

I M P O R T A N T :

Before sending your contracting back to CPS, please **review all pages** to make sure they have been completed in their entirety.

Please **return** your forms as well as a copy of **your license and E&O** proof to:

CPS Insurance Services
ATTN: FIXED ANNUITY DEPARTMENT
9 Corporate Park Dr. #100
Irvine, CA 92606

If you have any questions, please contact Nicole Samson at 949-863-0700 ext. 123.

Thank you.

AIG ANNUITY (SPDA'S ONLY) Contracting Guidelines

To set up Corporation and Principal:

- Fill in Principal info in Part 1. Fill in Corp info in Part 2. Principal signs Part 8.
- W9 on the Corporation, do not need for the Principal
- Fill out the Agency Agreement Page and sign with title next to name.
- Fill out the License-Only Agent Agreement
- Copy of Corp license, Copy of Principal license
- Copy of E&O

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

- Fill in Agent info in Part 1, do not need to fill in Corp info in Part 2. Agent signs Part 8
- Fill out the License Only Agreement- **At the bottom of the page write:**
COMMISSIONS TO BE PAID TO (CORP NAME)
- **Do not** need to fill out a W9 or the Agency Agreement
- Copy of Agent license
- Copy of E&O

Commissions paid direct to agent:

- Fill out the Appointment Application
- Fill out the Agency Agreement
- Fill out a W9
- Copy of Agent license
- Copy of E&O

AMERICAN GENERAL (SPIA'S ONLY) Contracting Guidelines

To set up Corporation and Principal:

- Fill in Principal info in Part 1. Fill in Corp info in Part 2. Principal signs Part 8.
- W9 on the Corporation, do not need for the Principal
- Fill out the Agency Agreement Page and sign with title next to name.
- Fill out the Assignment of Agent Contract
- Copy of Corp license, Copy of Principal license
- Copy of E&O

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

- Fill in Agent info in Part 1, do not need to fill in Corp info in Part 2. Agent signs Part 8
- Fill out the Assignment of Agent Contract- **At the bottom of the page write: *COMMISSIONS TO BE PAID TO (CORP NAME)***
- **Do not** need to fill out a W9 or the Agency Agreement
- Copy of Agent license
- Copy of E&O

Commissions paid direct to agent:

- Fill out the Appointment Application
- Fill out the Agency Agreement
- Fill out a W9
- Copy of Agent license
- Copy of E&O

HOW TO COMPLETE THE APPOINTMENT APPLICATION

For quick processing, please read the following directions. Incomplete or incorrect information will delay the processing of your appointment.



- ❖ **Part 1** - Both individual and corporate principal applicants must complete required information.
- ❖ **Part 2** - Only completed if applicant is a corporation.
- ❖ **Part 3** - *To be completed by the IMO/BGA only. This will ensure all mail and correspondence is sent to the correct recipient.*
- ❖ **Part 4** - Please list all states where an appointment is requested. Copies of all individual and corporate licenses must be included. Please include non-resident appointment fees.
- ❖ **Part 5** - Variable appointment only. Submit a copy of your CRD and all licenses. An Independent Wholesaler Election Form is included. Indicate the name of the Independent Wholesaler for the registered rep.
- ❖ **Part 6** - Errors and Omissions required for IMO/BGA only.
- ❖ **Part 7** - Background information. Please answer ALL questions, and use the space provided to explain any "YES" answers. Please provide additional documentation as needed.
- ❖ **Part 8 and 9** - Signature of applicant part 8, recruiter must sign part 9.
- ❖ **W-9** must be filled out for individual or corporate appointments and must be signed.
- ❖ Leave page 6 with the applicant.
- ❖ **Part 12, 13, 14, and 15** - Complete by the recruiter. Please indicate all companies an appointment is being requested, contract level, first year and renewal commission levels. Please indicate a production level commitment (if one is appropriate) to determine bonus. Separate forms are required for EFT and Annualization requests. All appointments, bonuses, and annualization require Home Office approval.

