

**APPLICATION TO REPRESENT**

AGENT # \_\_\_\_\_

Please Type or print

Name (last, first, middle)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status
Residence Address (Street, City State, Zip Code)			
Date of Birth	Place of Birth	Social Security Number	
Business Mailing Address (P.O. Box, City State, Zip Code)			
Business Mailing Address ( Must have for shipping supplies - Street, City State, Zip Code)			
Business Telephone Number		Fax Number	Residence Telephone Number
Cell Telephone Number		E-mail Address	

I hereby request Appointment to represent UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY.

1. Are you licensed with the State Insurance Department in your resident state to solicit life and health insurance?  
 Yes  No License # \_\_\_\_\_ If yes, please enclose a photocopy of your license.

2. Do you hold any non-resident life and/or health license?  Yes  No  
 If yes, list states. \_\_\_\_\_  
 Enclose a photocopy of your non-resident license/appointment for each state.

3. List companies with which you are currently licensed for Life and/or A&H:

Company	Life	A&H	Years Licensed
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

4. What is your primary line of business? (SELECT ONLY ONE CATEGORY)

- Group
- Individual Health:  Personal  Business
- Individual Life:  Personal  Business
- Property/Casualty:  Personal  Commercial

5. How long have you been in the insurance business? \_\_\_\_\_ Years \_\_\_\_\_ Months

6. All Commissions due from business sold by you are to be made payable to: \_\_\_\_\_

**IF COMMISSIONS ARE TO BE PAID TO AN AGENCY/FIRM, PLEASE COMPLETE THE FOLLOWING:**

Agency/Firm Name:	
Business Mailing address (if different from above)	
Agent/Firm Tax I.D. Number	Agency/Firm is: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Describe)
Is Agency/Firm Licensed with the State Insurance Department? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is License number	

7. Previous Employment ( Last 5 years. Use separate page if needed):

Name of Employer	Address	City, State, Zip Code
_____	_____	_____
_____	_____	_____

8. Education: Grade Completed \_\_\_\_\_ Last School Attended \_\_\_\_\_

9. Does Applicant have Errors and Omissions Coverage?  Yes  No  
 If yes, Please provide:  
 Company \_\_\_\_\_  
 Policy # \_\_\_\_\_

Amount of Policy \$ \_\_\_\_\_ Deductible Amount \$ \_\_\_\_\_

10. Have you ever been subject to or entered into a consent with any insurance department?  Yes  No

Has applicant or any other member of applicant ever been refused a license to act as an insurance agent, broker, or solicitor, or has a license to act in such capacity ever been denied or revoked by the insurance department of any State?  Yes  No (If yes to either of the above, please explain below.)

11. Has applicant or any member of applicant ever been found guilty of a violation of the laws (other than minor traffic laws) of the United States or any other state.  Yes  No (If yes, please explain below.)

12. Has applicant or any member of applicant ever been charged with any irregularities in money transactions, compromised liabilities with creditor or been adjudged a bankrupt?  Yes  No (If yes, please explain below.)

13. Is applicant engaged in any other business other than the insurance business?  Yes  No (If yes, state employer, occupation, and date of employment below.)

Name of current Employer \_\_\_\_\_

Date of Employment \_\_\_\_\_ OK to contact  Yes  No

14. Is applicant indebted to any insurance company, agency, or other person for premiums collected or is there any dispute regarding accounts?  Yes  No (If yes, please explain below.)

**EXPLANATIONS TO "YES" RESPONSES AND COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As part of our normal procedure, a routine investigation may be made in connection with your application. You do have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

(I, We) the undersigned declare that, if a license is issued, all premiums or monies collected from an applicant/insured and which are paid to the company because of the assumption of liability through the issuance of policies or contracts of insurance shall be held in a fiduciary capacity and shall not be misappropriated or converted to (my, our) own use or illegally withheld. (I, We) attest to the truth and completeness of the foregoing statements and answers.

(I, We) agree to comply with all the regulations of UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY and the Insurance Department.

