

LINCOLN BENEFIT

Contracting Guidelines

To set up Corporation and Principal:

Confidential Personal Info Form

- Step 1 – contract type is Corporation / Firm
- Step 2 – fill out on Principal
- Step 3 – fill out on Corporation
- Step 9 – Principal signs

Principal signs the General Agent's Agreement – Appointment on the left side

Principal signs twice on the Special Agent's Agreement – Appointment on both sides

Principal signs Waiver of Coverage, Release Auth. & Fair Credit Reporting Act Discl.

Copy of License for Corporation and Principal

Copy of E&O

Other agent's commissions to be assigned to the Corporation:

Confidential Personal Info Form

- Step 1 – contract type is Individual
- Step 2 – fill out on Agent
- Step 3 – leave blank
- Step 9 – Agent signs

Agent signs the Special Agent's Agreement – Appointment on the left side

Principle signs the Special Agent's Agreement – Appointment on the right side

Agent signs Waiver of Coverage, Release Auth. & Fair Credit Reporting Act Discl.

Copy of Agent's license

Copy of E&O

Commissions paid direct to agent:

- Fill out Confidential Personal Information Form
- Sign the General Agent's Agreement – Appointment on the left side
- Sign Waiver of Coverage, Release Auth. & Fair Credit Reporting Act Discl.
- Copy of License
- Copy of E&O

LINCOLN BENEFIT LIFE
COMPANY

A Member of Allstate Financial Group

PO Box 80469, Lincoln, NE 68501-0469
Phone: 800-525-9287 Fax: 402-328-6118
Email Address for Licensing Questions: lblicdpt@allstate.com

CONFIDENTIAL PERSONAL INFORMATION FORM

Please type or print this form in black ink clearly and fully.

Step 1 Contract Type (please check only one)

Contract is for: ☐ Individual ☐ Corporation/Firm (Also complete a Corporate Agency Guaranty Form LBL-1219)

Step 2 Individual Applicants Information

If applying for a Corporation/Firm contract, please answer the questions in step 2 on principal of the organization.

Social Security Number: - - Gender: ☐ Male ☐ Female
Required

Name (as appears on Resident License):

First

Middle

Last

Date of Birth: ____/____/____ E-mail Address: annuity@cpsinsurance.com

Business Phone: (949) 863-0700 Fax: (949) 863-9318 Home Phone: ()

Business Name: _____

Business Address: 9 Corporate Park Dr. #100 Irvine CA 92606
Street Suite Number City State Zip

Home Address: _____
Street Apt. Number City State Zip

Step 3 Corporate/Firm Applicant Information

Individual Applicants Do Not complete Step 3.

Tax ID Number: -
Required

Type of Agency/Firm: ☐ Corporation ☐ Partnership/Sole Prop.

Firm Name: _____ Firm Phone: ()

Firm Address: _____
Street Suite Number City State Zip

Firm Fax #: () Firm E-mail Address: _____

Step 4 License Data

Attach a current copy of your resident insurance license. License #: _____

Attach a current copy of any non-resident insurance license where you want to be appointed: _____

For Appointments in Georgia or Massachusetts also submit the appropriate state appointment form.

Step 5 E & O Insurance (please check only one)

- ☐ I currently maintain E&O coverage (individually or through an agency) meeting the standards established by LBL. Attached is a current copy of the E&O policies Declaration Page showing policy number, expiration date and a minimum limit of \$1 million per claim (If covered by an agency, the declaration page is accompanied by an endorsement page naming me as an insured under the policy.)
- ☐ I am exempt from the E&O requirement because I am contracted directly under a bank with LBL
- ☐ I am exempt from the E&O requirement because I am registered with a Broker/Dealer and am including my CRD# _____ or Broker/Dealer name _____
- ☐ I have applied for E&O coverage with AON and my application is pending.

Step 6 NASD Registration

Complete Step 6 only if requesting a variable appointment.

