



## **Insurance & Financial Services**

Helping People | Change your Business Life

2701 West Oakland Park Blvd Suite 400, Oakland Park, FL 33311

### **Independent Associate Agreement**

#### **Please sign and upload @ Contract Application Page**

1-It is understood and agreed that I, not **Excelsior Marketing Insurance & Financial Services**, will be responsible to the insurance company for any commission charge backs incurred. I also agree that **Excelsior Marketing Insurance & Financial Services** shall be entitled to offset any chargeback of commissions owed by me, or by a subagent under me, against any commissions which I have earned from any insurance carrier. In such event, I agree that payment of commissions to me less any such charge backs owed by me (or my subagent) shall constitute full payment of my commissions from **Excelsior Marketing Insurance & Financial Services**.

2- I also agree that I will be responsible for any debt that is rolled up to **Excelsior Marketing Insurance & Financial Services** from any insurance carrier with whom I have an outstanding debt. I also agree that **Excelsior Marketing Insurance & Financial Services** may send me to collections if any debt is not paid in full, and I agree to cooperate with the collections agency.

3- I fully understand and agree that I am not an employee, agent, representative, or independent contractor of **Excelsior Marketing Insurance & Financial Services**, and accordingly, that I am not authorized to so represent myself, nor will I hold **Excelsior Marketing Insurance & Financial Services** responsible for my actions. Both **Excelsior Marketing Insurance & Financial Services** and I may terminate this relationship at any time, for any reason, with or without cause, by delivering at least ten (10) business days' notice of such termination to the other.

4- I am fully aware and agree that as a licensed insurance agent it is my responsibility to completely understand the products and companies I represent and to conduct my business in compliance with the laws and rules, including properly soliciting these products to consumers pursuant to state law within the state(s) where I hold a resident and/or non-resident license.

5- I hereby agree to indemnify, defend and hold harmless **Excelsior Marketing Insurance & Financial Services**, as well as its owners, members, officers, directors, agents, employees, and representatives, from any claims or liabilities which may arise in any manner from my conduct and actions (or failures to act) as a licensed insurance agent, as well as from any claims or liabilities which may arise in any manner from my carrying out the authority granted under usage of signature (for any online contract) for the sole purposes of obtaining carrier appointment. The duty to defend includes any attorney's fees and costs incurred by **Excelsior Marketing Insurance & Financial Services** as a result of any such claim or liability.



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6- I hereby authorize any individual or company to provide **Excelsior Marketing Insurance & Financial Services** any and all information with reference to my character, credits, debts owed insurance companies, business reputation and employment history, and I release said individual and/or company from any and all liability which results, or might result, from the disclosure of such information.

7- I understand that by providing my fax number, e-mail address, mail address, and telephone number, in this affirmation and agreement, I am giving express permission to the receipt of advertisements and other communications by fax, e-mail, mail, and telephone from or on behalf of provide **Excelsior Marketing Insurance & Financial Services** and its affiliates.

8- I understand that **Excelsior Marketing Insurance & Financial Services** is a Florida based business, and accordingly agree that my contract application and this Affirmation and Agreement shall be governed by, and construed in accordance with, the laws of the State of Florida without reference to its choice of law rules. I hereby irrevocably consent to personal jurisdiction and venue in the state and federal courts located in Broward County, Florida with respect to any actions, claims, or proceedings arising out of or in connection with this Affirmation and Agreement. Notwithstanding the foregoing, I expressly acknowledge and agree that any claim or controversy arising out of or relating to this Affirmation and Agreement shall be settled by arbitration conducted in Broward County, Florida in accordance with the Commercial Arbitration Rules of the American Arbitration Association, and judgment on the award rendered by the arbitrator may be entered in any court in Broward County, Florida, and the foregoing sentence regarding jurisdiction and venue in the state and federal courts located in Broward County, Florida shall apply only with respect to judgment on the arbitrator’s award, and enforcement of same, if necessary. I agree that either party which prevails shall be entitled to an award of attorney’s and mediator’s fees against the non-prevailing party.

9- Under penalties of perjury, I certify that all answers to the contract application and information shown on my application form are true and correct. I have read the above language in this Affirmation and Agreement, and by signing below, I am agreeing to abide by all of the terms set forth herein.

Accepted and agreed to by individual or officer of entity receiving producer agreement:

Signature: \_\_\_\_\_

Print Name of Producer \_\_\_\_\_

Date: \_\_\_\_\_



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PLEASE PRINT CLEARLY

## NEW AGENT INFORMATION FORM

### APPLICANT'S INFORMATION

Name -----

Spouse-----

Address-----

City-----State-----

Email-----

Office Phone-----Home Phone-----

#### Recruiter

Name-----

Telephone----- Email-----

#### LICENSES

Life

Life & Disability

Please list the most recent life insurance companies that you have represented

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Please be sure to sign contact and upload @ Contract Application Page