Signatures of Applicant(s)

\_\_\_\_\_ Date

Submitted By: \_\_\_\_\_ Date

Signature of President or Secretary if applicant is Corporation

Signature of all members of partnership if applicant is a partnership

**How did you initially hear about**

- Another Insurance Agent
- General Agent
- Media Advertisement
- Direct Mail
- Prospect
- Client
- Other



**PLEASE INCLUDE A COPY OF YOUR PRODUCERS LICENSE.**

# UNITED SECURITY LIFE INSURANCE COMPANY OF ILLINOIS

## AGENT AGREEMENT

This Agreement is made the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, between United Security Life Insurance Company of Illinois ("Company"), a corporation of the State of Illinois and \_\_\_\_\_ ("Agent").

## WITNESSETH:

- APPOINTMENT:** The Company appoints the Agent, on the conditions herein specified to solicit applications, on forms furnished by the Company, for such life, health, accident, hospital and medical insurance issued by the Company as designated in the Commission Schedule(s) and Supplements, if any, attached hereto or as hereafter may, from time to time, by written notice to the Agent, be made a part of this Agreement, to collect the premiums on those policies as directed by the Company. The premium rates for the Company's policies shall be only those rates, which are published from time to time by the Company.
- BUSINESS ASSOCIATE:** The Agent acknowledges and agrees that (s)he is a "Business Associate" of the Company as that term is defined by the Health Insurance Portability and Accountability Act and its implementing regulations (45 C.F.R. Parts 160-164) ("HIPAA"). Capitalized terms used in this Agreement and not otherwise defined herein shall have the meanings set forth in HIPAA, which definitions are hereby incorporated by reference.

### 1. Obligations and Activities of the Producer as Business Associate

- The Agent agrees to use or disclose Protected Health Information only as permitted or required by this Agreement or as required by law.
- The Agent agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided by this Agreement.
- The Agent agrees to mitigate, to the extent practicable, any harmful effect that is known or should be known to the Agent of a use or disclosure of Protected Health Information by the Agent in violation of the requirements of this Agreement.
- The Agent agrees to report to the Company any use or disclosure of Protected Health Information not provided for by this Agreement of which (s)he becomes aware. The Agent will make the written report to the Company no less than three (3) business days after Agent learns of such unauthorized use or disclosure. The Agent's written report will at least (i) identify the nature of the unauthorized use or disclosure; (ii) identify the Protected Health Information used or disclosed; (iii) identify who made the unauthorized use or received the unauthorized disclosure; (iv) identify what the Agent has or will do to mitigate any deleterious effect of the unauthorized use or disclosure; (v) identify what corrective action the Agent has or will take to prevent future similar unauthorized use or disclosure; and, (vi) provide such other information, including a written report, as reasonably requested by the Company.
- The Agent agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by the Agent on behalf of, the Company agrees to the same restrictions and conditions that apply through this Agreement to Agent with respect to such information.
- The Agent agrees to make internal practices, books and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by the Agent on behalf of the Company available to the Company, or to the Secretary, for purposes of the Secretary determining the Company's compliance with the Privacy Rule.
- The Agent agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for the Company to respond to a request by an individual for an accounting of disclosures or Protected Health Information in accordance with 45 C.F.R. § 164.528.
- The Agent agrees to provide to the Company or an Individual, in time and manner as reasonably requested by the Company, information collected in accordance with Section II of this Agreement, to permit the Company to respond to a request by an individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. § 164.528.
- The Agent agrees to provide, at the request of the Company, and in the time and manner reasonably requested by the Company, access to Protected Health Information, to either the Company, as directed by the Company, to an individual in order to meet the requirements under 45 C.F.R. § 164.524.
- The Agent agrees to make any amendment(s) to Protected Health Information that the Company directs or agrees to pursuant to 45 C.F.R. § 164.526 at the request of the Company or an individual, and in a time and manner mutually agreed to by the Agent and the Company.
- The Agent agrees to follow the Company's policies and procedures, as the Company may deem applicable to the Agent. The Company shall make such privacy policies and procedures available for the Agent.

### 2. Permitted Use and Disclosures by Agent as Business Associate

The Agent may use or disclose Protected Health Information to perform functions, activities, or services of, or on behalf of, the Company as specified in Section II B.2 (a) of this Agreement, provided that such use or disclosure would not violate the Privacy Rule if done by the Company or the minimum necessary policies and procedures of the Company.

