

PRODUCER PROFILE

Please complete this form and return to CPS. We must have a completed and signed form on file.

| PRODUCER INFORMATION | | | | |
|--|----------|---|-------|----------|
| Name | | Company/Corporation Name | | |
| Fax | | E-Mail Address | | |
| Business Phone | | Home Phone | | |
| Business Street Address | Suite | City | State | Zip Code |
| Home Street Address | Apt. No. | City | State | Zip Code |
| Mail to? <input type="checkbox"/> Business <input type="checkbox"/> Home | | Preferred method of correspondence? <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail | | |
| Social Security No. | | Tax ID No. | | |
| Insurance License No. | | Date of Birth – Day/Mo/Year | | |
| Designations (Check all that apply) <input type="checkbox"/> CLU <input type="checkbox"/> CPCU <input type="checkbox"/> ChFC <input type="checkbox"/> RHU <input type="checkbox"/> CFP <input type="checkbox"/> LUTC <input type="checkbox"/> CIC <input type="checkbox"/> Other: _____ | | | | |
| Do you carry E&O insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Yes? Name of carrier? | | |
| Do you assign commissions? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Yes? To whom? | | |
| Are you securities licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Applicable Licenses? <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 22 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 63 | | |
| If NASD registered, what is the name of your broker dealer | | | | |

Please go to next page

IT IS AGREED by and between CPS Insurance Services (hereinafter referred to as MGA), and the producer whose name appears on page 1 (hereinafter referred to as Producer) that in consideration of MGA's continued goodwill and patronage:

- A. MGA agrees that commission payment, if any, made by MGA to Producer shall be vested in Producer to the same extent that commissions on the same transaction are vested in MGA by applicable insurance company, with the exception of group insurance which may be subject to a Broker of Record direction.
- B. In the event that any commission, premium, or fee paid or credited to Producer must be referenced or returned by MGA to the insurer, MGA is authorized, but not obligated, to make payment on Producer's behalf and will be reimbursed for this payment in full by Producer within thirty (30) days of the date of such payment. If such payment is not made by Producer, then MGA is authorized to debit any commissions which may be due Producer until such obligation has been fulfilled. Producer will also reimburse MGA for any and all costs and expenses (including reasonable attorney's fees) incurred by MGA in collection of any such sums from Producer.
- C. Producer agrees to hold MGA harmless and indemnify MGA against any and all liability, loss, damages, judgements, costs or expenses of any nature, type or kind (including reasonable attorney's fees) incurred by MGA or imposed upon MGA as a result of any allegedly wrongful or tortuous act or omission on part of the Producer.
- D. The Agent/Company consents to the transmission of information, whether personal, commercial or of an advertising nature, by way of the fax number or email address set forth herein, or other fax numbers or email addresses of the agent/company.

In the event of litigation to determine the respective rights, duties and/or obligations of the parties under this agreement, the prevailing party shall be entitled to reasonable attorney's fees.

Print Name

Sign Name

Date

Thanks for doing business with CPS Insurance Services!

CPS Insurance Services / CA License # 0571612
18551 Von Karman Avenue, Suite 150, Irvine, CA 92612
Phone (949) 863-0700 / Phone (800) 326-5433 / Fax (949) 863-9318 / Fax (800) 436-8255
Licensing Department Fax (949) 225-7157