

Contracting - Basic Information

First Name: Buckminster

Last Name: Lois

Middle Name: Cara

SSN: 624

Gender: Male

Date Of Birth: 10/09/2023

Cell Phone: Aristotle

Home Phone: Cassady

Fax: Kellie

Email: razeqer@mailinator.com

Married Status: Unmarried

Driver License#: Nash

Driver License State: New
Hampshire

Current Address(Resident):
Ava

City: Kristen

State: Missouri

Zip Code: 678

Move-In Date: 10/09/2023

**Mailing Address (If Different
From Residence):** Ferris

Move-In City: Yuri

Move-In State: Arizona

Move-In Zip: 70

Resident Insurance License #:
Velma

**Resident Insurance License
State:** Alabama

Doing Business As: Aphrodite

Business Name: Jennifer

Tax ID: 555

Principle Agent Name: Graham

Principle Agent Title: Meghan

Business Insurance Licence #:
Abra

Cell Fax: Keane

Office Phone: Armand

Email: xyjofe@mailinator.com

Website:

<https://www.gutagukofizohy.ws>

Business Address: Hadassah

City: Iliana

State: Florida

Zip Code: 49

Move-In Date: 10/09/2023

Company Type: LLC

Contracting - Legal Question Explanation

For contracting and appointment requests, please answer the following questions. If you answer YES to any question, you must provide documentation including a full, detailed explanation and specific dates. Please answer every question including sub questions for clarity.

1. Have you ever been charged or convicted of, or pled guilty or no contest to, any felony, misdemeanor, federal/state insurance and/or securities or investments regulations or statutes?

☒ YES ☐ NO

Explanation:

of, or pled guilty or no contest to, a

1A. Have you ever been convicted of, or pled guilty or no contest to, any felony?

☒ YES ☐ NO

Explanation:

of, or pled guilty or no contest to, a

1B. Have you ever been convicted of, or pled guilty or no contest to, any misdemeanor?

☒ YES ☐ NO

Explanation:

of, or pled guilty or no contest to, a

1C. Have you ever been convicted of, or pled guilty or no contest to, a violation of federal or state securities or investment-related regulations?

☐ YES ☒ NO

1D. Have you ever been convicted of, or pled guilty or no contest to, a violation of state insurance department regulation or statute?

☒ YES ☐ NO

Explanation:

Ullam est iusto dol

1E. Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to income investments or fraud?

☐ YES ☒ NO

1F. Have you ever been charged with a felony?

☒ YES ☐ NO

Explanation:

Laboris impedit duc

1G. Have you ever been charged with a misdemeanor?

☐ YES ☒ NO

1H. Have you ever been on probation?

☐ YES ☒ NO

2. Have you ever been, or are you currently being investigated, have any pending indictments, lawsuits, or have you ever been in a lawsuit with an insurance company?

☒ YES ☐ NO

Explanation:

Quisquam nesciunt a

2A. Are you currently under investigation by any legal or regulatory agency?

☐ YES ☒ NO

2B. Have you been under investigation by any insurance company?

☒ YES ☐ NO

Explanation:

Velit voluptatum ni

2C. Have you ever been, or are you currently involved in any pending indictments, lawsuits, civil judgements or other legal proceedings (civil or criminal) (you may omit family court)?

☐ YES ☒ NO

2D. Have you ever been named as a defendant or co-defendant in a lawsuit, or have you ever sued or been sued by an insurance company?

☒ YES ☐ NO

Explanation:

Animi facere alias

3. Have you ever been alleged to have engaged in any fraud?

☐ YES ☒ NO

4. Have you ever been found to have engaged in any fraud?

☒ YES ☐ NO

Explanation:

of, or pled guilty or no contest to, a

5. Has any insurance or financial services company or broker-dealer terminated your contract or appointment or permitted you to resign for reason other than lack of sales?

☐ YES ☒ NO

5A. Were you fired because you were accused of violating insurance or investment-related statutes, regulations, rules, or industry standards of conduct?

☐ YES ☒ NO

5B. Were you fired because you were accused of fraud or the wrongful taking of property?

☒ YES ☐ NO

Explanation:

of, or pled guilty or no contest to, a

5C. Failure to supervise in connection with insurance or investment-related statutes, regulations, rules, or industry standards of conduct?

☒ YES ☐ NO

Explanation:

of, or pled guilty or no contest to, a

6. Have you ever had an appointment with any insurance company denied or terminated for cause? (If you have been reported to Vector One, answer YES)

☒ YES ☐ NO

Explanation:

Tempore numquam fug

7. Does any insurer, insured, or other person claim any commission chargeback or other indebtedness from you as a result of any insurance transactions or business? (If you have been reported to Vector One, answer YES)

☒ YES ☐ NO

Explanation:

Maxime et commodi el

8. Has any lawsuit or claim ever been made against you, your surety company, or errors and omissions insurer, arising out of your sales or practices, or have you been refused surety bonding or E&O coverage?

☐ YES ☒ NO

8A. Has a bonding or surety company ever denied, paid on, or revoked a bond for you? **8B.** Has any Errors & Omissions company ever denied, paid claims on, or cancelled your coverage?

☐ YES ☒ NO

8B. Has any Errors & Omissions company ever denied, paid claims on, or cancelled your coverage?