- Except as otherwise limited in this Agreement, the Agent may use Protected Health Information for the proper management and administration of the Agent to carry out the legal responsibilities of the Agent.
- Except as otherwise limited in this Agreement, the Agent may disclose Protected Health Information for the proper management and administration of the Agent, provided that disclosures are required by law, or the Agent obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies the Agent of any instances of which it is aware in which the confidentiality of the information has been breached.
- Except as otherwise limited in the Agreement, the Agent may use Protected Health Information to provide Data Aggregation services to the Company as permitted by 45 C.F.R. § 164.504(e)(2)(i)(B).
- The Agent may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 45 C.F.R. § 164.502(j)(1).

### 3. Obligations of the Company

- The Company shall notify the Agent of any limitation(s) in its notice of privacy practices of the Company in accordance with 45 C.F.R. § 164.520 to the extent that such limitation may affect the Agent's use or disclosure of Protected Health Information.
- The Company shall notify the Agent of any changes in, or revocation of, permission by an individual to use or disclose Protected Health Information, to the extent that such changes may affect the Agent's use or disclosure of Protected Health Information.
- The Company shall notify the Agent of any restriction to the use or disclosure of Protected Health Information that the Company has agreed to in accordance with 45 C.F.R. § 164.522, to the extent that such restriction may affect the Agent's use or disclosure of Protected Health Information.

### 4. Permission Requests by the Company

The Company shall not request the Agent to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by the Company, unless otherwise noted in this Agreement.