CRD #: _____

Broker Dealer: _____

(Print)
Wholesaler Name (if applicable): _____

Step 7 Regulatory & Background Questions

Please answer the following questions on the individual agent or the principal of the corporation/agency applying for the contract.

- (1) Have you ever been charged with a felony? ☐ Yes ☐ No
- (2) Have you ever been charged with a misdemeanor including allegations of fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion or a conspiracy to commit any of these offenses? ☐ Yes ☐ No
- (3) Have you individually, or has a company you exercised control over, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition? ☐ Yes ☐ No
- (4) Has any regulatory body ever suspended or revoked any insurance, securities or other professional license? ☐ Yes ☐ No

If you answered "yes" to any of the above questions, attach explanations.

Step 8 Direct Deposit of Commissions

Having your commissions direct deposited is optional, however, it can speed up the receipt of your commissions by several days.

☐ I wish to have my commissions Direct Deposited (for direct deposit of variable commissions, please contact your Broker Dealer)

Fax # for pre-deposit notification (optional): (_____) _____

*** ATTACH YOUR VOIDED CHECK / SAVINGS DEPOSIT SLIP ***

Bank institution name: _____

Bank institution address: _____

Type of Account: ☐ Checking ☐ Savings Account #. _____ Routing # _____

By signing below,

I authorize and request Lincoln Benefit Life Company to direct the net amount of any payment to me for crediting in my account at the financial institution designated above. "Payment" means any compensation payable to me under the terms of my contract. This authorization is not an assignment of my rights to receive such payment and revokes all prior payment direction notifications applicable to any such payment. I understand that the financial institution designated above reserves the right to cancel this agreement by notice to me; however, the authorization will remain in full force and effect with Lincoln Benefit Life Company until Lincoln Benefit Life Company has received written notification from me of its termination in such time and in such manner as to afford Lincoln Benefit Life Company a reasonable opportunity to act upon it.

Step 9 Certification & Authorization

Certification - Under penalties of perjury, I certify that (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Authorization for Release of Information - I hereby authorize any bank, credit bureau, financial institution, insurance company, agency, court of law, person, or organization that has any records or knowledge of my financial status, credit standing, or criminal history to give Lincoln Benefit Life or their representative any such information. It is our policy to develop background information on agents who wish to be appointed with our company using credit reports and criminal court records (involving convictions only). If as a result of the investigation, we are unable to appoint you, we will notify you. Subsequent credit reports and criminal court records reports may be requested from time to time in order to update our files.

I agree not to solicit business for Lincoln Benefit Life until my license is in my possession and when the company notifies me that I am qualified to write business for this company.

I certify that the information and answers to the questions on this processing form are true and correct to the best of my knowledge. Information found to be incorrect may result in termination.

We certify that the information you have entered here will be held in strict confidence.

PLEASE SIGN HERE:  DATE: _____

Before submitting to Home Office, include a contract signed by you and your recruiter, as well as the attached Fair Credit Reporting Act (FCRA) form.

**LINCOLN BENEFIT LIFE
C O M P A N Y**

A Member of Allstate Financial Group

**Release Authorization,
Fair Credit Reporting Act Disclosure and California Investigative Reporting Act Disclosure
Regarding Procurement of A Consumer Report and An Investigative Consumer Report
CALIFORNIA RESIDENT AGENTS ONLY**

This is to notify you that Lincoln Benefit Life Company ("LBL") may procure a consumer report on you as part of the process of considering your agent application or determining whether you meet our contracting standards. The consumer report is based on public information relating to you. In the event that information from the consumer report is utilized, in whole or in part, in making an adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act before making the adverse decision.