☐ YES ☒ NO

9. Have you ever had an insurance or securities license denied, suspended, cancelled, or revoked?

☒ YES ☐ NO

Explanation:

Sit voluptas distin

10. Has any state or federal regulatory body found you to have been a cause of an investment or insurance-related business having its authorization to do business denied, suspended, revoked, or restricted?

☐ YES ☒ NO

11. Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor?

☒ YES ☐ NO

Explanation:

Officia quia volupta

12. Has any state or federal regulatory agency found you to have made a false statement or omission or been dishonest, unfair, or unethical?

☒ YES ☐ NO

Explanation:

Culpa tempora inven

13. Have you ever had any interruptions in licensing?

☒ YES ☐ NO

Explanation:

d an insurance or securities license de

14. Has any state, federal, or self-regulatory agency filed a complaint against you, fined, sanctioned, censured, penalized, or otherwise disciplined you for a violation of their regulations or state or federal statutes?

☒ YES ☐ NO

Explanation:

d an insurance or securities license de

14A. Has any regulatory body ever sanctioned, censured, penalized, or otherwise disciplined you?

☐ YES ☒ NO

14B. Has any state, federal, or self-regulatory agency filed a complaint against you, fined, or sanctioned you?

☐ YES ☒ NO

14C. Have you ever been the subject of a consumer-initiated complaint?

☐ YES ☒ NO

15. Have you personally, or any insurance or securities brokerage firm with whom you have been associated, filed a bankruptcy petition, or declared bankruptcy? 15A. Have you personally filed a bankruptcy petition or declared bankruptcy?

☒ YES ☐ NO

Explanation:

d an insurance or securities license de

15A. Have you personally, or any insurance or securities brokerage firm with whom you have been associated, filed a bankruptcy petition, or declared bankruptcy? 15A. Have you personally filed a bankruptcy petition or declared bankruptcy?

☒ YES ☐ NO

Explanation:

Non commodo incididunt

15B. Has any insurance or securities brokerage firm, with whom you have been associated, filed a bankruptcy petition, or been declared bankrupt, either during your association with them or within 5 years after termination of such an association?

☒ YES ☐ NO

Explanation:

Amet rem delectus

15C. Is the bankruptcy pending?

☒ YES ☐ NO

Explanation:

d an insurance or securities license de

16. Are there any unsatisfied judgements or liens against you?

☒ YES ☐ NO

Explanation:

d an insurance or securities license de

17. Are you connected in any way with a bank, savings & loan association, or other lending or financial institution?

☐ YES ☒ NO

18. Have you ever used any other names or aliases?

☐ YES ☒ NO

19. Do you have any unresolved matters pending with the Internal Revenue Service, or other taxing authority?

☒ YES ☐ NO

Explanation:

Et dignissimos dolor

20. Have you SIGNED CONTRACTS or BEEN PAID COMMISSIONS with any insurance carriers in the last 6 months?

☒ YES ☐ NO

Explanation:

1- Aig 2- Aetna/Accendo 3- American Amicable 4- Americo 5- Ameritas 6- Assurant
7- Athene

Contracting - Address History For The Past 7 Years

Address 1:

Home Address: Ava

City: Kristen

State: Missouri

Zip Code: 678

Move-In Date: 10/09/2023

Move-Out Date:

Contracting - Additional Information

Resident Country: USA

Do you own your home?

☒ YES ☐ NO

City Of Birth: Ciaran

State Of Birth: Alaska

Maiden Name: Valentine

Contracting - Accompanying Documents

I attest that the information I have provided is true to the best of my knowledge. I acknowledge that if any information changes, I will notify my agency office within 5 days of such change. Further, I understand that my agency may contact me when I need to answer carrier-specific questions.

By signing below, I hereby authorize the Company to initiate credit entries and, if necessary, adjustments for credit entries in error to the checking and/or savings account indicated on this form. This authority is to remain in full effect until the Company has received written notice from me for its termination. I understand that this authorization is subject to the terms of any agent or representative contract, commission agreement, or loan agreement that I may have now, or in the future, with the Company.

Signature:



Date: 10/09/2023

INTAKE QUESTIONNAIRE

Personal

Full Name

Jarret Eaton

Date of Birth

07/25/2023

Age

0

Gender

Male

Height

5-11

Weight

190

Type of Profession

Athletics

Contact

Email Address

jae.eaton1@gmail.com

Phone Number

(215)-620-8818

Address

3012 N 32nd st

In case of Emergency Please Contact

Jarret - (215)-620-8818

Medical

Do you have a history of any of the following medical conditions?

- | | |
|--|---|
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Recent Heart Condition | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Cardio Vascular Disease | <input type="checkbox"/> Cancer |

Any history of medical conditions not listed above?

Are you currently taking any medications? If so, please list.

Have you had any previous surgeries or injuries? If so, please list.

INTAKE

QUESTIONNAIRE PG.2

Medical

Please rate your pain in each area on a scale of 0 (no pain) to 10(worst pain possible):

Neck

0

Hips

0

Shoulder

0

Knees

0

Elbow/Wrist

0

Ankles/Feet

0

Upper Back

0

Thigh

0

Lower Back

0

Chest

0

Goals

Please rate your current goals from 1 (most important) to 6 (least important):

Fat Loss

Injury/Recovery

Athletic Performance

Strength & Conditioning

Pain Relief

Improve Range of Motion

General Health

Nutrition

Sport

Position

Track & Field

Competitive Level

Elite Athlete

Participants Name

jarret

Participants Signature

jarret

Date

07/25/2023

WAIVER OF LIABILITY FOR FACILITY AND USE

"I hereby understand and acknowledge that this waiver includes any training, programs, dietary recommendations, supplement recommendations, any and all recommendations, any and all advice, any and all referrals, as well as any events or participation in any activity outside of the Neuro Force One (NF1), a Delaware C-corporation, facility. Such activities may expose me to many inherent risks, including accidents, injury, illness, or even death. I assume all risk of injuries associated with participation including, but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity and all other such risks being known and appreciated by me.

