



**INSURANCE  
SERVICES, INC.**



First National Brokerage Corporation

**HEALTH ACCESS PROGRAM QUESTIONNAIRE:**

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Agency Principal: \_\_\_\_\_

Agent/POC: \_\_\_\_\_

Currently appointed or writing Health insurance: Y or N

Currently appointed or writing Group Ancillary insurance: Y or N

What products are you interested in: \_\_\_\_\_

What carriers are you interested in: \_\_\_\_\_

Will you be writing Health/Ancillary Products internally or are you interested in partnering with one of FNBC's Gold Broker? \_\_\_\_\_

Any additional comments: \_\_\_\_\_