3. **AUTHORITY:** The Agent is authorized to collect initial premiums on applications solicited and procured, and shall promptly deliver such premium payments to the Company. The Agent shall not knowingly solicit applications for policies of the Company from persons who do not meet the eligibility requirements for such policies.
- The Agent has no authority:
- (a) To alter, modify, change, waive any forfeiture of, or waive performance of, any of the terms, rates or conditions of the Company's policies or contracts;
  - (b) To endorse checks payable to the Company (**all checks must be made payable to the Company**);
  - (c) To extend the time for payment of premiums or other monies due the Company;
  - (d) To make an agreement, orally or in writing, regarding the settlement of any claim or claims that may be made against the Company, unless specifically authorized by the Company in writing to do so;
  - (e) To incur any expense or obligation of any kind or nature in the name or on behalf of the Company, without first obtaining the express written authority of the Company in each case.
  - (f) To fail to promptly return or cause to be returned to the applicant the total sum collected by him from the applicant, when same is returnable;
  - (g) To do or perform any act or thing other than is expressly granted herein;
  - (h) To allow delivery on any insurance policy of the Company for which the first premium has not been paid in full; and,
  - (i) To institute legal proceedings in the name or on behalf of, or in connection with any business of, the Company unless such proceeding shall have been approved in advance by the Company in writing.
4. **ADVERTISING:** The Agent shall not insert or authorize the insertion of any advertising matter bearing the Company's name, logo or trademark on any stationery, radio, television scripts, literature, or any other publication or written materials, nor authorize the issuance or distribution of any circular or paper on behalf of the Company, without the prior written approval by an officer of the Company.
5. **ACCOUNT STATED:** The Company will furnish the Agent with a monthly statement showing commission payments and charges made to the Agent during such month. Unless the Agent, by written notice given to the Company within sixty (60) days from the date such statement is mailed to the Agent, takes exception to the accuracy and correctness of such statement and such statement shall be considered as final and conclusively binding upon the Agent.
6. **BOOKS AND RECORDS:** All books and records connected with the business of the Agent and the Company that are maintained by or are in the care, custody or control of the Agent shall be open to examination by the Company's authorized representative and shall be delivered to the Company or its authorized representative upon demand.
7. **BONDING:** Upon demand by the Company, the Agent agrees to furnish a bond satisfactory to the Company to secure the faithful performance of his duties and the payment of any and all indebtedness, which may arise under this Agreement.
8. **CLAIMS:** All claim matters shall be handled directly by the Company at its Home Office, which is presently in Rosemont, Illinois.
9. **COMMISSIONS:** The Agent shall receive as compensation the applicable commissions set forth in the Commission Schedule(s) attached hereto, as amended or modified from time to time, payable on premiums paid to and accepted by the Company. The Company reserves the right to discontinue, amend and/or add any plan of insurance and to establish, amend, or modify any Commission Schedule applicable to the Agent provided that the Company mails such newly established Commission Schedule or such amendment or modification to an existing Commission Schedule, to the last known address of the Agent. The effective date of any new, or of any amendment or modification of an existing, Commission Schedule shall be specified by the Company and shall govern all policies applied for from and after its effective date, until superseded. Commissions, service fees and other compensation on extra premiums, conversion exchanges, reinstatements, replacements and any other special situation will be payable in accordance with the published rates and practices of the Company and in effect at the time.
10. **DELIVERY OF POLICY:** The Agent shall, within twenty (20) days from the date policies are mailed to him from the Home Office of the Company, make delivery of such policies to applicants or policyowners, provided that delivery shall not be completed until all delivery receipts, releases and other documents required by the Company shall have been signed by the applicant or policyowner and mailed to the Company by the Agent. Commissions shall not be earned on any policies not delivered within such 20-day period and the Agent shall, on the day following expiration of said 20-day period, return to the Company any policy not so delivered.
11. **ERRORS AND OMISSIONS:** The Agent agrees to furnish and maintain an Errors and Omissions policy in the amount of not less than \$500,000 with no more than \$1,000 deductible, issued by a company and in such form as the Company shall require.
12. **FEES AND EXPENSES:** The Agent shall be responsible for payment of all taxes, fees or levies which are imposed on him for the privilege of his doing business, but this shall not include premium taxes or other taxes specifically levied against the Company as a privilege tax. The Agent may be charged with any amount(s) paid by the Company to any other person on behalf of the Agent, including, but not limited to, licensing fees, use taxes and bonding premiums. The Company shall furnish all supplies, blanks and printed matter, which the Company finds necessary for conducting business under this Agreement, all of which shall remain the property of the Company and shall be returned upon request. Any additional materials or supplies ordered from or through the Company shall, according to the Company's rules and practices, be charged to the Agent's account unless other arrangements for payment have been made to which the Company has agreed in writing.
13. **INDEBTEDNESS OF BROKER GENERAL AGENT:** Any advance or loan, annualization of compensation, extension of credit from the Company to the Agent of any other sums owed to the Company by the Agent shall be due and payable on demand. If not paid on demand such indebtedness shall bear interest from the date following the demand until paid at the maximum rate permitted by law and the Agent shall also be liable to the Company for all collection costs and expenses, including reasonable attorneys fees, incurred by the Company.
14. **OFFSETS:** The Company shall have the right to offset against any commissions, compensation or other sums due the Agent hereunder any indebtedness now due or which may become due at any time from the Agent.
15. **INDEMNITY:** The Agent shall indemnify, defend and hold harmless the Company from any and all claims, demands, actions, causes of action, lawsuits, proceedings, judgments, liabilities, damages, losses, costs and expenses, including reasonable attorneys fees, arising out of, resulting from or relating to any act or omission of the Agent provided that the defense of any such claims lawsuit, or proceeding against the Company shall be conducted at the sole cost of the Agent by attorneys reasonably satisfactory to the Company. For purposes hereof, attorneys' fees shall include fees of attorneys incurred by the Company for consultation prior to the filing of any such lawsuit, as well as for the defense of any lawsuit against the Company or the prosecution of any claim or lawsuit asserted against the Agent by the Company.
16. **NOTICE:** All notices given in connection with this Agreement shall be in writing and delivered personally or mailed by certified mail, postage prepaid, return receipt requested, to the parties at their respective addresses as follows:

If to the Company: 10275 West Higgins Road  
Rosemont, Illinois 60018

or such other address as the Company may, from time to time, designate by written notice delivered to the Agent in accordance herewith;

If to the Agent: The then-current address of the Agent as shown in the Company's file.

Mailed notices shall be deemed given two (2) business days after having been deposited in the U. S. mail.

