _____

Date of Birth (mm/dd/yyyy): _____

Phone: _____

Email Address: _____

Job Title: Principal Producer

Licensed States: North Carolina South Carolina

Mailing Address: _____

City, State, Zip: _____

Gender: Male Female

For Agency Owner, complete the following:

Contract Type (Individual, LLC, Corporation): _____

Tax ID: _____

Agency National Producer Number (NPN) (if applicable): _____

Business Address: _____

City, State, Zip: _____

Mailing Address (if different): _____

City, State, Zip: _____

Phone: _____

Email: _____

Fax: _____

By signing this form, I acknowledge that all information is true and correct to the best of my knowledge.

Signature

Date