



*Required fields.

Small Business Eligibility

Are you already a Covered California Certified Insurance Agent for your current Agency? *

- ☐ Yes
☒ No

Are you licensed with the California Department of Insurance (CDI) to sell Accident and Health coverage? *

- ☒ Yes
☐ No

Do you also want to sell Covered California to Individual and Families (IFP) as well as small business group (CCSB) plans? *

- ☐ Yes, I want to sell both CCSB and Covered California IFP Plans.
☐ No, I only want to sell CCSB plans.



Agency Information

Is your Agency contracting with Covered California under a Federal Employer Identification Number (FEIN) or a Social Security Number (SSN) / Individual Tax Identification Number (ITIN)?
*

- ☐ An Agency operating under a FEIN.
- ☐ An Agency operating under a SSN or ITIN.

Tax ID Number: *

XXXXXXXXXX

Confirm *

CCSB Certification – Screen Shots



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SMALL BUSINESS

Is the Tax ID provided already contracted with Covered California? *

- ☐ Yes
☐ No

Based on the Agency and Tax ID information provided above, are you legally authorized to sign a monetary agreement on behalf of this Agency? *

- ☐ Yes
☐ No

An Authorized Signer acts on behalf of Agency, executes the Agency Agreement, and performs other duties related to the Agreement as needed. An Authorized Signer is not required to be an Agent; however, Authorized Signers who are not Agents cannot access CalHEERS, perform enrollment assistance, or any other duties that require licensure from the California Department of Insurance.

Authorized Signer Name: *

First Name

Last Name

Authorized Signer Email: *

Authorized Signer Phone Number: *

Agency Legal Business Name as it is registered with the California Secretary of State: *

Agency Entity type: *

- ☐ Partnership
☐ Corporation (all types, incl. individual corporations)
☐ Sole Proprietor

Physical Address: *

Address Line 1

Address Line 2

City

State

ZIP Code

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Correspondence Address:

Address Line 1

Address Line 2

City

State

ZIP Code

Agency website address (if applicable):

Agent Information

AGENT Name as it appears on CDI license: *

First Name

Last Name

AGENT License Number: *

Your license number is a combination of 7 alphanumeric characters starting with Zero. Please identify your Agent license number, not the Agency license number.

License Expiration: *



AGENT phone number: *

AGENT email address: *

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Confirm AGENT email address: *

Preferred method of contact: *

- ☐ Phone
- ☐ Email
- ☐ Mail