I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity. I acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in. After having read this waiver and knowing these facts, and in consideration of acceptance of my participation and NF1 furnishing services to me, I agree, for myself and anyone entitled to act on my behalf, to HOLD HARMLESS, WAIVE AND RELEASE NF1, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in NF1 training, programs, assessments, dietary recommendations, supplementation recommendations, any and all recommendations, any and all advice, any and all referrals, and/or events.

By my signature I indicate that I have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms."

(Parent's Signature if under 18 years of age)

I represent that I have legal capacity and authority to act on behalf of the minor named herein.

Parent/Guardian Signature

Date

08/09/2023

IMAGE RELEASE FORM

I am at least eighteen years old and competent to understand, consent to and authorize the following. I hereby irrevocably consent to and authorize:

(1) the use by NEURO FORCE ONE INC., a Delaware C-Corp ("NF1") of any and all photographs, video, voice recordings, or other media taken of me by NF1 or its employees, contractors, or agents, including derivative works thereof (collectively, the "**Images**");

(2) any reproduction of the Images in any form in any media whatsoever, whether now known or hereafter created, throughout the world in perpetuity; and

(3) the use of my name or likeness in connection with the exhibition, distribution, merchandising, advertising, and/or publicizing of Images by NF1.

I hereby release and discharge NF1, its managers, members, officers, employees, licensees, representatives, and affiliates from any and all claims, actions, suits or demands of any kind or nature whatsoever, in connection with the use or reproduction of the Images.

I understand and agree that NF1 will be the exclusive owner of all rights (including copyrights) in and to the Images in perpetuity and in any medium now known or hereafter developed. I understand and agree that NF1 may license third parties to use the Images in any manner NF1 may determine in its sole discretion, without any obligation to me. I hereby waive any right that I may have to inspect and/or approve the use of the Images or any reproductions thereof, by NF1.

Signature

Print Name

Date

Address

08/09/2023

City

State

AZ

Cancellation/Late Policy for Training:

NF1 maintains a **12 hour cancellation/rescheduling policy**. If a session is not canceled or rescheduled within 12 hours it will be documented as a “no-show” and it will result in a loss of a session and be charged at 100% of the session cost.

Each client will be granted 1 **Emergency No Show/Cancellation (ENSC) per quarter**. ENSC’s are cancellations made with less than 12 hours notice or a no show due to an emergency. ENSC’s will not be documented as a “no-show” and the client will not be charged for the session.

Any client that exceeds **3 No-Shows** per quarter will be subject to dismissal from the NF1 training program and will not be granted a refund for any prepaid and/or unused training sessions.

If a client shows up, up to 15 minutes after the start of their scheduled training session time they will be considered a **“late-show”**. If a client exceeds 10 late-shows per quarter they will be subject to dismissal from the NF1 training program and will not be granted a refund for any prepaid and/or unused training sessions.

All NF1 training sessions include a **20 minute “grace period”**. The grace period indicates a 20 minute window from the start of the scheduled session time in which the client can still retain the session if they show up late. If a client shows up after the 20 minute grace period it will result in loss of a training session and the client will be charged 100% of the training

session cost.

Zip Code

Signature

dfgdfsgfd

Name (Print)

Jarret Eaton

Date

07/25/2023

Performance Questionnaire

Primary Performance Goals

Game Plan (In Competition)

Past Training History

Past Injuries/Surgeries

Nutrition/Supplementation History

Sleep History

Contract - Basic Information

First Name: Ethan

Last Name: Kelly

Middle Name: Olga

SSN: 340

Gender: Male

Date Of Birth: 10/05/2023

Cell Phone: Diana

Home Phone: Lois

Fax: Kyra

Email: Dustin

Married Status: Married

Driver License#: Cullen

Driver License State: Virginia

Current Address(Resident):
Zephr

City: Gary

State: North Dakota

Zip Code: 343

Move-In Date: 10/04/2023

**Mailing Address (If Different
From Residence):** Adria

Move-In City: Walter

Move-In State: Iowa

Move-In Zip: 597

Resident Insurance License #:
Shelby

**Resident Insurance License
State:** Maine

Doing Business As: Jaden

Business Name: Alexandra

Tax ID: 772

Principle Agent Name: Aileen

Principle Agent Title: Keegan

Business Insurance Licence #:
Logan

Cell Fax: Glenna

Office Phone: Britanni

Email: Deborah

Website: Cara

Business Address: Paki

City: Lenore

State: Alabama

Zip Code: 43

Move-In Date: 10/06/2023

Company Type: LLC

Contract - Legal Question Explanation

For contracting and appointment requests, please answer the following questions. If you answer YES to any question, you must provide documentation including a full, detailed explanation and specific dates. Please answer every question including sub questions for clarity.

