



Storefront APPLICATION



Storefront Change Request Form

To update your Storefront information or discontinue participation in the program, submit this form to Storefront@covered.ca.gov. Provide the **Required Information** in the first section and include only the changes that need to be updated in the **Update** section below. Change requests are only accepted from the Primary Contact. A separate form needs to be filled out for each location.

Required Information																						
Storefront Name (as it appears storefronts.coveredca.com)																						
Physical Address of Storefront																						
Update Information																						
<i>Complete only the fields that need to be changed or updated.</i>																						
<input type="checkbox"/> Click here if you would like to be removed from the Storefront Finder Tool																						
Entity Type	<input type="checkbox"/> Navigator Grantee <input type="checkbox"/> Navigator Grantee Subcontractor <input type="checkbox"/> Certified Application Entity <input type="checkbox"/> Certified Insurance Agent																					
Mailing Address																						
Phone Number for Public Use																						
Phone Number for Covered CA Use																						
E-mail for Public Use																						
E-mail for Covered California Use																						
Website Address																						
Languages Spoken	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">English</td> <td style="width: 33%;">Hindi</td> <td style="width: 33%;">Mandarin</td> </tr> <tr> <td>Arabic</td> <td>Hmong</td> <td>Punjabi</td> </tr> <tr> <td>Armenian</td> <td>Khmer</td> <td>Russian</td> </tr> <tr> <td>Cantonese</td> <td>Korean</td> <td>Spanish</td> </tr> <tr> <td>Farsi</td> <td>Lao</td> <td>Vietnamese</td> </tr> <tr> <td>Filipino (Tagalog)</td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;"><i>Other:</i></td> </tr> </table>	English	Hindi	Mandarin	Arabic	Hmong	Punjabi	Armenian	Khmer	Russian	Cantonese	Korean	Spanish	Farsi	Lao	Vietnamese	Filipino (Tagalog)			<i>Other:</i>		
English	Hindi	Mandarin																				
Arabic	Hmong	Punjabi																				
Armenian	Khmer	Russian																				
Cantonese	Korean	Spanish																				
Farsi	Lao	Vietnamese																				
Filipino (Tagalog)																						
<i>Other:</i>																						

Hours of Operation	<i>Leave blank to indicate Closed</i>	
	Day	Open time
	Sunday	
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
Saturday		

Update Certified Enrollers providing enrollment and renewal assistance at this storefront location

Add Certified Enrollers:	Full Name of Agent or Counselor	Agent License Number or Counselor Calheers ID Number:
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
Remove Certified Enrollers:	Full Name of Agent or Counselor	Agent License Number or Counselor Calheers ID Number:
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
Notes or other edits		

Change Requested by:	
Full Name:	
Agent License or Counselor Calheers ID:	

Submit this form by email to Storefront@covered.ca.gov