

MVP HEALTH CARE BROKER QUESTIONNAIRE

- Please answer all of the following questions completely and as accurately as possible.

- Return the completed questionnaire to:

**MVP Health Care
Attn: Broker Dept. – 6th Floor
625 State Street
PO Box 2207
Schenectady, NY 12305**

- MVP policy precludes the inclusion of General Agents in the MVP Broker Program, at this time.

NAME OF FIRM: _____

ADDRESS: _____

_____ CITY STATE ZIP

TELEPHONE: _____ **FAX NO.:** _____
(AREA) (AREA)

PRINCIPAL: _____
LAST FIRST TITLE

1. Please describe the primary geographic area your firm operates in. *Indicate State and/or Counties.*
2. Are you or is your firm an Independent Brokerage Agent or Agency?
3. How many producers does your firm employ?

4. Does your firm carry Errors and Omission Insurance?

5. How many years has you or your firm sold health insurance plans to employer groups?

6. What other carriers do you represent? *Please List below:*

| NAME OF CARRIER | TOTAL MEMBERS |
|-----------------|---------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

7. MVP requires that all brokers supply “Broker of Record” letters for each employer group sold by you. Will you be able to comply with this requirement? *If No, Explain.*

8. Do you sign “Letters of Agreement” or contracts with each carrier you represent? *If No, Explain.*

9. List the approximate number of employer groups you service in each of the following size categories:

| GROUP SIZE | NUMBER OF GROUPS |
|------------------------------|------------------|
| to 24 eligible employees | |
| to 49 eligible employees | |
| to 99 eligible employees | |
| to 499 eligible employees | |
| to 1000 eligible employees | |
| over 1000 eligible employees | |

10. Assuming that you are selected as a member of the MVP Broker Program what is the volume of business we can expect you to deliver in the next:

| TIME LINE | NUMBER OF GROUPS -ESTIMATED- | NO. OF COVERED EMPLOYEES -ESTIMATED- |
|--------------------|---|---|
| 1 YEAR | | |
| 1 1/2 YEARS | | |
| 2 YEARS | | |

I understand that the completion of this form and the submission of the information contained herein does not commit MVP to enter into any arrangement or contract with me or my firm. I further understand that the information supplied is current and factual and will be treated by MVP in a protected and confidential manner.

Signing for the Brokerage Firm:

Name (print): _____

Signature: _____

Title: _____

Date: _____