1. Have you ever been charged or convicted of, or pled guilty or no contest to, any felony, misdemeanor, federal/state insurance and/or securities or investments regulations or statutes?

☒ YES ☐ NO

Explanation:

Ut debitis at dolore

1A. Have you ever been convicted of, or pled guilty or no contest to, any felony?

☒ YES ☐ NO

Explanation:

Minus nobis quas fug

1B. Have you ever been convicted of, or pled guilty or no contest to, any misdemeanor?

☒ YES ☐ NO

Explanation:

Debitis qui officiis

1C. Have you ever been convicted of, or pled guilty or no contest to, a violation of federal or state securities or investment-related regulations?

☒ YES ☐ NO

Explanation:

Sit vitae quas dicta

1D. Have you ever been convicted of, or pled guilty or no contest to, a violation of state insurance department regulation or statute?

☐ YES ☒ NO

1E. Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to income investments or fraud?

☒ YES ☐ NO

Explanation:

Corrupti consecetu

1F. Have you ever been charged with a felony?

☒ YES ☐ NO

Explanation:

Et in dolore laudant

1G. Have you ever been charged with a misdemeanor?

☐ YES ☒ NO

1H. Have you ever been on probation?

☐ YES ☒ NO

2. Have you ever been, or are you currently being investigated, have any pending indictments, lawsuits, or have you ever been in a lawsuit with an insurance company?

☐ YES ☒ NO

2A. Are you currently under investigation by any legal or regulatory agency?

☐ YES ☒ NO

2B. Have you been under investigation by any insurance company?

☒ YES ☐ NO

Explanation:

In voluptatem Quae

2C. Have you ever been, or are you currently involved in any pending indictments, lawsuits, civil judgements or other legal proceedings (civil or criminal) (you may omit family court)?

☐ YES ☒ NO

2D. Have you ever been named as a defendant or co-defendant in a lawsuit, or have you ever sued or been sued by an insurance company?

☐ YES ☒ NO

3. Have you ever been alleged to have engaged in any fraud?

☐ YES ☒ NO

4. Have you ever been found to have engaged in any fraud?

☐ YES ☒ NO

5. Has any insurance or financial services company or broker-dealer terminated your contract or appointment or permitted you to resign for reason other than lack of sales?

☐ YES ☒ NO

5A. Were you fired because you were accused of violating insurance or investment-related statutes, regulations, rules, or industry standards of conduct?

☐ YES ☒ NO

5B. Were you fired because you were accused of fraud or the wrongful taking of property?

☐ YES ☒ NO

5C. Failure to supervise in connection with insurance or investment-related statutes, regulations, rules, or industry standards of conduct?

☒ YES ☐ NO

Explanation:

Explicabo Odit elit

6. Have you ever had an appointment with any insurance company denied or terminated for cause? (If you have been reported to Vector One, answer YES)

☐ YES ☒ NO

7. Does any insurer, insured, or other person claim any commission chargeback or other indebtedness from you as a result of any insurance transactions or business? (If you have been reported to Vector One, answer YES)

☒ YES ☐ NO

Explanation:

Et recusandae Omnis

8. Has any lawsuit or claim ever been made against you, your surety company, or errors and omissions insurer, arising out of your sales or practices, or have you been refused surety bonding or E&O coverage?

☐ YES ☒ NO

8A. Has a bonding or surety company ever denied, paid on, or revoked a bond for you? 8B. Has any Errors & Omissions company ever denied, paid claims on, or cancelled your coverage?

☒ YES ☐ NO

Explanation:

Illum amet hic et

8B. Has any Errors & Omissions company ever denied, paid claims on, or cancelled your coverage?

☐ YES ☒ NO

9. Have you ever had an insurance or securities license denied, suspended, cancelled, or revoked?

☒ YES ☐ NO

Explanation:

Qui facere minima de

10. Has any state or federal regulatory body found you to have been a cause of an investment or insurance-related business having its authorization to do business denied, suspended, revoked, or restricted?

☐ YES ☒ NO

11. Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor?

☐ YES ☒ NO

12. Has any state or federal regulatory agency found you to have made a false statement or omission or been dishonest, unfair, or unethical?

☐ YES ☒ NO

13. Have you ever had any interruptions in licensing?

☐ YES ☒ NO

14. Has any state, federal, or self-regulatory agency filed a complaint against you, fined, sanctioned, censured, penalized, or otherwise disciplined you for a violation of their regulations or state or federal statutes?

☒ YES ☐ NO

Explanation:

Officiis dolore quis

14A. Has any regulatory body ever sanctioned, censured, penalized, or otherwise disciplined you?

☐ YES ☒ NO

14B. Has any state, federal, or self-regulatory agency filed a complaint against you, fined, or sanctioned you?

☐ YES ☒ NO

14C. Have you ever been the subject of a consumer-initiated complaint?

☒ YES ☐ NO

Explanation:

Nihil eos commodi l

15. Have you personally, or any insurance or securities brokerage firm with whom you have been associated, filed a bankruptcy petition, or declared bankruptcy? 15A. Have you personally filed a bankruptcy petition or declared bankruptcy?

☐ YES ☒ NO

15A. Have you personally, or any insurance or securities brokerage firm with whom you have been associated, filed a bankruptcy petition, or declared bankruptcy? 15A. Have you personally filed a bankruptcy petition or declared bankruptcy?

