

MVP HEALTH CARE BROKER QUESTIONNAIRE

- Please answer all of the following questions completely and as accurately as possible.
- Return the completed questionnaire to:

Nancy B. Arena, CLU
Director, Sales and Broker Relations
MVP Health Care
220 Alexander Street
Rochester, NY 14607
- MVP's policy precludes the inclusion of General Agents in the MVP Health Care Program, at this time.

NAME OF FIRM: _____

ADDRESS: _____

CITY

STATE

ZIP

TELEPHONE: _____ **FAX NO.:** _____

(AREA)

(AREA)

EMAIL ADDRESS: _____

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 and Fidelity Insurance? If so, in what amounts?

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

6. What other HMO's do you represent? *Please List below:*

NAME OF HMO	TOTAL MEMBERS
1.	
2.	
3.	
4.	

7. MVP Health Care 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 HMO you represent? *If No, Explain.*

9. List the 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	