AIG Annuity Insurance Company, Amarillo, TX *
American General Life Insurance Company, Houston, TX



AIG Life Brokerage

AGENCY AGREEMENT

Each life insurance company's products are separately underwritten and independently supported by the representative company. The above-listed companies are members of the American International Group, Inc.

FOR

Last Name _____ First Name _____ Middle Initial _____

If Representative is a Corporation, the full Corporate name must appear above, and an authorized officer must sign and indicate the officer's title.

Individual

Social Security Number _____

Corporation

Tax Identification Number _____

Representative

Signature _____ Title _____

American General Life Companies

Contract Date _____

To be completed by Home Office

_____ Home Office Authorized Signator

*** This Agency Agreement may not be used to contract banks, credit unions or thrifts to AIG Annuity Insurance Company and, if submitted for that purpose, will not be accepted. This Agency Agreement may not be used to replace an in force AIG Annuity Insurance Company Agency Contract and, if submitted for that purpose, will not be accepted.**

AIG Life Brokerage

Member of American International Group, Inc.

Part 1 Individual and Principal of Corporation This is Required Information

Please Print Clearly

Social Security Number: _____

Name: _____
Last Name First Name Middle InitialDate of Birth: _____ Sex: ☐ Male ☐ Female
month day yearResident/Home: _____
Physical Address

City State Zip

Resident/Home Phone Number: _____ E-Mail: _____

Business Address: _____
Physical Address City State Zip

Business Phone Number: _____ Fax Number: _____

☐ I am an officer of the below corporation.**Part 2 Corporate Applicants Required Information**

Please Print Clearly

Individual Applicants Do Not Complete This Section

Tax ID Number: _____

Corporate Name: _____

Corporate Address: _____

City State Zip

Corporate Phone Number: _____ State Incorporated: _____

Fax Number: _____ E-Mail: _____

Primary Officer for Corporate Records: _____

Background information reported on page – should provide information for the Officer of the corporation.

Part 3 Recruiter Section - IMO/BGA OnlyPrimary mailing address, phone contact, e-mail and faxes
will be communicated to the following:Complete ONLY when address used is **NOT** the above address.

All Home Office Mail and other Communication will be directed to:

Agency Name: CPS INSURANCE SERVICES Agency Code Number: OWF06Address: 9 CORPORATE PARK DR. #100IRVINE CA 92606
City State ZipFax Number: 949-863-9318 Phone Number: 949-863-0700E-Mail Address: annuity@cpsinsurance.com ☐ Please check when commission check is
mailed directly to agent's business address.



**AMERICAN
GENERAL**

Appointment Application

AIG Life Brokerage

Member of American International Group, Inc.

Part 4 Licensing and State Appointment Request

Attach copies of licenses for all requested state appointments. Provide appropriate fees for nonresident appointments.

Social Security Number: _____

Applicant Name: _____

Licensed for: ☐ Life ☐ Health Contracted as: ☐ Individual ☐ Agency

Resident State: _____ Resident License Number: _____

Nonresident Appointment State(s): _____

Attach applicable fees and licenses for states listed above.

Part 5 Variable Licensing - Complete ONLY when variable appointment is requested.

Please complete the following ONLY when requesting variable appointment.

Who is your Broker/Dealer? _____

CRD Number: _____

Circle all current NASD licenses that you hold: 6 7 22 24 26 63 Other: _____

Independent Wholesaler Election

Some broker-dealers may permit third-party wholesaling firms to offer certain services and support to registered representatives in order to facilitate sales of the Products. These firms are referred to by AGLD as Independent Wholesalers (IW). In order for you to sell AGLD's variable universal life insurance products through an IW, an IW agreement must be in place, your broker-dealer must be informed, pursuant to NASD Rule 3030, of the IW election and this Election Form must be submitted to AIG Life Brokerage that documents your IW selection. If you wish to obtain support through an IW firm, please indicate your election below.

