



**Producer Information**

(Complete for each new producer for licensing purposes- Tennessee ONLY)

Sales Representative: \_\_\_\_\_ Sales Office: \_\_\_\_\_

**PRODUCER INFORMATION**

Broker Name (Last)	Broker Name (First)	(Middle)
Home Street Address		
City	State	Zip Code
Phone Number (    )	Fax Number (    )	Email Address
Current Resident State License Number		License State

**Please fill out a separate sheet for each agent designated to do business with our company for an agency license.**

**Use the above address for mailings? Yes    No    (Use Employer/Business address below)**

**EMPLOYER/BUSINESS INFORMATION**

Employer/Business Name		
Employer/Business Mailing Address		
City	State	Zip Code
Phone Number		Email Address

- Please attach a copy of:
1. W-9 (Commissions will be paid to this tax ID Number)
  2. Tennessee State License

**Once complete, please fax to  
Bluegrass Family Health  
Attention Allison Seckman  
at 615-872-1077**

**\*\* Only NFIB Member Brokers have the opportunity to sell Bluegrass Family Health insurance to their clients at a discount of at least 5% when the client is also an NFIB Member. Policy restrictions may apply. Groups must be domiciled in specified Tennessee counties, although employees may live outside these counties. Contact Bluegrass Family Health for more information on restrictions and Tennessee county availability. \*\***