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BENEFIT COACH PROFILE DATA

 First Name (Legal name on ID) Last Name (Legal Name on ID) SS # or Tax ID # Date of Birth

 Residential Street Address City State Zip Code

 Mailing Address City State Zip Code

 Home Phone Cell Phone Fax Email Address

 Emergency Contact Relationship Contact Phone

EXPERIENCE

	Yes	No	Product Enrollments	Yes	No
Do you have voluntary benefit enrollment experience?	_____	_____	Universal Life	_____	_____
Do you have core benefit enrollment experience?	_____	_____	Whole Life	_____	_____
Have you conducted group meetings?	_____	_____	Short Term Disability	_____	_____
Do you have laptop enrollment experience?	_____	_____	Critical Illness	_____	_____
Do you have Call Center enrollment experience?	_____	_____	Long Term Disability	_____	_____
Do you have Case Management enrollment experience?	_____	_____	Accident	_____	_____
Do you carry error and omission coverage?	_____	_____	Cancer	_____	_____
Are you _____ lingual?	_____	_____	Long Term Care	_____	_____
			Prepaid Legal	_____	_____

Total years enrolling experience: _____
 Please list enrollment software you are familiar with: _____

LICENSE INFORMATION

What is your state of residence? _____ Resident License Number: _____
 National Producer Number: _____
 Please list active non-resident licenses: _____
 Non-resident licenses (con't): _____

TRAVEL DATA

	Yes	No
Local Can you enroll within a 60 mile radius of your residence?	_____	_____
State Can you travel within your resident state with occasional overnight stays?	_____	_____
Regional Can you travel within a several state region with frequent overnight stays?	_____	_____
National Can you travel extensively with prolonged overnight stays?	_____	_____
Do you have an active credit card for costs incurred while traveling?	_____	_____
Are you able to rent and pay for a car rental while traveling?	_____	_____

Nearest Airport to Residence: _____

(NBGA Internal Use) Recruiting Manager Interview Date: _____ By: _____
 Case Manager Interview Date: _____ By: _____
 Referral Source: _____