

Agent/Agency Data Request Form (ADR)

If you and/or your agency would like to be appointed to do business with Delta Dental of Virginia, please complete this form, include a copy of your Virginia Health Insurance License, and return to the address or fax number below. A form must be completed for each agent who wishes to be appointed. If commission is being paid directly to the agency, also complete the agency section below.

Please note: You must hold a valid Virginia license to become appointed with Delta Dental of Virginia.

Agent's Name (as licensed)			Virginia License Number		
			Social Security Number		
			Date of Birth		
Correspondence Address			Physical Address		
City	State	ZIP	City	State	ZIP
Business Phone ()	Fax Number ()		Home Address		
Email Address			City	State	ZIP
Do you currently have a group application pending with Delta Dental? _____ Yes _____ No					
If yes, Group Name _____ Effective Date _____					
Commissions Payable To _____ Agent _____ Agency (if agency, complete below)					
Agency Name (as licensed)			Tax ID		
Send commissions statements via _____ Mail _____ Email					
Email Address					
Correspondence Address			Physical Address		
<p>Please mail or fax completed form to: Delta Dental of Virginia Attn: Marketing Administration 4818 Starkey Road, Roanoke, Virginia 24018 Phone 540.989.8000 or 888.335.8216 • Fax 540.774.7574</p>					

DDVA USE ONLY

Verification from VA Bureau of Insurance (Roanoke Office)

Type of License	Effective Date	Date Verified
_____	_____	_____
_____	_____	_____
_____	_____	_____