

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, then 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		
	National Producer Number		
	Social Security Number		
	Date of Birth		
Correspondence Address	City	State	Zip
Physical Address	City	State	Zip
Home Address	City	State	Zip
Email			
By providing my email address, I understand and authorize Delta Dental of Virginia to send all notices and communications to this address. Such notices include notice of non-renewal or cancellation, so it's important to update us if your email changes. Please contact Marketing Administration at mktgadmin@deltadentalva.com regarding these types of changes.			
Business phone ()		Fax number ()	
Do you currently have a group application pending with Delta Dental of Virginia? _____ Yes _____ No			
If yes, group name _____ Effective date _____			
Commission payable to _____ Agent _____ Agency (if agency, complete below)			
Agency Name (as licensed)	Tax ID		
	National Producer Number		
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 540.989.8000 or 888.335.8216 • Fax 540.774.7574</p>			
INTERNAL USE ONLY	Verification from Virginia Bureau of Insurance (Roanoke Office)		
	Type of License	Effective Date	Date Verified
	_____	_____	_____
_____	_____	_____	
_____	_____	_____	