☒ YES ☐ NO

Explanation:

Quibusdam facere et

15B. Has any insurance or securities brokerage firm, with whom you have been associated, filed a bankruptcy petition, or been declared bankrupt, either during your association with them or within 5 years after termination of such an association?

☒ YES ☐ NO

Explanation:

Nostrum quo ullamco

15C. Is the bankruptcy pending?

☐ YES ☒ NO

16. Are there any unsatisfied judgements or liens against you?

☐ YES ☒ NO

17. Are you connected in any way with a bank, savings & loan association, or other lending or financial institution?

☐ YES ☒ NO

18. Have you ever used any other names or aliases?

☐ YES ☒ NO

19. Do you have any unresolved matters pending with the Internal Revenue Service, or other taxing authority?

☐ YES ☒ NO

I attest that the information I have provided is true to the best of my knowledge. I acknowledge that if any information changes, I will notify my agency office within 5 days of such change. Further, I understand that my agency may contact me when I need to answer carrier-specific questions.

Contract - Accompanying Documents

By signing below, I hereby authorize the Company to initiate credit entries and, if necessary, adjustments for credit entries in error to the checking and/or savings account indicated on this form. This authority is to remain in full effect until the Company has received written notice from me for its termination. I understand that this authorization is subject to the terms of any agent or representative contract, commission agreement, or loan agreement that I may have now, or in the future, with the Company.

Signature:



Date: 10/06/2023

Contract - Address History For The Past 7 Years

Address 1:

Home Address: Zephr

City: Gary

State: North Dakota

Zip Code: 343

Move-In Date: 10/04/2023

Move-Out Date:

Address 2:

Home Address: Zephr

City: Gary

State: North Dakota

Zip Code: 343	Move-In Date: 10/04/2023	Move-Out Date:
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Address 3:

Home Address: Zephr	City: Gary	State: North Dakota
Zip Code: 343	Move-In Date: 10/04/2023	Move-Out Date:

Address 4:

Home Address: Zephr	City: Gary	State: North Dakota
Zip Code: 343	Move-In Date: 10/04/2023	Move-Out Date:

Address 5:

Home Address: Zephr	City: Gary	State: North Dakota
Zip Code: 343	Move-In Date: 10/04/2023	Move-Out Date:

Address 6:

Home Address: Zephr	City: Gary	State: North Dakota
Zip Code: 343	Move-In Date: 10/04/2023	Move-Out Date:

Address 7:

Home Address: Zephr	City: Gary	State: North Dakota
Zip Code: 343	Move-In Date: 10/04/2023	Move-Out Date:

Resident Country: USA

Do you own your home?

☒ YES ☐ NO

City Of Birth: Caldwell

State Of Birth: New Mexico

Maiden Name: Oleg

Contract - Signature Authorization

PLEASE READ THIS AUTHORIZATION, SIGN IN THE BOX BELOW AND SUBMIT THIS FORM BY FOLLOWING THE INSTRUCTIONS PROVIDED ON THE COVER PAGE.

I Ethan Kelly, hereby authorize AllCalls.io, LLC and its general agency customers (the "Authorized Parties") to affix or append a copy of my signature, as set forth below, to any and all required signature fields on forms and agreements of any insurance carrier (a "Carrier") designated by me through the SureLC software or through any other means, including without limitation, by e-mail or orally. The Authorized Parties shall be permitted to complete and submit all such forms and agreements on my behalf for the purpose of becoming authorized to sell Carrier insurance products. I hereby release, indemnify and hold harmless the Authorized Parties against any and all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which they may sustain or incur as a result of carrying out the authority granted hereunder.

By my signature below, I certify that the information I have submitted to the Authorized Parties is correct to the best of my knowledge and acknowledge that I have read and reviewed the forms and agreements which the Authorized Parties have been authorized to affix my signature. I agree to indemnify and hold any third party harmless from and against any and all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which such third party may incur as a result of its reliance on any form or agreement bearing my signature pursuant to this authorization.



Name: Ethan Kelly

Date: 10/06/2023

Contract - Basic Information

First Name: Ethan

Last Name: Kelly

Middle Name: Olga

SSN: 340

Gender: Male

Date Of Birth: 10/05/2023

Cell Phone: Diana

Home Phone: Lois

Fax: Kyra

Email: Dustin

Married Status: Married

Driver License#: Cullen

Driver License State: Virginia

Current Address(Resident):
Zephr

City: Gary

State: North Dakota

Zip Code: 343

Move-In Date: 10/04/2023

**Mailing Address (If Different
From Residence):** Adria

Move-In City: Walter

Move-In State: Iowa

Move-In Zip: 597

Resident Insurance License #:
Shelby

**Resident Insurance License
State:** Maine

Doing Business As: Jaden

Business Name: Alexandra

Tax ID: 772

Principle Agent Name: Aileen

Principle Agent Title: Keegan

Business Insurance Licence #:
Logan

Cell Fax: Glenna

Office Phone: Britanni

Email: Deborah

Website: Cara

Business Address: Paki

City: Lenore

State: Alabama

Zip Code: 43

Move-In Date: 10/06/2023

Company Type: LLC

Contract - Legal Question Explanation

For contracting and appointment requests, please answer the following questions. If you answer YES to any question, you must provide documentation including a full, detailed explanation and specific dates. Please answer every question including sub questions for clarity.

1. Have you ever been charged or convicted of, or pled guilty or no contest to, any felony, misdemeanor, federal/state insurance and/or securities or investments regulations or statutes?

