



Maryland Health Connection for Small Business Plans Broker Information

I certify that I am not aware of any information not disclosed in this application by the client that may have bearing on this risk, for all products being applied for.

I represent that I am licensed and authorized to sell small business program-eligible products in the State of Maryland.

I certify that I have advised the client not to terminate any existing coverage until receiving written notice from the carriers that the coverage being applied for by this application is accepted.

General Agent	Broker TAX ID Number
Broker Name	Broker Email Address
Broker Office Number	Broker Cell Phone Number
Agency Name	Pay Commissions to the Agency or the Broker
Agency Contact	Broker Fax Number
Broker Street Address	City State Zip
National Producer Number	License Number

*Your broker is/may be paid commissions and other financial incentives by any of the participating insurance carriers.