

## AGENT'S AGREEMENT

Under this Agreement, dated this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_,

VICTORSON ASSOCIATES, INC., hereinafter called "General Agent," appoints


\_\_\_\_\_, hereinafter called "Agent," who accepts the appointment as General Agent representative to obtain applications for insurance on behalf of insurance carriers to be specified by RISK *insurance and reinsurance solutions*, f/k/a Insurance Management International and IMI/RISK~, hereinafter called "RISK." The parties agree to the following terms and conditions:

1. In consideration for the services to be performed hereunder by Agent, RISK will pay to the Agent the percentage of first year and renewal premiums set out in the attached Schedule of Commissions as and when the Agent earns commissions for premiums paid by clients.
2. If any premium shall be refunded for any reason or cause, either before or after termination of this contract, the Agent shall repay to RISK, on demand, all commissions previously allowed on that premium.
3. If the commissions earned on insurance products made available by RISK are less than \$25.00, the commission shall be retained until the accumulated value is \$25.00. If at the end of any calendar year, the total commissions earned are less than \$25.00, it will be retained by RISK.
4. Commissions payable under the terms of this Agreement shall be fully vested for a period of ten years and paid as earned to the Agent. In the event of death, commissions earned on policies still in force will be paid to the Estate of the Agent or to any other party designated by the Agent.
5. General Agent will supervise Agent in selling insurance plans hereunder in accordance with information provided by RISK.
6. This Agreement is effective only when Agent is duly licensed as required by his/her State Insurance Department, and Agent will not knowingly violate any of the laws and regulations of said Department or any other applicable State Insurance Department. The General Agent will supervise Agent in such compliance.
7. All money received from applications shall be paid in trust by General Agent and delivered to RISK with applications at the earliest opportunity. Agent shall not advertise, nor make any representations on behalf of RISK which are not approved by RISK in writing prior to use by Agent.

**8. Nothing contained in this Agreement shall be construed to create the relationship of employer/employee between RISK and Agent. Agent is an independent contractor. Agent has no authority to incur any debt in the name of RISK.**

**9. This Agreement may be terminated by RISK at any time upon written notice of such termination to the General Agent.**

In witness whereof, the parties execute this Agreement as of the date first stated.

AGENT SIGNATURE:  \_\_\_\_\_

AGENT: \_\_\_\_\_ AGENCY: \_\_\_\_\_

Please Type or Print

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Tel Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

GENERAL AGENT SIGNATURE:  \_\_\_\_\_

GA CODE #: 749

APPROVED BY: \_\_\_\_\_  
RISK OFFICIAL


\_\_\_\_\_ Date

## SCHEDULE OF COMMISSIONS AGENTS CONTRACT

RISK *insurance and reinsurance solutions*, f/k/a Insurance Management International and IMI/Risk~, agrees to pay the following percentage of commissions on premiums received as they are earned:

### Disability Income Plans

	Percentage	
	1st Year	Renewal
1. Executive Platinum (Graded Benefit)	30%	4%
2. Executive Silver (Graded Benefit)	30%	4%
3. Executive Blue (Non-Graded DI)	30%	4%

  
\_\_\_\_\_  
Licensed Agent

\_\_\_\_\_  
Dated

\_\_\_\_\_  
RISK Official

\_\_\_\_\_  
Dated

Return To → Risk Insurance & Reinsurance Solutions  
 1208 W. Newport Center Drive  
 Deerfield Beach, FL 33442

FIDELITY SECURITY LIFE INSURANCE COMPANY  
 AGENT DATA SHEET

Agent # \_\_\_\_\_  
 Date \_\_\_\_\_

OMISSION OF ANY INFORMATION WILL RESULT IN A  
 DELAY OF APPOINTMENT AND PAYING OF COMMISSION

NOTE: No person is permitted to solicit, sell or procure an application for insurance until he has in his possession an insurance agent's license authorizing him to solicit, sell or procure applications for Fidelity Security Life Insurance Company.