☒ YES ☐ NO

Explanation:

Ut debitis at dolore

1A. Have you ever been convicted of, or pled guilty or no contest to, any felony?

☒ YES ☐ NO

Explanation:

Minus nobis quas fug

1B. Have you ever been convicted of, or pled guilty or no contest to, any misdemeanor?

☒ YES ☐ NO

Explanation:

Debitis qui officiis

1C. Have you ever been convicted of, or pled guilty or no contest to, a violation of federal or state securities or investment-related regulations?

☒ YES ☐ NO

Explanation:

Sit vitae quas dicta

1D. Have you ever been convicted of, or pled guilty or no contest to, a violation of state insurance department regulation or statute?

☐ YES ☒ NO

1E. Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to income investments or fraud?

☒ YES ☐ NO

Explanation:

Corrupti consecetu

1F. Have you ever been charged with a felony?

☒ YES ☐ NO

Explanation:

Et in dolore laudant

1G. Have you ever been charged with a misdemeanor?

☐ YES ☒ NO

1H. Have you ever been on probation?

☐ YES ☒ NO

2. Have you ever been, or are you currently being investigated, have any pending indictments, lawsuits, or have you ever been in a lawsuit with an insurance company?

☐ YES ☒ NO

2A. Are you currently under investigation by any legal or regulatory agency?

☐ YES ☒ NO

2B. Have you been under investigation by any insurance company?

☒ YES ☐ NO

Explanation:

In voluptatem Quae

2C. Have you ever been, or are you currently involved in any pending indictments, lawsuits, civil judgements or other legal proceedings (civil or criminal) (you may omit family court)?

☐ YES ☒ NO

2D. Have you ever been named as a defendant or co-defendant in a lawsuit, or have you ever sued or been sued by an insurance company?

☐ YES ☒ NO

3. Have you ever been alleged to have engaged in any fraud?

☐ YES ☒ NO

4. Have you ever been found to have engaged in any fraud?

☐ YES ☒ NO

5. Has any insurance or financial services company or broker-dealer terminated your contract or appointment or permitted you to resign for reason other than lack of sales?

☐ YES ☒ NO

5A. Were you fired because you were accused of violating insurance or investment-related statutes, regulations, rules, or industry standards of conduct?

☐ YES ☒ NO

5B. Were you fired because you were accused of fraud or the wrongful taking of property?

☐ YES ☒ NO

5C. Failure to supervise in connection with insurance or investment-related statutes, regulations, rules, or industry standards of conduct?

☒ YES ☐ NO

Explanation:

Explicabo Odit elit

6. Have you ever had an appointment with any insurance company denied or terminated for cause? (If you have been reported to Vector One, answer YES)

☐ YES ☒ NO

7. Does any insurer, insured, or other person claim any commission chargeback or other indebtedness from you as a result of any insurance transactions or business? (If you have been reported to Vector One, answer YES)

☒ YES ☐ NO

Explanation:

Et recusandae Omnis

8. Has any lawsuit or claim ever been made against you, your surety company, or errors and omissions insurer, arising out of your sales or practices, or have you been refused surety bonding or E&O coverage?

☐ YES ☒ NO

8A. Has a bonding or surety company ever denied, paid on, or revoked a bond for you? 8B. Has any Errors & Omissions company ever denied, paid claims on, or cancelled your coverage?

☒ YES ☐ NO

Explanation:

Illum amet hic et

8B. Has any Errors & Omissions company ever denied, paid claims on, or cancelled your coverage?

☐ YES ☒ NO

9. Have you ever had an insurance or securities license denied, suspended, cancelled, or revoked?

☒ YES ☐ NO

Explanation:

Qui facere minima de

10. Has any state or federal regulatory body found you to have been a cause of an investment or insurance-related business having its authorization to do business denied, suspended, revoked, or restricted?

☐ YES ☒ NO

11. Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor?

☐ YES ☒ NO

12. Has any state or federal regulatory agency found you to have made a false statement or omission or been dishonest, unfair, or unethical?

☐ YES ☒ NO

13. Have you ever had any interruptions in licensing?

☐ YES ☒ NO

14. Has any state, federal, or self-regulatory agency filed a complaint against you, fined, sanctioned, censured, penalized, or otherwise disciplined you for a violation of their regulations or state or federal statutes?

☒ YES ☐ NO

Explanation:

Officiis dolore quis

14A. Has any regulatory body ever sanctioned, censured, penalized, or otherwise disciplined you?

☐ YES ☒ NO

14B. Has any state, federal, or self-regulatory agency filed a complaint against you, fined, or sanctioned you?

☐ YES ☒ NO

14C. Have you ever been the subject of a consumer-initiated complaint?

☒ YES ☐ NO

Explanation:

Nihil eos commodi l

15. Have you personally, or any insurance or securities brokerage firm with whom you have been associated, filed a bankruptcy petition, or declared bankruptcy? 15A. Have you personally filed a bankruptcy petition or declared bankruptcy?

☐ YES ☒ NO

15A. Have you personally, or any insurance or securities brokerage firm with whom you have been associated, filed a bankruptcy petition, or declared bankruptcy? 15A. Have you personally filed a bankruptcy petition or declared bankruptcy?

