



## AGENT APPOINTMENT CHECKLIST

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Return to: *RISK insurance and reinsurance solutions*  
1208 W. Newport Center Drive, Suite 202  
Deerfield Beach, FL 33442  
Licensing Department: (800) 747-4464 ext 3155

- \_\_\_ (1) One agent data sheet completed and signed **with original ink signatures**
  - \_\_\_ (2) Two completed contracts with commission schedules dated and signed **with original ink signatures**
  - \_\_\_ (1) One photocopy of valid agent license (for corporate status please include **agent & agency** license).  
For appointment in states which you are a non-resident, please include a valid copy of your home state license. (Non-residents include a state certification letter where applicable.)
  - \_\_\_ (1) One check for appointment fee **Payable To: Fidelity Security Life**
  - \_\_\_ (1) One state appointment form (if applicable)
- Applications submitted with completed licensing and contracting requirements will have priority over those submitted without.
  - Appointed agents please include your assigned agent code # on any applications and always submit a current copy of any needed licenses.

**THANK YOU FOR CHOOSING FIDELITY SECURITY LIFE INSURANCE COMPANY!**

**Easy access to forms and software for our appointed agents!!! Visit [www.impairedrisks.com](http://www.impairedrisks.com), contact us with your agent code, and we'll give you instructions on accessing the "Agents Only" members area.**

**RISK** insurance and reinsurance solutions

**STATE APPROVAL LIST**

**Fidelity Security Life's IMPAIRED RISK DI PRODUCTS**

AS OF JANUARY 1, 2004

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		APPLICATIONS		Out-Line	RESIDENT /	RESIDENT /
STATE	GROUP	INDIVIDUAL	Req'd	NON-RESIDENT	NON-RESIDENT	
	DISABILITY	DISABILITY	W/ App?	INITIAL	RENEWAL	
	INCOME	INCOME		APPOINT FEES	FEES	
	AL	NOT AVAILABLE	N/A		N/A	N/A
1	AK	YES	N/A		NONE	NONE
2	AZ	YES, APP SPECIFIC	N/A		N/A	N/A
3	AR	NO	YES	NO	PAID BY FSL	PAID BY FSL
4	CA	YES, APP SPECIFIC	N/A		\$24 / \$24	NONE
5	CO	YES, APP SPECIFIC	N/A		NONE	NONE
6	CT	YES, APP SPECIFIC	N/A		\$45 / \$45	\$20 / \$20
7	DE	YES	N/A		\$25 / \$25	NONE
8	DC	YES, APP SPECIFIC	N/A		\$25 / \$25	\$25 / \$25
9	FL*	YES, APP SPECIFIC	N/A		INS CO APPT LTR	INS CO APPT LTR
10	GA	YES	N/A		\$20 / \$20	\$20 / \$20
11	HI	YES	N/A		NONE	NONE
12	ID	YES	N/A		NONE	NONE
13	IL	YES	N/A		NONE	NONE
14	IN	NO	YES, APP SPECIFIC	NO	NONE	NONE
15	IA	YES	N/A		\$10 / \$10	\$10 / \$10
16	KS	YES	N/A		\$5 / \$5	\$5 / \$5
17	KY	YES, APP SPECIFIC	N/A		\$40 / \$50	\$40 / \$50
18	LA	NO	YES, APP SPECIFIC	NO	\$20 / \$20	\$20 / \$20
	ME	NO	N/A		N/A	N/A
19	MD	NO	YES, APP SPECIFIC	NO	NONE	NONE
20	MA	YES	N/A		\$75 / \$75	\$75 / \$75
21	MI	NO	YES, APP SPECIFIC	NO	\$5 / \$5	\$5 / \$5
22	MN	NO	YES, APP SPECIFIC	NO	\$10 / \$10	NONE
23	MS	YES	N/A		\$10 / \$10	\$10 / \$10
24	MO	YES, APP SPECIFIC	N/A		NONE	NONE
	MT	NO	N/A		NONE	NONE
25	NE	YES	N/A		\$8 / \$8	\$8 / \$8
26	NV	YES	N/A		\$15 / \$15	\$15 / \$15
27	NH	YES	N/A		\$25/\$25	NONE
28	NJ	YES	N/A		NONE	NONE
29	NM	YES, APP SPECIFIC	N/A		\$23 / CALL US	\$23 / CALL US
	NY	NOT AVAILABLE	N/A		N/A	N/A
30	NC	YES, APP SPECIFIC	N/A		\$20 / \$20	\$20 / \$20
31	ND	YES	N/A		\$10 / \$10	\$10 / \$10
32	OH	YES, APP SPECIFIC	N/A		\$20 / \$20	\$20 / \$20
33	OK	YES	N/A		\$40 / \$40	\$40 / \$40
34	OR	NO	YES	NO	NONE	NONE
35	PA	YES, APP SPECIFIC	N/A		\$12.50 / \$12.50	\$12.50 / \$12.50
36	RI	YES	N/A		NONE	NONE
37	SC	YES, APP SPECIFIC	N/A		NONE	NONE
	SD	NO	N/A		\$10 / \$20	\$10 / \$20
38	TN	YES, APP SPECIFIC	N/A		\$15 / \$15	NONE
39	TX	NO	YES, APP SPECIFIC	YES	\$10 / \$10	NONE
40	UT	YES	N/A		NONE	NONE
	VT	NO	N/A		\$30 / \$30	\$30 / \$30
41	VA	YES	N/A		\$14 / \$14	\$14 / \$14
42	WA	NO	YES	NO	\$20 / \$20	\$20 / \$20
43	WV	YES	N/A		\$25 / \$25	\$25 / \$25
44	WI	YES	N/A		\$7 / \$24	\$7 / \$24
45	WY	YES	N/A		\$15 / \$15	\$15 / \$15
<b>NOTES*</b>		Base Product is only available in Florida		**	Outline of Coverage Req'd w/ Appl	

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:			
			<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? <b>Your failure to disclose a felony conviction will result in an automatic denial.</b>	<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 \_\_\_\_\_  Owner or Partner  
 Corporate Officer  
 Representative (Agent)  
 Date \_\_\_\_\_ Appointing Premier General 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**

	<b>Percentage</b>	
	<b>1st Year</b>	<b>Renewal</b>
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