☐ IW Election: _____
(Name of IW Firms and Code Number)

Part 6 Errors and Omissions Insurance Coverage (required at BGA/IMO Only)

☐ Yes - I have E&O Coverage (Copy of current Certification enclosed).

☐ No - I do not have E&O Coverage



**AMERICAN
GENERAL**

Appointment Application

AIG Life Brokerage

Member of American International Group, Inc.

Part 7 Background Information Required On All Applicants

If this is a corporate application, the questions should be answered by and about the agency principal.

Social Security Number: _____ - _____ - _____

CONFIDENTIAL HISTORY/BACKGROUND IN FORMATION

Please provide complete details for any "yes" answers in the Remarks section. Attach additional paper if required.

1. Have you ever been convicted of or plead guilty or no contest to:
 - a. A Felony? ☐ Yes ☐ No
 - b. A Misdemeanor? ☐ Yes ☐ No
 - c. A violation of federal or state securities or investment related regulations? ☐ Yes ☐ No
2. Are you currently under investigation by any legal or regulatory authority? ☐ Yes ☐ No
3. Do you now owe money to any life or health insurance company? ☐ Yes ☐ No
4. Have you or a firm in which you were a partner, officer or Director been declared bankrupt or been party to a bankruptcy or receivership proceeding, or have you had a salary garnished or had liens or judgements against you? ☐ Yes ☐ No
5. Has any insurance company or securities broker-dealer terminated your contract or permitted you to resign for reason other than lack of sales? ☐ Yes ☐ No
6. Have you ever been the subject of a consumer-initiated complaint or proceeding by any self-regulatory body or any securities commodities or insurance regulatory body or organization or employer? ☐ Yes ☐ No
7. Has a bonding company ever denied, paid out on or revoked a bond for you? ☐ Yes ☐ No
8. Have you ever had a claim filed against your professional liability or errors and omissions insurance coverage? ☐ Yes ☐ No
9. Has any insurance department, government agency or self-regulatory authority ever denied, suspended, revoked, censured or barred your license or registration or disciplined you with fines or by restricting your activities? ☐ Yes ☐ No

REMARKS SECTION: Details of "yes"



AMERICAN
GENERAL

Appointment Application

AIG Life Brokerage

Member of American International Group, Inc.

Part 8 Signature of Individual -or- Principal of Corporation

Social Security Number: _____

I have read and received, as of the date indicated below, the notice concerning investigative consumer reports, as required by law. I understand that in signing this form, I hereby authorize the American General Life Companies that I have requested appointments with (hereinafter collectively referred to as the "American General Affiliates") to investigate my background, including my credit history and interviews with former employers and/or primary insurance company. I authorize the American General Affiliates and individuals named in the application to give the American General Affiliates any information regarding me that they have available. I agree that if any of my answers to the questions in Part 7 change, I will notify, in writing, American General Affiliates within 10 business days of the incident which would cause an answer to change. I understand that falsification of information or failure to update the answers on this application may result in termination of appointment(s) with all American General Affiliates. In addition, I hereby authorize the American General Affiliates to report information about earnings and debit balances to any credit bureau or similar organization.

I further authorize American General Affiliates, to verify my previous employment and securities registration history through the CRD system.

I hereby authorize American General Affiliates to share background, licensing and applicant data with their affiliates. I acknowledge that I have received and reviewed the "Compliance Manual" for the American General Life Companies, and/or "Operations Manual" and I agree to abide by those principles, as amended or supplemented from time to time, in representing any of the Companies that appoint me.

Date: ____ / ____ / ____

Signature: X

Signature of Individual -or- Principal of Corporation

Part 9 Signature of Recruiter

The undersigned [recommending representative or General Agent] by executing this applicant recommends the applicant to American General Affiliates as a suitable person to represent the companies. The recommending individual or General Agent also agrees to supervise and assume responsibility for the applicant, if appointed by American General Affiliates, in accordance with the terms of his/her Contract.