☒ YES ☐ NO

Explanation:

Quibusdam facere et

15B. Has any insurance or securities brokerage firm, with whom you have been associated, filed a bankruptcy petition, or been declared bankrupt, either during your association with them or within 5 years after termination of such an association?

☒ YES ☐ NO

Explanation:

Nostrum quo ullamco

15C. Is the bankruptcy pending?

☐ YES ☒ NO

16. Are there any unsatisfied judgements or liens against you?

☐ YES ☒ NO

17. Are you connected in any way with a bank, savings & loan association, or other lending or financial institution?

☐ YES ☒ NO

18. Have you ever used any other names or aliases?

☐ YES ☒ NO

19. Do you have any unresolved matters pending with the Internal Revenue Service, or other taxing authority?

☐ YES ☒ NO

I attest that the information I have provided is true to the best of my knowledge. I acknowledge that if any information changes, I will notify my agency office within 5 days of such change. Further, I understand that my agency may contact me when I need to answer carrier-specific questions.

Contract - Accompanying Documents

By signing below, I hereby authorize the Company to initiate credit entries and, if necessary, adjustments for credit entries in error to the checking and/or savings account indicated on this form. This authority is to remain in full effect until the Company has received written notice from me for its termination. I understand that this authorization is subject to the terms of any agent or representative contract, commission agreement, or loan agreement that I may have now, or in the future, with the Company.

Signature:



Date: 10/06/2023

Contract - Address History For The Past 7 Years

Address 1:

Home Address: Zephr

City: Gary

State: North Dakota

Zip Code: 343

Move-In Date: 10/04/2023

Move-Out Date:

Address 2:

Home Address: Zephr

City: Gary

State: North Dakota

Zip Code: 343

Move-In Date: 10/04/2023

Move-Out Date:

Address 3:

Home Address: Zephr

City: Gary

State: North Dakota

Zip Code: 343

Move-In Date: 10/04/2023

Move-Out Date:

Address 4:

Home Address: Zephr

City: Gary

State: North Dakota

Zip Code: 343

Move-In Date: 10/04/2023

Move-Out Date:

Address 5:

Home Address: Zephr

City: Gary

State: North Dakota

Zip Code: 343

Move-In Date: 10/04/2023

Move-Out Date:

Address 6:

Home Address: Zephr

City: Gary

State: North Dakota

Zip Code: 343

Move-In Date: 10/04/2023

Move-Out Date:

Address 7:

Home Address: Zephr

City: Gary

State: North Dakota

Zip Code: 343

Move-In Date: 10/04/2023

Move-Out Date:

Resident Country: USA

Do you own your home?

☒ YES ☐ NO

City Of Birth: Caldwell

State Of Birth: New Mexico

Maiden Name: Oleg

Contract - Signature Authorization

PLEASE READ THIS AUTHORIZATION, SIGN IN THE BOX BELOW AND SUBMIT THIS FORM BY FOLLOWING THE INSTRUCTIONS PROVIDED ON THE COVER PAGE.

I Ethan Kelly, hereby authorize AllCalls.io, LLC and its general agency customers (the "Authorized Parties") to affix or append a copy of my signature, as set forth below, to any and all required signature fields on forms and agreements of any insurance carrier (a "Carrier") designated by me through the SureLC software or through any other means, including without limitation, by e-mail or orally. The Authorized Parties shall be permitted to complete and submit all such forms and agreements on my behalf for the purpose of becoming authorized to sell Carrier insurance products. I hereby release, indemnify and hold harmless the Authorized Parties against any and all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which they may sustain or incur as a result of carrying out the authority granted hereunder.

By my signature below, I certify that the information I have submitted to the Authorized Parties is correct to the best of my knowledge and acknowledge that I have read and reviewed the forms and agreements which the Authorized Parties have been authorized to affix my signature. I agree to indemnify and hold any third party harmless from and against any and all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which such third party may incur as a result of its reliance on any form or agreement bearing my signature pursuant to this authorization.



Name: Ethan Kelly

Date: 10/06/2023

INTAKE QUESTIONNAIRE

Personal

Full Name

Jarret Eaton

Date of Birth

07/25/2023

Age

0

Gender

Male

Height

5-11

Weight

190

Type of Profession

Athletics

Contact

Email Address

jae.eaton1@gmail.com

Phone Number

(215)-620-8818

Address

3012 N 32nd st

In case of Emergency Please Contact

Jarret - (215)-620-8818

Medical

Do you have a history of any of the following medical conditions?

☐ Pregnancy

☐ Headaches

☐ Epilepsy

☐ High Blood Pressure

☐ Recent Heart Condition

☐ Cardio Vascular Disease

☐ Pacemaker

☐ Hypertension

☐ Diabetes

☐ High Cholesterol

☐ Asthma

☐ Cancer

Any history of medical conditions not listed above?

Are you currently taking any medications? If so, please list.

Have you had any previous surgeries or injuries? If so, please list.

