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**AUTHORIZATION TO DELEGATE AGENT**

I hereby authorize Covered California to delegate the agent below on my behalf:

APPLICANT'S FULL NAME (Print): \_\_\_\_\_  
 Address, Phone, Email \_\_\_\_\_

APPLICANT'S LAST 4 DIGITS OF SSN: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

CASE ID# (If application already initiated): \_\_\_\_\_

**Certified Insurance Agent – please fill out applicable information below:**

Complete this section if you are a Covered California certified individual helping someone fill out this application.

I certify that as a Certified Enrollment Counselor, Certified Insurance Agent, or Certified Plan-Based Enroller, I helped the applicant complete this application and that this service was free of charge. I also certify that I gave true and correct answers to all questions on this application as far as I know. I explained to the applicant, in easy-to-understand language, the risk to the applicant of providing inaccurate information, and the applicant understood the explanation.

<input type="checkbox"/> Certified Enrollment Counselor Name: _____	CEC number
Certified Enrollment Entity Name: _____	CEE number
<input checked="" type="checkbox"/> Certified Insurance Agent Name: <b>Steve Shorr</b>	License number <b>596610</b>
<input type="checkbox"/> Certified Plan-Based Enroller    Plan: _____ Name: _____	Certification number
Certified individual's signature 	Date

*The state will not compensate the Covered California Certified Enrollment Entity unless the Certified Enrollment Counselor fills out this section completely and correctly when the application is submitted.*

Steve Shorr Insurance  
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 310.519.1359 Fax