Signature: _____
Signature of Recruiter

Date: ____ / ____ / ____

Print Name: CPS INSURANCE / PETER J. HOLDEN
Print Name of Recruiter

Agent/Agency Code # OWF06
Required

Part 10 Home Office Section

Signature: _____
(Additional signatures, if required, RVP, RM)

Date: ____ / ____ / ____

Print Name: _____

Regional Code Number _____

RSM Name: _____
(Only when directly involved)

Home Office Approval: _____
(If required)

Date: ____ / ____ / ____

Remove and leave Part 11 with applicant.

Part 11 Fair Credit Reporting Act - Notice of Proposed Investigative Consumer Report

Pursuant to the Fair Credit Reporting Act, this notice is to inform you that as a component of our contracting and appointing process, each company with which you have requested an appointment may request an investigative consumer report which may include information related to your character, general reputation, personal characteristics, and mode of living. You have the right to request in writing, within a reasonable period of time after receipt of this notice, a complete disclosure of the scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Send your request to: Licensing and Contracting Department, 750 W. Virginia St. Milwaukee, WI 53204. Disclosure information must be in writing and mailed to you, along with the written summary of your rights, within five (5) business days after receipt of your written request. Also each company with which you have requested an appointment may share the information contained in the investigative report and other information in your file with its affiliates, unless you send a written request to the above-described address directing that this information not be disclosed or shared with affiliates.



**AMERICAN
GENERAL**

Appointment Application

AIG Life Brokerage

A division of the American International Companies.®

Part 12 Recruiter Data To be completed by individual recruiting applicant.

Applicant Name: _____ Applicant Social Security Number: _____
Please Print

Recruiter Name: _____ Agency Code Number: _____
Please Print

Title: _____
Please Print

Part 13 AGL Commission Section - Must be completed.

Contract Level Requested ☐ IMO/BGA ☐ MGA ☐ GA ☐ Agent/Producer

Commission Level for American General Life

Brokerage Life Products:	First Year Level:	_____
	Renewal Level	_____
(HO Approval)	Productivity Bonus Level	_____

Supplemental Life Products:	First Year/Renewal Level	_____
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AGL Annuity Deferred & Immediate:	First Year/Renewal Level	_____
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A & H:	First Year Level	_____
	Renewal Level	_____

Part 14 AIG Annuity Company Appointment Request

Commission Level for AIG Annuity

Complete Only When Soliciting Deferred Annuity Products Not Available Through American General Life

Commission Level Requested: _____

Part 15 Additional Forms Section

Annualization: ☐ Yes ☐ No

Annualization is available on a limited basis. (If applicable, annualization agreement MUST be submitted with contract.)

Electronic Funds Transfer (EFT) Please attach EFT form when requesting to receive commissions electronically.

Appointment, Bonus and Annualization require Home Office Approval.

List account number(s) here (optional)

Employer identification number

Date ▶

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATIONS

I hereby authorize and request any present or former employer, school, police department, financial institution, or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment, agent contract, license, or appointment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written authorized request. I understand this authorization is to be part of the written employment/contract application which I sign.

I have been given a stand alone, consumer notification that a report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment, or retention as an employee or for eligibility for a license/appointment required by law to consider an applicant's financial responsibility.

Print Name _____

Signature _____

Date of Birth (for identification purposes only) _____

Social Security Number (for identification purposes only) _____

If name changed (through marriage or otherwise) print former name here _____

SPDA CASES ONLY

**AIG ANNUITY INSURANCE COMPANY
AMARILLO, TEXAS 79101**

LICENSE-ONLY AGENT AGREEMENT

You are hereby respectfully requested to make application to the Department of Insurance of the State(s) of _____ for the issuance of a life, disability or variable insurance agent's license or for an appointment under my existing license, whichever the case may be, authorizing me to solicit applications on behalf of your Company.