17. **PLACE OF PERFORMANCE:** All monies due either party by the other party shall be paid at the Home Office of the Company, provided however, that the Company may, at its option, discharge any obligation to the Agent by mailing any monies due the Agent to his address as shown in the Company's files.
18. **REBATES:** The Agent agrees that he will not, directly or indirectly, in any manner whatsoever, pay, offer to pay or allow any rebate of the Agent's commissions on any policy issued or proposed to be issued by the Company.
19. **RECEIPTS:** The Agent shall be authorized to collect only the initial premium. Money received by the Agent for the Company shall be held by him in trust, separate and distinct from other funds, and shall be immediately due and payable in full to the Company. Receipts for premiums must be on forms furnished by the Company for that purpose. The Agent shall be liable to the Company for loss by accident, theft, or otherwise, of any money or items of value belonging to the Company and coming into his control.
20. **REJECTIONS:** The Company shall at all times, have the right, in its sole and absolute discretion, to reject any application for insurance without specifying the reason therefore. Should the Company, for any reason, refund any premium on any policies secured hereunder, the Agent shall promptly repay on demand any commission or other benefit received on such premium.
21. **AGENT IS INDEPENDENT CONTRACTOR:** The relationship between the Agent and the Company is that of an independent contractor and owner. Nothing contained herein shall create or be deemed to create the relationship of employer and employee between the parties.

Notwithstanding the foregoing, the Company may from time to time prescribe rules and regulations with respect to the conduct of the business covered hereby that do not interfere with the freedom of action of the Agent, and the Agent shall conform to and observe such rules and regulations of which he has notice or knowledge, whether contained herein or otherwise published. The Agent shall endeavor to promote the interest of the Company as contemplated by this Agreement and shall conduct himself in a manner that does not adversely affect the business, good standing or reputation of the Company. The Agent agrees that he will not violate any laws, rules and regulations of any Federal, State or local government, department or bureau having jurisdiction, nor will he induce or endeavor to induce any agent of the Company to violate any such laws, rules or regulations, or any rules or regulations of the Company.

22. **TERMINATION:**

A. Voluntary Termination: This Agreement may be terminated without cause at any time by either party giving the other party written notice of termination. The termination will be effective upon receipt of such notice or ten (10) days after the date written notice has been given, whichever is earlier. If this agreement is voluntarily terminated, the Agent, his heirs, legal representatives, successors and assigns shall be entitled to receive commissions payable under this Agreement, less offsets to which the Company is entitled. However, if the Agent is an individual and dies before the Company can pay such commissions to any such third party, that person must, within ninety (90) days of the Agent's death, obtain a temporary license from the Department of Insurance in the applicable State (if required by law).

B. Automatic Termination: This Agreement terminates automatically:

- (1) Upon the death of the Agent, if an individual;
- (2) Upon the Agent, if an individual, becoming totally disabled, as hereinafter defined;
- (3) Upon revocation, termination or non-renewal of the Agent's broker/agent license;
- (4) If any petition or similar pleading under any provision of any bankruptcy act or similar law, State or Federal, shall be filed by the Agent; or if any such petition, pleading or proceeding, is filed against the Agent and is not dismissed within thirty (30) days from the date it is filed; or if the Agent admits in writing that it is insolvent or unable to pay its debts.

If this Agreement is automatically terminated, the Company will pay the Agent compensation as if this Agreement had been voluntarily terminated.

For purposes hereof, the Agent shall be deemed totally and permanently disabled when due to illness or disease, the Agent is unable to perform each and every duty required of him hereunder, is not otherwise gainfully employed for wage or profit and is under the regular care of a legally licensed physician.

(C) Termination for Cause: the Company may elect to terminate this Agreement for cause if:

- (1) The Agent has violated any laws, rules and regulations of any applicable Federal, State or local government, department or bureau that applies or relates to the business engaged in by the Company, or is convicted of a felony;
- (2) The Agent has acted in a manner that adversely affects the business, good standing or reputation of the Company;
- (3) The Agent has attempted to or has induced any agent of the Company assigned to another agent to violate his agent agreement or terminate his relationship with such other agent of the Company;
- (4) The Agent has attempted to or has induced any policyholder of the Company to discontinue the payment of premiums on any policy or to relinquish or replace any policies of the Company;
- (5) The Agent has failed to comply with any provision of this Agreement notwithstanding the Company's written demand for compliance; or
- (6) The Agent has embezzled or misapplied funds of the Company.

If this Agreement is terminated for cause, the Agent shall be not be entitled to any compensation or commissions on any premiums received by the Company after termination. In addition, the Company may seek and obtain injunctive relief or pursue, individually or collectively, any and all other remedies allowed by law or in equity for such acts of the Agent, including, but not limited to, recovery of damages. Forbearance or neglect on the part of the Company to insist upon the performance of any provision of this Agreement, or its failure to terminate this Agreement for cause, shall not constitute a waiver of such rights and privileges for the same or similar acts in the future.