Please be advised that we may also obtain an investigative consumer report on you. An investigative consumer report includes information as to your character, general reputation, personal characteristics, and mode of living. In California, this report may be covered under the California Investigative Consumer Reporting Agencies Act (the "CICRAA"). LBL will procure this report using an Investigative Consumer Reporting Agency. The exact nature and scope of the report requested by LBL includes: Social Security Number Verification, County Criminal Records Search, Bankruptcy Search, Tax Lien Search and Insurance Background Search. This information may also be obtained by contacting your present and previous employers or references supplied by you. The Investigative Consumer Reporting Agency contracted to prepare the report is:

Business Information Group, Inc.
PO Box 130
Southampton, PA 18966
1-800-260-1680

This release and authorization shall remain valid and in effect for the duration of your contract with us. We reserve the right, where permitted by law, to run subsequent consumer reports and/or investigative consumer reports on an as-needed basis. You may revoke this Authorization at any time, provided that the revocation is in writing, except to the extent that LBL has taken actions relying on this Authorization. If you would like to revoke this Authorization, please send a written revocation to: Lincoln Benefit Life Company, P.O. Box 80469, Lincoln, NE 68506-0469.

LBL will not request a subsequent investigative consumer report for California residents without obtaining a new Release Authorization form signed by you, unless obtaining the investigative consumer report is otherwise authorized under the CICRAA.

Under the CICRAA, you have a right to request a copy of the consumer report from the Investigative Consumer Reporting Agency named above. Attached you will find a copy of Section 1786.22 of the CICRAA outlining the rights that you have to access the information contained in the investigative consumer report. You may also obtain a copy of the consumer report or investigative consumer report from LBL by checking the box below.

By signing below, I hereby authorize LBL and its affiliates to obtain a consumer report and/or an investigative report about me from Business Information Group, Inc. in order to process my agent application. In addition, I also authorize all entities having information about me, including present and former employers, criminal justice agencies, departments of motor vehicles, schools, and credit reporting agencies, to release such information to Business Information Group, Inc. and/or LBL or its affiliates.

Signature: X Date: _____

FOR CALIFORNIA RESIDENTS:

☐ I wish to be provided with a copy of the report obtained from Business Information Group.

Please print the following information:

Name: _____

Home Address: _____

City/State/Zip: _____

Date of Birth*: _____ Social Security Number: _____

* Date of Birth required for background investigation purposes only, and will be used for no other purposes.

Applicants: Please retain a copy for your files.

Lincoln Benefit Life Company
2940 South 84th Street Lincoln, Nebraska 68506-4142 Phone 800.525.9287 Fax 402.328.6118 Email lblcdpt@allstate.com
LBL-6313, Rev. 12/02

**LINCOLN BENEFIT LIFE
C O M P A N Y**

A Member of Allstate Financial Group

**Release Authorization and
Fair Credit Reporting Act Disclosure
Regarding Procurement of A Consumer Report**

This is to notify you that in connection with your agent application, we may procure a consumer report on you as part of the process of considering your application or determining whether you meet our contracting standards. In the event that information from the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act.

Please be advised that we may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested.

This release and authorization shall remain valid and in effect for the duration of your contract with us. We reserve the right to run subsequent consumer reports and/or investigative consumer reports on an as-needed basis.

You may revoke this Authorization at any time, provided that the revocation is in writing, except to the extent that Lincoln Benefit Life has taken actions relying on this Authorization. If you would like to revoke this Authorization, please send a written revocation to: Lincoln Benefit Life, P.O. Box 80469, Lincoln, NE 68506-0469.

By signing below, I hereby authorize Lincoln Benefit Life and its affiliates to obtain a consumer report and/or an investigative report about me in order to process my agent application. In addition, I also authorize all entities having information about me, including present and former employers, criminal justice agencies, departments of motor vehicles, schools, and credit reporting agencies, to release such information to Lincoln Benefit Life and its affiliates.

Signature: X Date: _____

Please print the following information:

Name: _____

Home Address: _____

City/State/Zip: _____

Date of Birth*: _____

Social Security Number: _____

* Date of Birth required for background investigation purposes only, and will be used for no other purposes.

Applicants: Please retain a copy for your files.