I hereby agree that your consent to the issuance of such license or appointment is subject to, and I hereby agree to be bound by, each and all of the following conditions:

That I shall be a subordinate agent assigned to the jurisdiction of the General Agent(s) set forth on the appointment questionnaire.

That the Company has no obligation to me for commissions, expense allowances, or any form of compensation whatsoever in connection with the services performed and expensed incurred by me in the solicitation of applications for insurance issued by the Company, it being expressly understood that I am under direct contract with my General Agent(s) who has personally agreed to compensate me for such services; and

That I have no contractual relationship with the Company and that I am not, and I shall refrain from holding myself out as, an employee, partner, joint venturer or associate of the Company; and

That I shall comply with the rules, regulations and Administrative guidelines of the Company, the laws of the State(s) of _____ and the Department of Insurance relating to my activities in the solicitation of insurance; and

That I shall not alter, modify, waive or change any of the terms, rates, or conditions of any advertisements, receipts, policies or contracts of the Company in any respect; and

That I shall not obligate the Company nor incur expense in its behalf in any manner whatsoever; and

That the Company may, without liability to me whatsoever, upon request of my General Agent(s) or upon its own initiative, cancel my authorization to solicit applications on the Company's behalf at any time.

This agreement may be executed in two or more counterparts. All counterparts shall collectively constitute a single instrument. The parties may execute and exchange facsimile counterparts of the signature page, and these facsimile signatures shall be binding as original signatures. It shall not be necessary in making proof of this Agreement to produce more than a single counterpart containing the respective signatures for each of the parties. A signature page to any counterpart may be detached from the counterpart without impairing its legal effect. The signature page may then be attached to another counterpart identical to it except having attached to it additional signature pages.

This Agreement terminates all previous agent agreements, if any, between Company and Agent. However, the execution of this Agreement shall not affect any rights or obligations, which have already accrued under any prior agreements.

IN WITNESS WHEREOF, I have affixed my signature this _____ day of _____.

AIGAS 274 (5/02)

X _____
(Applicant's signature for appointment)




**AIG Annuity
Insurance Company**

A Member of American International Group, Inc.

SPDA CASES ONLY

**AIG Annuity Insurance Company
COMMISSION DIRECT DEPOSIT AUTHORIZATION**

**AGENT/AGENCY
INFORMATION**

Agent/Agency Name: _____
Social Security #/TIN #: _____
☐ New Agent/Agency
☐ Existing Agent/Agency  Agent/Agency #: _____

**DEPOSIT
REQUEST**

- ☐ **New** Deposit my commission earnings with the account and financial institution shown on the attached voided check.
☐ Checking ☐ Savings ☐ Other: _____
Name of Bank: _____
Routing #: _____
Acct. #: _____
Bank Address: _____
- ☐ **Change** Change my current direct deposit to the new account and financial institution shown on the attached voided check.
- ☐ **Cancel** Cancel my direct deposit and send my commission earnings to the address listed below:

Note: Direct deposits must be to an account where the Payee's name and social security number listed above match those on the account's records. Allow 10 business days for processing cancellations or changes.

AGREEMENT

I authorize AIG Annuity Insurance Company and the Bank indicated to deposit my net commissions automatically into my account each commission cycle. If funds to which I am not entitled are deposited into my account, I authorize AIG Annuity Insurance Company to direct the bank to return said funds. This authority will remain in effect until I have either cancelled it in writing or upon issuance of written notice from the Company.

**AUTHORIZED
SIGNATURE**

Agent/Agency Rep.: X _____
Name Title
Date: _____

ATTACH A VOIDED CHECK OR A COPY OF A VOIDED CHECK TO THIS FORM.

Formerly known as American General Annuity Insurance Company, AIG Annuity Insurance Company's name change is subject to pending regulatory approval in certain jurisdictions.

