

Return
To→ Risk Insurance and 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)						Send Mail to:
Business Address					Telephone & Fax #	
Street	City	State	County	Zip	()	
Resident Address					Telephone & Fax #	
Street	City	State	County	Zip	()	
Currently Licensed By State Of: (attach a copy of home state license)		License No.	Issued To:			
Proprietor			<input type="checkbox"/> Ind. <input type="checkbox"/> Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Sole			
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 neededIF 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. Please provide the carrier for your Errors & Omissions coverage, the policy number and the name of the insured.			_____

11. 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

12. 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 _____

Date _____ Appointing Premier General Agent _____

Owner or Partner
 Corporate Officer
 Representative (Agent)

AGENT'S AGREEMENT

Under this Agreement, dated this _____ day of _____, 20 __,

_____, 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 #:** _____

APPROVED BY: _____ **Date** _____
RISK OFFICIAL

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