Lincoln Benefit Life Company

2940 South 84th Street Lincoln, Nebraska 68506-4142 Phone 800.525.9287 Fax 402.328.6118 Email lblicdpt@aallstate.com
LBL-6221, Rev. 08/02

LINCOLN BENEFIT LIFE COMPANY

WAIVER OF COVERAGE FORM

- ☐ I elect to maintain outside coverage and not participate in the E&O plan available to the agents of Lincoln Benefit Life and Allstate Financial Services, LLC.
- ☐ I am exempt from the E&O requirement because:
- ☐ I am contracted directly under a bank with LBL.
- ☐ I am registered with a broker/dealer and I have attached a copy of my U4 status report dated within 6 months.

Name: _____

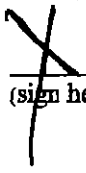
Lincoln Benefit Life Agent Number: _____

Social Security Number: _____

- ATTACH A COPY OF YOUR E&O POLICY DECLARATION PAGE AND SIGN BELOW. IF AN AGENCY YOU ARE AFFILIATED WITH PROVIDES YOU WITH COVERAGE UNDER THEIR POLICY, COMPLETE AND SIGN THE STATEMENT BELOW.

I am covered under _____'s
(name of agency)

E&O policy. I have attached a copy of the agency's policy declaration page showing coverage of at least \$1 million and the policy endorsement page naming me as insured under the policy.



(sign here)

LBL ID #: 0000000001

Lincoln Benefit Life Company, Lincoln, Nebraska
GENERAL AGENT'S AGREEMENT — APPOINTMENT

GENERAL AGENT:

Name: _____

By: _____
(Signature of Agent or Firm Principal)

(Print or Type Name and Title Here)

Date: _____

**BENEFICIARY TO RECEIVE COMMISSIONS PAYABLE
AFTER DEATH (LIMITED TO ONE INDIVIDUAL):**

Name of Beneficiary: _____

(Print or Type Name Here)

Relationship: _____

RECRUITING ORGANIZATION:

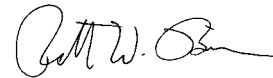
Name: _____

By: _____
(Signature of Agent or Firm Principal)

(Print or Type Name and Title Here)

Recruiter's Agent #: _____

LINCOLN BENEFIT LIFE COMPANY:



By: Robert W. Birman, Vice President

Contract Effective Date: _____

COMMISSION SCHEDULE FORM: LBL-2401-GA

Lincoln Benefit Life Company ("**LBL**") hereby appoints the individual or entity named above as its **GENERAL AGENT** ("**GA**" or "**you**") with duties, powers, and obligations as herein set forth, and **GA** hereby accepts the appointment on the terms and conditions set forth herein. The provisions stated in all supplements, Commission Rules, and Schedule of Commissions are incorporated into and made a part of this Agreement. **Effective Date** -- This Agreement shall become effective on the date shown above. If any provision of the Agreement is now or shall in the future be in conflict with any applicable law or any valid Department of Insurance ruling or order, it shall be modified to the extent necessary for compliance. This Agreement shall supersede all previous agreements between the parties.

Authority — You are authorized to act as an Agent on behalf of **LBL** for the purpose of developing and supervising the distribution of **LBL's** insurance products. Specifically, you are authorized to:

- 1) Recruit and recommend persons for appointment by **LBL** as insurance agents.
- 2) Train and supervise such agents in accordance with the standards of **LBL** and the requirements of the state or states in which they are licensed and in which they act as an agent for **LBL**.
- 3) Solicit applications for the policies of insurance and annuity contracts written by **LBL** and approved for marketing.

Responsibilities — You are required to follow certain guidelines while exercising the authority granted under this Agreement. These guidelines include, but are not limited to, the following:

- 1) For any applications solicited by you, you shall submit such applications when received to **LBL**. You shall also collect the first premium and transmit all collections immediately to **LBL**.