Fax or Mail to:
AIG Annuity Insurance Company
(806) 342-1733
Attn: Commissions
P.O. Box 871
Amarillo, TX 79105-0871



Direct Deposit Authorization AIG Life Brokerage Group

Milwaukee, WI 53201-0401

L1341 Rev1202

**AMERICAN
GENERAL****Assignment of Commissions****American General Life Insurance Company***A member company of American International Group, Inc.*

P.O. Box 401 • Milwaukee, WI 53201-0401

Agent Code No. _____

FOR VALUE RECEIVED, the undersigned hereby transfers, sets over and assigns unto _____

(an individual), (a corporation), (a partnership), (a sole proprietorship) (TAX ID & SS# _____)

of _____ (address)

an amount equal to _____ percent of any and all commissions, renewal commissions, allowances and fees which may hereafter accrue in favor of the undersigned by virtue of the agency contract now in force between the undersigned and American General Life Insurance Company, it being understood and agreed that this assignment shall be subject to any present indebtedness or any which may hereafter accrue to be due and owing American General Life Insurance Company.

The undersigned hereby represents and warrants that said commissions and allowances are not now assigned, and the undersigned hereby will forever warrant and defend his right to receive the same, this instrument to remain in full force and effect until same is released by the assignee by an instrument in writing furnished said Insurance Company.

The undersigned hereby authorizes and directs said Insurance Company to pay over any such commissions and allowances to said assignee, subject to the conditions hereof, and it is agreed that any payment so made will be a full and complete discharge of said Insurance Company's obligation to the extent of any payment so made.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal at _____

_____, this _____ day of _____, 20 _____.

By: _____
Signature of Assignor

Received and replaced on file this _____ day of _____, 20 _____.

AMERICAN GENERAL LIFE INSURANCE COMPANY

By: _____
President & CEO

**AIG Life Brokerage**

Distributing products issued by:
 American General Life Insurance Company
 AIG Annuity Insurance Company
 AIG Life Brokerage is a division of the
 American International Companies®
 Members of American International Group, Inc.

AIG LIFE BROKERAGE

AGL ANNUITY PRODUCTS

FIRST YEAR COMMISSIONS

SCHEDULE D

This schedule of commissions is a supplement to the Agency Agreement and its terms and conditions. This schedule is subject to change at any time.

No commission paid over listed ages.

PRODUCT PORTFOLIO		FIRST-YEAR COMMISSIONS
American General Life		D
Horizon MYG	Ages 0-75	7.50
	Ages 76-80	5.00
	Ages 81-85	3.00
HorizonPlus	Ages 0-75	6.00
	Ages 76-80	3.20
	Ages 81-85	1.35
SPIA	Ages 0-90	3.00
HorizonVM+	Ages 0-85	0.85
Horizon Choice	5 Year ⁽¹⁾	2.40
	7 Year ⁽²⁾	4.50
	8 Year ⁽³⁾	3.50
	9 Year ⁽⁴⁾	2.65
	10 Year ⁽⁵⁾	5.00
Horizon Indexed 9 yr	Ages 0-75	6.00
	Ages 76-80	5.00
	Ages 81-85	4.00
Horizon Indexed 12 yr	Ages 0-75	8.00
	Ages 76-80	7.00
	Ages 81-85	6.00
HorizonFlex	Ages 0-75	5.00
	Ages 76-80	4.00
	Ages 81-85	3.00

PRODUCT PORTFOLIO		SUBSEQUENT PREMIUMS
American General Life		D
HorizonFlex ⁽⁶⁾	Ages 0-80	4.00
	Ages 81-85	3.00

(1) 2.15% in IN & MD

(2) 4.25% in IN & MD

(3) 3.25% in IN & MD

(4) 2.30% in IN & MD

(5) 4.65% in IN & MD

(6) Subsequent commissions based on attained age at time subsequent premiums are paid.

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