



WASHINGTON STATE HEALTH
INSURANCE POOL

Agent Directory Listing/Change Form

I have completed the WSHIP agent training, and I would like to be listed as an agent for assisting WSHIP applicants.

NAME _____ License No. _____

FIRM _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____

*SIGNATURE _____ DATE _____

- **You must submit a copy of your agent license to WSHIP with this form.**
- * **WSHIP will not list your name in its Agent Directory without your signed request.**

Submit form by :

Fax # 620-792-0535; agentinfo@wship.org; or mail to WSHIP, PO Box 1090, Great Bend, KS 67530