- 2) You shall promptly deliver any policy or contract issued by **LBL** to owner of the policy or contract. In no event shall delivery take longer than thirty (30) days from the date you receive the policy or contract. In the event delivery will take longer than thirty (30) days, you are required to notify **LBL**.
- 3) You shall make reasonable effort to preserve business issued by **LBL** and to maintain in force policies issued by **LBL**.
- 4) You shall at all times comply with the rules and regulations of **LBL** pertaining to underwriting practices, acceptance of risks, delivery of policies, and all other areas of conduct for **LBL's** business.
- 5) Licensing of agents shall be in compliance with statutory and regulatory requirements of the Departments of Insurance or other regulatory agencies and in accordance with the standards and procedures established by **LBL**. Neither you nor any of your agents shall solicit business for **LBL** until you are notified in writing by **LBL** that you or they are qualified to write business for **LBL**.
- 6) You shall notify **LBL** immediately upon becoming aware of any misdemeanor or felony criminal convictions (excluding minor traffic citations) relating to you, your employees, or any agent licensed under you and appointed with **LBL**.

Lincoln Benefit Life Company, Lincoln, Nebraska

SPECIAL AGENT'S AGREEMENT — APPOINTMENT

SPECIAL AGENT:

Name: _____

By: _____
(Signature of Agent or Firm Principal)

(Print or Type Name and Title Here)

Date: _____

RECRUITING ORGANIZATION:

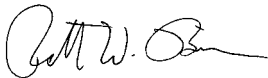
Name: _____

By: _____
(Signature of Agent or Firm Principal)

(Print or Type Name and Title Here)

Recruiter's Agent #: _____

LINCOLN BENEFIT LIFE COMPANY:



By: Robert W. Birman, Vice President

Contract Effective Date: _____

Lincoln Benefit Life Company ("**LBL**") hereby appoints the individual or entity named above as its **SPECIAL AGENT** ("**SA**" or "**you**") with duties, powers, and obligations as herein set forth, and **SA** hereby accepts the appointment on the terms and conditions set forth herein. The provisions stated in all supplements are incorporated into and made a part of this Agreement. **Effective Date** -- This Agreement shall become effective on the date shown above. If any provision of the Agreement is now or shall in the future be in conflict with any applicable law or any valid Department of Insurance ruling or order, it shall be modified to the extent necessary for compliance. This Agreement shall supersede all previous agreements between the parties.

Authority — You are authorized to act as an Agent on behalf of **LBL** for the purpose of developing and supervising the distribution of **LBL's** insurance products. Specifically, you are authorized to:

- 1) Solicit applications for the policies of insurance and annuity contracts written by **LBL** and approved for marketing.

Responsibilities — You are required to follow certain guidelines while exercising the authority granted under this Agreement. These guidelines include, but are not limited to, the following:

- 1) For any applications solicited by you, you shall submit such applications when received to **LBL**. You shall also collect the first premium and transmit all collections immediately to **LBL**.
- 2) You shall promptly deliver any policy or contract issued by **LBL** to owner of the policy or contract. In no event shall delivery take longer than thirty (30) days from the date you receive the policy or contract. In the event delivery will take longer than thirty (30) days, you are required to notify **LBL**.
- 3) You shall make reasonable effort to preserve business issued by **LBL** and to maintain in force policies issued by **LBL**.
- 4) You shall at all times comply with the rules and regulations of **LBL** pertaining to underwriting practices, acceptance of risks, delivery of policies, and all other areas of conduct for **LBL's** business.

- 5) Licensing of agents shall be in compliance with statutory and regulatory requirements of the Departments of Insurance or other regulatory agencies and in accordance with the standards and procedures established by **LBL**. Neither you nor any of your agents shall solicit business for **LBL** until you are notified in writing by **LBL** that you or they are qualified to write business for **LBL**.
- 6) You shall notify **LBL** immediately upon becoming aware of any misdemeanor or felony criminal convictions (excluding minor traffic citations) relating to you, your employees, or any agent licensed under you and appointed with **LBL**.
- 7) Comply with **LBL's** policies and procedures concerning the replacement of life insurance policies and annuity contracts. A replacement occurs whenever an existing policy or contract is terminated, converted, or otherwise changed in value. For any transaction involving a replacement, **LBL** requires you to:
 - a) recommend the replacement only when replacement is in the best interest of the customer;
 - b) fully disclose any and all relevant information to the customer, including: (i) comparing old and new premium expenses, surrender charges, cash values, and death benefits; (ii) any specific loss of cash value or policy value related to surrendering the existing policy; (iii) all guaranteed and maximum values of both policies; (iv) whether a new contestability period and/or suicide clause will start under the new policy; and (v) whether the customer will have to resubmit to underwriting to purchase the new policy;

