



Colorado Choice Health Plans

Broker Contact Form

Please list producers from your agency along with their license numbers who are to be affiliated with your company. We also need a copy of your **Agency License, Individual Colorado Producer License** for each agent under the agency, and **Errors & Omission Certificate** for each agent under the agency if they are not covered under the agency's Errors & Omissions Certificate.

Broker Information		
Broker Name:		
Agency Name:		Agency License #:
Mailing Address:		
City:	State:	ZIP Code:
Phone #:	E-mail:	Fax:
Tax ID #:	Colorado Producer License #:	
Additional Broker Information		
Broker Name:		
Agency Name:		Agency License #:
Mailing Address:		
City:	State:	ZIP Code:
Phone #:	E-mail:	Fax:
Tax ID #:	Colorado Producer License #:	
Additional Broker Information		
Broker Name:		
Agency Name:		Agency License #:
Mailing Address:		
City:	State:	ZIP Code:
Phone #:	E-mail:	Fax:
Tax ID #:	Colorado Producer License #:	
Additional Broker Information		
Broker Name:		
Agency Name:		Agency License #:
Mailing Address:		
City:	State:	ZIP Code:
Phone #:	E-mail:	Fax:
Tax ID #:	Colorado Producer License #:	
Additional Broker Information		
Broker Name:		
Agency Name:		Agency License #:
Mailing Address:		
City:	State:	ZIP Code:
Phone #:	E-mail:	Fax:
Tax ID #:	Colorado Producer License #:	

You can fax to 719-589-4901 or email Producer Agreement and copies to Maria Vigil-Sisneros at msisneros@cochoice.com