A. IDENTIFICATION: (Please print in ink or type - Do Not Abbreviate)

Name (Last, First, Middle)					Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Social Security Number	Date of Birth	Place of Birth	Tax I.D. No.		Age	
Firm Name (Agency Name if applicable)						
Business Address					Telephone & Fax #	
Street	City	State	County	Zip	( )	
Resident Address					Telephone & Fax #	
Street	City	State	County	Zip	( )	
E-Mail Address:						
Currently Licensed By State Of:		License No.	Issued To:			
(attach a copy of home state license)		<input type="checkbox"/> Ind. <input type="checkbox"/> Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor				
What type of product(s) do you plan to sell for FSL? <input type="checkbox"/> Life <input type="checkbox"/> Health/Accident <input type="checkbox"/> Fixed Annuity						

B. BACKGROUND - Use separate page if needed .....IF YES TO ANY OF QUESTIONS 1-9, PLEASE ATTACH DETAILS AND DATES.

	Yes	No	Month/Year
1. Have you ever had ownership interest in a business venture which declared bankruptcy? (If Yes, give month and year.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Have you been a Judgment Debtor or ever declared personal bankruptcy? (If Yes, give month and year.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Are you in good standing and full compliance with respect to state taxes or child support? (If no, give details.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Have you ever had a bond declined or cancelled?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Have you ever been convicted for any offense other than a minor traffic violation? Your failure to disclose a felony conviction will result in an automatic denial.	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Have you ever been cited, fined, suspended, revoked or refused a license by any state? (If Yes, give state, month and year.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Have you ever been short in accounts with any employer?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Do you owe an unpaid balance to any insurance company?	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Are you now employed by, or associated with to any degree, directly or indirectly, a bank, savings and loan or other financial institution?	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. For Agents applying to sell cash value life insurance and/or annuities: Have you completed Anti-Money Laundering training? If yes, attach copy of proof of completion or provide details.	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Please provide the carrier for your Errors & Omissions coverage, the policy number and the name of the insured.	_____		

12. List past and current companies you represent or have represented in the last 5 years.

From	To	Name	Street Address, City, State, Zip	Telephone No.
				( )
				( )

C. CERTIFICATION / AUTHORIZATION

13. a. I certify that I have answered all questions honestly and to the best of my knowledge.  
 b. I also authorize Fidelity Security Life Insurance Company to order an investigative report as may be required. I understand that information for the report may be secured from financial resources, and/or public records, or personal interviews with third parties, such as family members, business associates and/or others with whom I am acquainted.

This inquiry may include information as to my character, general reputation, personal characteristics, mode of living or educational background. I understand I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of this information if I so desire.

Date \_\_\_\_\_ Signature \_\_\_\_\_  Owner or Partner  
 Corporate Officer  
 Representative (Agent)

Date \_\_\_\_\_ Appointing Premier General Agent \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
OR
Employer identification number

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign Here**

Signature of  
U.S. person ▶

Date ▶

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

RISK *insurance and reinsurance solutions*  
1208 W. NEWPORT CENTER DR., SUITE 202  
DEERFIELD BEACH, FL 33442  
PHONE: (954) 421-4076 / (800) 747-4464 / FAX: (954) 421-4185

ASSIGNMENT

For and in consideration of the payment to me of \$1.00 and other good and valuable remuneration, the receipt and sufficiency of which is acknowledged, I

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

hereby transfer and assign to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

all compensation of every kind, commissions, bonuses or otherwise, which may be payable to me on or after the date hereby stated under the terms of my agreement with Risk Insurance and Reinsurance Solutions, effective \_\_\_\_\_.

I agree to hold Risk Insurance and Reinsurance Solutions harmless for any payment, which may be made to the Assignee pursuant to the agreement.

This Assignment shall remain in full force and effect until written notice of termination is given to Risk Insurance and Reinsurance Solutions by the Assignee.

In witness whereof, I have hereunto set my hand this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Assignor:

Signature \_\_\_\_\_ SS #/Tax ID # \_\_\_\_\_

Witness:

Signature \_\_\_\_\_

This Assignment is acknowledged this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Representative of Risk Insurance and Reinsurance Solutions:

Signature \_\_\_\_\_