DUAL CONTRACTING REQUEST

AGENT DUAL CONTRACTING POLICY

1. All contracted agents are limited to two active fixed contracts.
2. Agents are **ONLY** allowed to be dually contracted at current contract level (or lower).
3. Both recruiters will be notified of this request.
4. Lincoln Benefit Life will **NOT** transfer issued business under this new agent number
5. A new contract must be submitted with this request.
6. This request needs to be processed by Lincoln Benefit Life prior to submitting business applications under this contract.
7. Agents are **ONLY** allowed to dual contract after their initial first six months of being contracted with Lincoln Benefit Life.

PLEASE COMPLETE BELOW:

X

Agent Signature

Current Agent Number

Please Print Name

Date

Signature of Recruiter Requesting Dual Contract

13775

Recruiter Agent Number

CPS INSURANCE SERVICES- Peter J. Holden, Principal

Please Print Name

Date

IDENTIFY ALL BUSINESS APPLICATIONS BEING SUBMITTED WITH THIS REQUEST:

LAST NAME	FIRST NAME	M. I.	POLICY NUMBER	PART 1 DATE
				/ /
				/ /
				/ /
				/ /

Please provide us with current contact information. Please list multiple business addresses on a separate sheet.

BUSINESS

9 Corporate Park Dr. #100

Business Address

Irvine

City

CA

State

92606

Zip Code

949-863-0700

Business Phone

949-863-9318

Fax Number

HOME

Home Address

City

State

Zip Code

Home Phone

E-Mail Address

Lincoln Benefit Life Company

2940 South 84th Street Lincoln, Nebraska 68506-4142 Phone 800.525.9287 Fax 402.328.6118 Email lbldcptl@allstate.com

LBL- 2584 Rev. 03/02

REQUEST FOR TRANSFER FORM



AGENT TRANSFER POLICY

- 1 Every transfer **must** include this form which needs to be signed by both the agent requesting the transfer and the recruiter accepting the transferred agent
- 2 Agents may only transfer at current contract level.
- 3 Lincoln Benefit Life will **NOT** transfer issued business under this new number.
- 4 If an application is submitted with this request, you must provide us with the client's name(s) and part 1 date(s) in the space provided below.
- 5 All business dated after the transfer date will go to the new recruiter.

SPECIAL AGENTS

- 1 Special Agents **must** obtain a release from the current recruiter. In addition, Special Agents must adhere to rules 1, 2, 4 & 5 above.

PLEASE SIGN BELOW:

<p> _____ <small>Agent Signature</small></p> <p>_____ <small>Please Print Name</small></p> <p> _____ <small>Signature of Recruiter Accepting Transferred Agent</small></p> <p>Peter J. Holden <small>Principal CPS Insurance Svc.</small></p> <p>_____ <small>Please Print Name</small></p>	<p>_____ <small>Agent Number</small></p> <p>____/____/____ <small>Date</small></p> <p>13775</p> <p>_____ <small>Recruiter Agent Number</small></p> <p>____/____/____ <small>Date</small></p>
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***RELEASE BY PRESENT RECRUITER FOR SPECIAL AGENTS**

<p>_____ <small>Signature of Releasing Recruiter</small></p> <p>_____ <small>Releasing Recruiter's Name</small></p>	<p>_____ <small>Agent Number</small></p> <p>____/____/____ <small>Effective Date of Release</small></p>
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IDENTIFY ALL BUSINESS APPLICATIONS BEING SUBMITTED WITH THIS REQUEST:				
LAST NAME	FIRST NAME	M. I.	POLICY NUMBER	PART 1 DATE
				____/____/____
				____/____/____
				____/____/____
				____/____/____