INTAKE

QUESTIONNAIRE PG.2

Medical

Please rate your pain in each area on a scale of 0 (no pain) to 10(worst pain possible):

Neck

0

Hips

0

Shoulder

0

Knees

0

Elbow/Wrist

0

Ankles/Feet

0

Upper Back

0

Thigh

0

Lower Back

0

Chest

0

Goals

Please rate your current goals from 1 (most important) to 6 (least important):

Fat Loss

Injury/Recovery

Athletic Performance

Strength & Conditioning

Pain Relief

Improve Range of Motion

General Health

Nutrition

Sport

Position

Track & Field

Competitive Level

Elite Athlete

Participants Name

jarret

Participants Signature

jarret

Date

07/25/2023

WAIVER OF LIABILITY FOR FACILITY AND USE

"I hereby understand and acknowledge that this waiver includes any training, programs, dietary recommendations, supplement recommendations, any and all recommendations, any and all advice, any and all referrals, as well as any events or participation in any activity outside of the Neuro Force One (NF1), a Delaware C-corporation, facility. Such activities may expose me to many inherent risks, including accidents, injury, illness, or even death. I assume all risk of injuries associated with participation including, but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity and all other such risks being known and appreciated by me.

I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity. I acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in. After having read this waiver and knowing these facts, and in consideration of acceptance of my participation and NF1 furnishing services to me, I agree, for myself and anyone entitled to act on my behalf, to HOLD HARMLESS, WAIVE AND RELEASE NF1, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in NF1 training, programs, assessments, dietary recommendations, supplementation recommendations, any and all recommendations, any and all advice, any and all referrals, and/or events.

By my signature I indicate that I have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms."

(Parent's Signature if under 18 years of age)

I represent that I have legal capacity and authority to act on behalf of the minor named herein.

Parent/Guardian Signature

Date

08/09/2023

IMAGE RELEASE FORM

I am at least eighteen years old and competent to understand, consent to and authorize the following. I hereby irrevocably consent to and authorize:

(1) the use by NEURO FORCE ONE INC., a Delaware C-Corp ("NF1") of any and all photographs, video, voice recordings, or other media taken of me by NF1 or its employees, contractors, or agents, including derivative works thereof (collectively, the "**Images**");

(2) any reproduction of the Images in any form in any media whatsoever, whether now known or hereafter created, throughout the world in perpetuity; and

(3) the use of my name or likeness in connection with the exhibition, distribution, merchandising, advertising, and/or publicizing of Images by NF1.

I hereby release and discharge NF1, its managers, members, officers, employees, licensees, representatives, and affiliates from any and all claims, actions, suits or demands of any kind or nature whatsoever, in connection with the use or reproduction of the Images.

I understand and agree that NF1 will be the exclusive owner of all rights (including copyrights) in and to the Images in perpetuity and in any medium now known or hereafter developed. I understand and agree that NF1 may license third parties to use the Images in any manner NF1 may determine in its sole discretion, without any obligation to me. I hereby waive any right that I may have to inspect and/or approve the use of the Images or any reproductions thereof, by NF1.

Signature

Print Name

Date

Address

08/09/2023

City

State

AZ

Cancellation/Late Policy for Training:

NF1 maintains a **12 hour cancellation/rescheduling policy**. If a session is not canceled or rescheduled within 12 hours it will be documented as a “no-show” and it will result in a loss of a session and be charged at 100% of the session cost.

Each client will be granted 1 **Emergency No Show/Cancellation (ENSC) per quarter**. ENSC’s are cancellations made with less than 12 hours notice or a no show due to an emergency. ENSC’s will not be documented as a “no-show” and the client will not be charged for the session.

Any client that exceeds **3 No-Shows** per quarter will be subject to dismissal from the NF1 training program and will not be granted a refund for any prepaid and/or unused training sessions.

If a client shows up, up to 15 minutes after the start of their scheduled training session time they will be considered a **“late-show”**. If a client exceeds 10 late-shows per quarter they will be subject to dismissal from the NF1 training program and will not be granted a refund for any prepaid and/or unused training sessions.

All NF1 training sessions include a **20 minute “grace period”**. The grace period indicates a 20 minute window from the start of the scheduled session time in which the client can still retain the session if they show up late. If a client shows up after the 20 minute grace period it will result in loss of a training session and the client will be charged 100% of the training

session cost.

Zip Code

Name (Print)

Jarret Eaton

Signature

dfgdfsgfd

Date

07/25/2023

Performance Questionnaire

Primary Performance Goals

Game Plan (In Competition)

Past Training History

Past Injuries/Surgeries

Nutrition/Supplementation History

Sleep History

Contracting - Signature Authorization

PLEASE READ THIS AUTHORIZATION, SIGN IN THE BOX BELOW AND SUBMIT THIS FORM BY FOLLOWING THE INSTRUCTIONS PROVIDED ON THE COVER PAGE.

I Buckminster Lois, hereby authorize AllCalls.io, LLC and its general agency customers (the "Authorized Parties") to affix or append a copy of my signature, as set forth below, to any and all required signature fields on forms and agreements of any insurance carrier (a "Carrier") designated by me through the SureLC software or through any other means, including without limitation, by e-mail or orally. The Authorized Parties shall be permitted to complete and submit all such forms and agreements on my behalf for the purpose of becoming authorized to sell Carrier insurance products. I hereby release, indemnify and hold harmless the Authorized Parties against any and all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which they may sustain or incur as a result of carrying out the authority granted hereunder.

By my signature below, I certify that the information I have submitted to the Authorized Parties is correct to the best of my knowledge and acknowledge that I have read and reviewed the forms and agreements which the Authorized Parties have been authorized to affix my signature. I agree to indemnify and hold any third party harmless from and against any and all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which such third party may incur as a result of its reliance on any form or agreement bearing my signature pursuant to this authorization.



Name: Buckminster Lois

Date: 10/09/2023