



AGENT INFORMATION

Agent Name

Business Address

Business Phone

Business Fax

Website

Email

Name of individuals within office

AGENT LICENSING REQUIREMENTS

The following items must be provided for a complete application.

- Copy of Life and Health License
- Copy of Errors and Omissions Certificate
- Indicate name to appear on commission checks
 - _____
- Mailing address for commission checks
 - _____
 - _____
- For tax purposes, indicate federal i.d. number or social security number
 - _____

I. TERMINATION

Any failure to comply with the terms and conditions of this contract, shall with notice effect an immediate termination of this contract. A revocation or suspension of your license by any Insurance Department shall without notice effect an immediate termination of this contract and forfeiture of all rights, including any Termination Rights. This contract shall terminate automatically upon Agent death or upon Agent becoming, in the opinion of Agency, incapacitated by any cause from further performance under this contract. Such termination shall be without prejudice to the rights expressed in the contract. Further, this contract may also be terminated by either party without cause upon 30 days written notice to the other party stating that termination shall be effective, but such termination shall not affect the Termination Rights expressed in this contract. No applications can be completed and submitted during this 30-day period. "Written Notice" shall be in the form of a Certified Letter, mailed through the United States Postal Service to last known business address. Agent authority to act hereunder and to submit additional business shall cease upon termination of this contract or the exercise of any assignment rights, or termination rights. In case of death, commission on all policies shall be paid to the beneficiary, selected by the Agent, for a period of three years.

Agent

Witness

Gary Jonas, *President*

Agent Beneficiary:

Name

Relationship

Federal I.D. # or Social Security # to which Commissions will be paid

Address & Name under which Commissions will be paid

*AGENT
AGREEMENT*

CSI, INC.
AGENT AGREEMENT

This Agreement entered into this _____ day of _____, 20____ by and between Consultancy Services International, Inc. (hereinafter referred to as "CSI") and

Agent Name (hereinafter called the "Agent")

A. APPOINTMENT

Agent is hereby appointed as an Independent Agent with CSI. Agent does not have any exclusive territorial rights, and is authorized to solicit Life & Health Insurance products statewide.

B. SUBMISSIONS

Submission of all business will be through CSI. CSI will be responsible for the final submission to the insurance carrier as well as follow-up to complete placement.

C. TRAINING MATERIALS/SUPPLIES

Any training material, supplies, sales aids, proposals, and administrative assistance will be provided by CSI at Agents' request.

D. MEETINGS

Agent will be expected to attend a minimum of one (1) sales meeting every year.

E. PREMIUM COLLECTION

Agent is responsible for collecting and remitting the initial premium in accordance with the limits and conditions set forth in the Conditional Receipt. All checks for the initial premiums must be made payable to the respective carrier. Agent is not authorized to collect premiums in excess of the limits set forth in the "Conditional Receipt".

F. LICENSE/COMMISSIONS

Agent will be licensed with all Life and Health Insurance companies represented by CSI on a case-by-case need basis. All Commissions will be based upon a three-tier structure as outlined on Page 2.

First Tier: CSI will provide agents with quotations and enrollment material for submission. Agent will be responsible for obtaining applications and first month's premium. Agent will receive full commission as dictated by insurance carrier with CSI receiving a General Agent Override. Due to the number of carriers represented by CSI, General Agent contracts are not always available. In this instance, CSI will charge 10% commission available for contract life. CSI will be responsible for policy issuance.

Second Tier: CSI will provide First Tier structure *plus* assistance with prospective client by meeting with employer and employee, discussing coverage's and answering any questions concerning plan (enrollment meeting). If contract exists, CSI will receive override and 10% of commission available for no less than one year. When there is no General Agent contract, CSI will receive 25% of commission for contract life.

Third Tier: CSI will provide First and Second Tier structures *plus* CSI will be responsible for all administration of agents account with direct contact to client. If General Agent contract exists, CSI will receive override and 25% of commission available for no less than two years. When there is no General Agent contract, CSI will receive 50% of commission for contract life.

ALL ACCOUNTS WILL BE THE PROPERTY OF THE AGENT & UNDER NO CIRCUMSTANCE WILL CSI MARKET OR MAKE CONTACT WITH CLIENT WITHOUT AGENT'S PRIOR KNOWLEDGE & APPROVAL.

G. CONDUCT

Agent shall conduct themselves so as not to adversely affect the business or reputation of themselves, CSI. Agent shall have no authority other than as herein expressly granted or agreed upon. Agent shall have no authority on behalf of CSI (1) to bind the company on any application for insurance or (2) to waive any forfeiture or the performance of any terms or conditions of any policy or any contract to which CSI is a party. Agent shall maintain adequate Errors & Omission coverage during the lifetime of this contract, unless agreed upon at a later date.

H. POLICY DELIVERY/ TERMINATION RIGHTS & COMMISSION TRANSFER

All policies must be delivered in accordance with the insurance carriers rules and practices. If this contract is terminated for any reason, all in force business will be the property of the agent. Complete assignment of placed policies will occur upon the annual renewal.

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