Upon termination of this Agreement, the Agent or his legal representative shall immediately pay in cash to the Company all sums due, and shall immediately deliver to the Company all materials and supplies belonging to the Company.

Upon termination of this Agreement, for any reason, the Agent shall return or destroy all Protected Health Information received from the Company, or created or received by the Producer on behalf of the Company. This provision shall also apply to Protected Health Information that is in possession of sub-contractors or agents of the Agent. The Agent shall retain no copies of the Protected Health Information.

In the event that the Agent determines that returning or destroying the Protected Health Information is infeasible, the Agent shall provide written notification of the conditions that make return or destruction infeasible. The Agent shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as the Agent maintains such Protected Health Information.

23. **TERRITORY:** The territory within which the Agent shall operate under authority of this Agreement consists of the State(s) of \_\_\_\_\_, provided the Agent is duly licensed and appointed by the Insurance Department of each such State. The Company may appoint one or more other agents in any portion of the territory assigned to the Agent and the Agent shall have no claim for commissions or other remuneration for or on account of insurance effected by such other agents unless such commissions or other remuneration is assigned to the Agent.

24. **RIGHTS OF THE COMPANY:** In addition to all other rights the Company may have set forth herein, it expressly reserves the right at any time and from time to time to:
- (a) Modify or amend any policy form or contract;
  - (b) Modify or alter the conditions or terms under which any policy form or contract may be sold, or regulate its sale in any way;
  - (c) Discontinue or withdraw any policy form or contract for any State, without prejudice to its right to continue such form contract elsewhere; or
  - (d) Cease doing business in any State.
25. **VESTED COMMISSIONS:** The vesting of commissions under this Agreement shall in no way limit or otherwise affect the right of the Company to service business on which such vested commissions are payable. The right of the Agent shall cease when all commissions in any preceding calendar year amount to less than Six Hundred Dollars (\$600.00) or if this Agreement has been terminated for cause as herein provided, whereupon no further commissions shall be payable. The servicing fee in the 11<sup>th</sup> and subsequent years provided for in the Commission Schedule will be payable to the Agent only if the Agent is actually servicing the business at that time.
26. **ENTIRE AGREEMENT:** This Agreement, including any attached schedules, supplements or amendments, sets forth all agreements and understandings between the Agent and Company and there are no other agreements or understandings, oral or written, between them. This Agreement may not be amended or modified except by an instrument in writing, signed by both parties, or as set forth in written notice from the Company to the Agent, which, by its terms, amends or modifies this Agreement.
27. **BENEFIT:** This Agreement is binding upon and shall inure to the benefit of parties hereto and their respective heirs, legal representatives, successors, and assigns, provided that the Agent may not assign, pledge or otherwise transfer this Agreement or any of its rights hereunder, including, without limitation, any funds due or to become due hereunder.
28. **JURISDICTION:** All actions or proceedings between the parties arising or resulting, directly or indirectly, from this Agreement, shall be brought only in courts of the State of Illinois having situs within Cook County, Illinois, or in the United States District Court in Chicago, Illinois, and the parties consent and hereby submit to the jurisdiction of said courts as to any cause of action arising out of, or resulting, directly or indirectly, from this Agreement.
29. **APPLICABLE LAW:** This Agreement and all of the terms, provisions and conditions contained herein shall be construed according to the laws of the State of Illinois.

IN WITNESS WHEREOF, the parties have executed this Agreement in duplicate as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ and shall be effective for all purposes of that date.

UNITED SECURITY LIFE INSURANCE COMPANY  
OF ILLINOIS

\_\_\_\_\_  
Agent Signature (sign name)

By: \_\_\_\_\_

\_\_\_\_\_  
Agent (print name)

Title: \_\_\_\_\_

\_\_\_\_\_  
Street Address

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

APPROVED:

\_\_\_\_\_  
License Number(s)

\_\_\_\_\_  
Appointing Agent

\_\_\_\_\_  
Agent Number(s)

# United Security Life Insurance Company of Illinois

## COMMISSION SCHEDULE

### GENERAL AGENT

PLAN	FIRST YEAR %	SECOND YEAR %	3 <sup>rd</sup> -10 <sup>th</sup> YEAR %	11 <sup>th</sup> year % +
MAJOR MEDICAL	15	3	3	1
DISABILITY INCOME	45	7	7	7
CANCER	45	7	7	7
E-Z LIFE	55	5	5	5

No commissions are payable on renewal rate increases, billing fees, processing fees, application fees, or underwriting surcharges.

