

Directions for Broker of Record or Authorization to Delegate Agent Form

Why fill out this form

The Below form will allow David Michael Richardson Insurance Services to access your Covered California account. Benefits:

- No more waiting on hold for 2 hours
- Speak with a live Covered California Certified Agent
- Speak with a California Licensed Insurance Agent
- We can upload required documents for you
- We can explain in simple language everything involved in the Covered California Process.
- We can process your renewal
- We can update information such as: family size, income, contacts, ect.

Easy as One-Two-Three

One

Print out the form on the following page.

Two

Fill in the top 3 blanks on the form:

- Applicant's Full Name (print)
- Applicant's Last 4 Digits of Social Security Number (SSN)
- Applicant's Signature

Three

Return the form titled "Authorization to Delegate Agent" to David Michael Richardson Insurance Services

How do I return the form?

Email

dave@coverme-insurance.com

Text

(909) 362-4505

Fax

(206) 424-4697

Mail

David Michael Richardson
PO Box 88
Blue Jay CA, 92317



Certified
Insurance
Agent

AUTOHORIZATION TO DELEGATE AGENT

I hereby authorize Covered California to delegate the agent below on my behalf:

APPLICANT'S FULL NAME (Print) _____

APPLICANT'S LAST 4 DIGITS OF SSN: _____

APPLICANT'S SIGNATURE: _____

CASE ID# (If application already initiated): _____

Certified Insurance Agent – please fill out information highlighted below:

Complete this section if you are a Covered California certified individual helping someone fill out this application.

I certify that as a Certified Enrollment Counselor, Certified Insurance Agent, or Certified Plan-Based Enroller, I helped the applicant complete this application and that this service was free of charge. I also certify that I gave true and correct answers to all questions on this application as far as I know. 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.

<input type="checkbox"/> Certified Enrollment Counselor Name: _____	CEC Number
<input type="checkbox"/> Certified Enrollment Entity Name: _____	CEE Number
<input checked="" type="checkbox"/> Certified Insurance Agent Name: David Michael Richardson	License number 0G12703
<input type="checkbox"/> Certified Plan-Based Enroller Plan: _____ Name: _____	
Certified Individuals Signature →	Date

The state will not compensate the Covered California Certified Enrollment Entity unless the Certified Enrollment counselor fills out this section completely and correctly when the application is submitted.