Please provide us with current contact information:

<p style="text-align: center;">BUSINESS</p> <p>9 Corporate Park Dr. #100</p> <p>_____ <small>Business Address</small></p> <p>Irvine CA 92606</p> <p>____/____/____ <small>City State Zip Code</small></p> <p>949 863 0700</p> <p>949 863 9318 <small>Business Phone</small></p> <p>_____ <small>Fax Number</small></p>	<p style="text-align: center;">HOME</p> <p>_____ <small>Home Address</small></p> <p>____/____/____ <small>City State Zip Code</small></p> <p>_____ <small>Home Phone</small></p> <p>_____ <small>E-Mail Address</small></p>
---	--

CPS PRODUCER PROFILE

Please complete this form, and return it to us.
We must have a completed and signed version of this form on file.

Producer Name _____

Company/Corporation Name _____

Fax Number _____ Email Address _____

Business Address _____

City _____ State _____ Zip _____

Home Address _____

City _____ State _____ Zip _____

Mail to (check one): ☐ Home ☐ Business

Preferred method of receiving correspondence (check one):

☐ email ☐ fax ☐ mail

Business Phone _____ Home Phone _____

Social Security # _____ Tax ID # _____

Insurance License Number _____ Date of Birth _____

Designations: CLU CPCU ChFC RHU CFP LUTC CIC (circle applicable)

Do you carry E&O insurance? ☐ No ☐ Yes, name of carrier _____

Are you securities licensed? ☐ No ☐ Yes (circle applicable) 6 7 22 24 26 63

If NASD registered, what is the name of your broker dealer? _____

Page 1

***** Important, please read and sign other side *****

CPS INSURANCE SERVICES / CA LIC.# 0571612
9 CORPORATE PARK DRIVE, SUITE 100, IRVINE, CA 92606
PHONE 949-863-0700 / PHONE 800-326-5433 / FAX 949-863-9318 / FAX 800-436-8255
LICENSING DEPARTMENT FAX 949-225-7157

IT IS AGREED by and between CPS Insurance Services (hereinafter referred to as MGA), and the producer whose name appears on page 1 (hereinafter referred to as Producer) that in consideration of MGA's continued goodwill and patronage:

- A. MGA agrees that commission payment, if any, made by MGA to Producer shall be vested in Producer to the same extent that commissions on the same transaction are vested in MGA by applicable insurance company, with the exception of group insurance which may be subject to a Broker of Record direction.
- B. In the event that any commission, premium, or fee paid or credited to Producer must be referenced or returned by MGA to the insurer, MGA is authorized, but not obligated, to make payment on Producer's behalf and will be reimbursed for this payment in full by Producer within thirty (30) days of the date of such payment. If such payment is not made by Producer, then MGA is authorized to debit any commissions which may be due Producer until such obligation has been fulfilled. Producer will also reimburse MGA for any and all costs and expenses (including reasonable attorney's fees) incurred by MGA in collection of any such sums from Producer.
- C. Producer agrees to hold MGA harmless and indemnify MGA against any and all liability, loss, damages, judgements, costs or expenses of any nature, type or kind (including reasonable attorney's fees) incurred by MGA or imposed upon MGA as a result of any allegedly wrongful or tortious act or omission on part of the Producer.
- D. The Agent/Company consents to the transmission of information, whether personal, commercial or of an advertising nature, by way of the fax number or email address set forth herein, or other fax numbers or email addresses of the agent/company.

In the event of litigation to determine the respective rights, duties and/or obligations of the parties under this agreement, the prevailing party shall be entitled to reasonable attorney's fees.

Producer

Date

We appreciate your business.

Page 2

CPS INSURANCE SERVICES / CA LIC.# 0571612
9 CORPORATE PARK DRIVE, SUITE 100, IRVINE, CA 92606
PHONE 949-863-0700 / PHONE 800-326-5433 / FAX 949-863-9318 / FAX 800-436-8255
LICENSING DEPARTMENT FAX 949-225-7157