Applications submitted for the Plan of Insurance listed above shall be subject to this Commission on and after the effective date shown below, subject to such amendment as the Company may, from time to time, make by written notice to the General Agent.

Signed and agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 2000

**GENERAL AGENT**

**UNITED SECURITY LIFE INSURANCE  
COMPANY OF ILLINOIS**

\_\_\_\_\_  
Signature

By: \_\_\_\_\_

\_\_\_\_\_  
Name (Please Print)

Title: \_\_\_\_\_

\_\_\_\_\_  
Address

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

UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY  
10275 W. Higgins Rd.  
Rosemont, IL 60018  
847-298-1400

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**

1. I authorize the Company to initiate credit entries to my \_\_\_\_\_ checking \_\_\_\_\_ savings account in the entity named below ("Depository Institution"), and I authorize the Depository Institution to accept and to credit the amount of such entries to my account. Such authorization does not allow the Company to debit entries to my account. Deposits are normally available two (2) banking days after commissions are processed. It is my responsibility to verify deposits before writing checks against these funds. I understand that United Security Life and Health Insurance Company is not responsible for bank errors or bank fees. I may cancel this Direct Deposit at any time. By signing below I accept the terms and conditions as stated above.

This authority is to remain in full force and effect until the Company has received written notification from me of its termination in such time and in such manner as to afford the Company a reasonable opportunity to act on it and in no event shall it be effective with respect to entries processed by the Company prior to receipt of notice of termination.

The undersigned hereby agrees that all entries initiated hereunder are to be governed in all respects by the Rules of the National Automated Clearing House Association and agrees to be bound thereby.

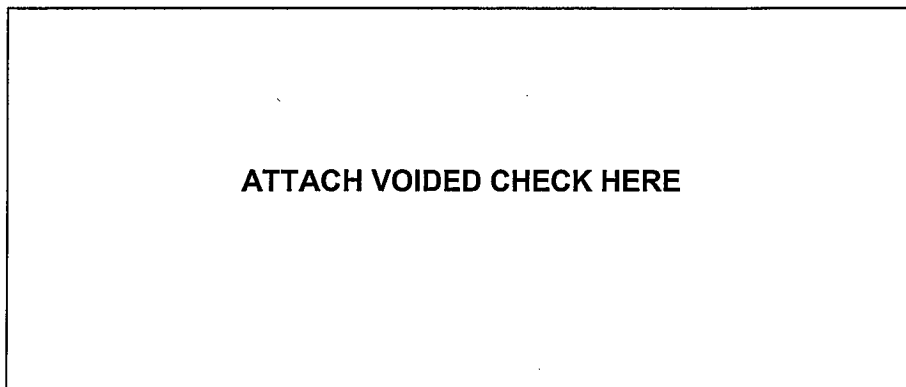
2. DEPOSITORY INSTITUTION: \_\_\_\_\_  
3. CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
4. TRANSIT/ABA NO.: \_\_\_\_\_ ACCOUNT NO.: \_\_\_\_\_  
5. NAME AS APPEARS ON ACCOUNT: \_\_\_\_\_  
6. AGENT'S NAME (please print): \_\_\_\_\_  
7. AGENT'S CODE (if known): \_\_\_\_\_  
8. DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

**Notes for completing form:**

- 1 – Indicate if checking or savings account;
- 2 – through 6 – Complete all information;
- 7 – If new agent, leave blank; otherwise complete
- 8 – Date and sign.

Please fill out this form and either mail to the address shown above, Attn: Commissions Dept., or fax to 847-759-9870.

**ATTACH A VOIDED CHECK AND RETURN TO THE COMMISSIONS DEPARTMENT**



# 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	
	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"/> Other ▶ .....	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	
City, state, and ZIP code		
List account number(s) here (optional)		
Requester's name and address (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. 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:

1. 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**
2. 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**
3. I am a U.S. person (including a U.S. resident alien).

**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.)

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

## 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.

**U.S. person.** 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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**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.

**Foreign person.** If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

## Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.