



Delta Dental of Washington Producer Data Form

Producer of Agency Name			SSN or Tax ID Number	
Contact Name (if different than that of producer)			Telephone Number	
Address			Email Address	
City	State	Zip + 4	Fax Number	
License Number (WAOIC #)	Broker Bond Number		License Type	Expiration Date

Affiliated Producers (if applicable)

Affiliate Name	License Number	Expiration Date	Email Address

Include copies of the following documents:

- Current copy of your (or your agency's) license
- Completed and signed IRS Form W-9
- Completed and signed Producer Agreement
- Completed and signed Business Associate Agreement
- Current copy of your or your agency's errors & omissions insurance certificate
- If applicable, a copy of the declaration page for your broker bond

Producer or authorized representative's signature	Date
Print Name	