



Covered California for Small Business (CCSB) Certified Insurance Agent of Record Request

This form is used if a certified Insurance Agent is assisting to enroll an employer through MyCCSB.com, both the Certified Insurance Agent and employer must complete this form in full. This form will need to be uploaded into MyCCSB.com at the time of enrollment.

Employer Name: _____

Employer Address: _____

Agent/Agency name: _____

Agent/Agency License Number/Tax ID#: _____

Agent/Agency Mailing Address: _____

The Certified Insurance Agent to attest the following:

- I certify under penalty of perjury that I have been granted authorization from this employer to access, enter, and update personally identifiable information into the online application.
- I certify under penalty of perjury that I have advised the employer of their right to terminate their relationship with me as delegated agent at any time if they so choose by contacting Covered California for Small Business at **(855) 777-6782**.
- I certify under penalty of perjury that I have been granted permission from the employer to enter payment information into their online account. I have advised the enrollee that the insurance premium that I have quoted will be deducted from their account. I further acknowledge that I have been granted permission by the enrollee to submit the completed application, including, activation an e-signature on the employers behalf.
- I certify under penalty of perjury that I have advised the group of my affiliation with Agency _____ (if applicable) and explained that my agency may delegate a new agent of record within the agency in the future. The client has been advised of their ability to change agent of record at any time if they so choose to do so
- The applicant completed and executed the enrollment application, and I assisted the applicant by offering advice in providing responses to questions. I advised the applicant that he/she should answer all such questions completely and truthfully and that no information requested should be withheld. I explained to the applicant, in easy-to-understand language, the risk to the applicant of providing inaccurate information and the applicant understood the explanation. To the best of my knowledge, based on what the applicant disclosed to me, the information in this application is accurate and complete. I understand that if any portion of this statement signed by me is false, I may be subject to civil penalties of up to \$10,000 as authorized under California Health and Safety Code Section 1389.8 and Insurance Code Section 10119.3.

Certified Insurance Agent Signature Date

Certified Insurance Agent Name (Printed) Title

Signature of Business Owner/Authorized Company Officer Date

Business Owner/Authorized Company Officer Name (Printed) Title

For any questions or if you need assistance, contact the Covered California for Small Business Agent Service Center at **(855) 777-6782**.