

**Call NAAIP Agent Services before filling out PDF.**

**Call Now: 1-800-770-0492**



**eContracting Registration**

**eContracting Login**

## Stonebridge Life Insurance Contracting Application

### **Highest Commissions – Guaranteed!**

Agent contracting - highest commissions - Stonebridge Life Insurance. Call NAAIP direct at **1-800-770-0492** for appointment. Alternatively, complete the attached application and sign where indicated. Fax or email your completed application along with copies of all insurance licenses for the states in which you will be soliciting business.

Please fax or email pages back to us that you have written on. Include your state insurance license(s), and void check. Void check must have pre-printed bank information - otherwise letter from the bank.

**Agents will be Contracted at the Highest Commission Level.  
Call NAAIP Agent Services before filling out this PDF for a higher contract.**

# 1-800-770-0492

Available in CA, DE, FL, ID, KS, MI, MO, NV, NJ, NM, ND, OH, OR, PA, SD, UT, and WA.

Stonebridge agent appointments - highest commissions.

Please go to <http://www.hellosign.com> to electronically fill out the contract. Hellosign is free.

**Go to [www.naaip.org](http://www.naaip.org) to learn about our free agent websites with 3 quote engines and our free lead program. Monday thru Thursday conference call at Noon ET.**

## **2014 Commission Schedule Click Here**

Sincerely,

Agent Services ([www.naaip.org](http://www.naaip.org))

Tel: 1-800-770-0492

Fax: 1-866-436-1640

Email: [david \(at\) naaip.org](mailto:david@naaip.org)

**PRODUCER APPOINTMENT APPLICATION**



I am requesting an appointment and agreement with the below company(ies) (each individually referred to as "the Company").

<input type="checkbox"/> Stonebridge Life Insurance Company	<input type="checkbox"/> Transamerica Casualty Insurance Company
<input type="checkbox"/> Transamerica Financial Life Insurance Company	<input type="checkbox"/> Transamerica Life Insurance Company
<input type="checkbox"/> Transamerica Premier Life Insurance Company	<input type="checkbox"/> Western Reserve Life Assurance Co. of Ohio

**PERSONAL DATA**

FIRST:	MIDDLE:	LAST:	SUFFIX:
SOCIAL SECURITY NUMBER:		DATE OF BIRTH:	GENDER:
PRIMARY TELEPHONE:	SECONDARY TELEPHONE:	FAX #:	
FINRA REGISTERED?	IF YES, BROKER-DEALER NAME:		
E-MAIL ADDRESS:			

<b>HOME ADDRESS</b> (Mandatory for background investigative report requirements.)			
STREET:			APT#:
CITY:	STATE:	ZIP:	COUNTRY:
<b>BUSINESS ENTITY NAME IF APPLICABLE:</b>			
<b>BUSINESS ADDRESS</b> (if different than Home Address):			
STREET:		STE#:	P.O. BOX:
CITY:	STATE:	ZIP:	COUNTRY:

**APPOINTMENT INFORMATION**

NON-RESIDENT APPOINTMENTS DESIRED:
FLORIDA COUNTIES DESIRED:

BACKGROUND INFORMATION	Yes	No
<p>A. Have you been convicted of, or pled guilty or nolo contendere ("no contest") to a felony or misdemeanor involving: insurance, investments or a related business, fraud, false statements or omissions, wrongful taking of property, or bribery, forgery, counterfeiting or extortion, or breach of trust?</p> <p>If "yes", provide explanation below and attach supporting court documentation.</p>		
<p>B. Have you ever been convicted of, or pled guilty or nolo contendere ("no contest") to any other felony or misdemeanor?</p> <p>If "yes", provide explanation below (including date, county, and state in which the felony or misdemeanor occurred) and attach supporting court documentation.</p>		
<p>C. Has any State Insurance Department or other State or Federal Regulatory Agency ever denied, suspended or revoked your license or registration?</p> <p>If "yes", provide explanation below and attach supporting documentation.</p>		
<p>D. Have you personally or a firm that you exercised management control over, or owned 10% or more of the securities of, failed in business, made a compromise with creditors, filed a bankruptcy petition or been declared bankrupt?</p> <p>If "yes", provide explanation below and attach supporting documentation, for example, a copy of original filing, discharge, and Schedule F.</p>		
<p>E. Do you have any outstanding or unsatisfied collections, judgments and/or liens, including tax liens, totaling \$50,000 or more?</p> <p>If "yes", provide explanation below and attach supporting documentation, for example, a copy of IRS repayment schedule, etc.</p>		
<p>F. Has any State Insurance Department, any other State or Federal Regulatory Agency, or the SEC, FINRA or any other Self Regulatory Organization ever entered an order against you relative to a violation of insurance or investment-related regulations or statutes?</p> <p>If "yes", provide explanation below and attach supporting documentation.</p>		
<p>G. Do you currently have an outstanding debit balance with any other insurance carrier(s), insurance agency, or broker-dealer?</p> <p>If "yes", provide explanation below.</p>		

**BUSINESS ENTITY INFORMATION**

If applicant is a corporation, partnership, or LLC and fixed product commissions or compensation are to be disbursed to the entity, please complete the following:

LEGAL NAME OF ENTITY:

TIN FOR ENTITY:

**ERRORS AND OMISSIONS**

Are you covered by an Errors and Omissions policy? If so, attach E & O certification.

**DIRECT DEPOSIT**

NAME OF BANK:

DEPOSITORY NAME:

ROUTING NUMBER:

ACCOUNT NUMBER:

BANK PHONE NUMBER:

ACCOUNT TYPE:

**RECRUITER INFORMATION (If known)**

FIRST NAME:

LAST NAME:

EMAIL ADDRESS:

**ADDITIONAL INFORMATION**

Empty box for additional information.

## CERTIFICATION

- I certify that the information contained in this application is true and complete to the best of my knowledge and belief.
- I have received the "Fair Credit Reporting Act Disclosure and Authorization of Consumer Report/Investigative Consumer Report" and "A Summary of Your Rights Under the Fair Credit Reporting Act".
- If I have been notified by the IRS that I have previously given an incorrect taxpayer identification number, my signature below constitutes my certification under penalties of perjury to the following: (1) the taxpayer identification number on this form is my correct taxpayer identification number; and (2) I am not subject to backup withholding; and (3) I am a U.S. person (including a U.S. resident alien). I acknowledge that the IRS does not require my consent to any provision of this form other than the certification required to avoid backup withholding.
- I acknowledge receipt of the 1994 Crime Act Notice, and I certify that I am not in violation of the provisions of the 1994 Crime Act described in that notice.
- I have received and will comply with the Company's Code of Professional Conduct for producers and employees.
- I agree to update any changes to the responses provided in this application to Questions (A) through (G) under the Background Information section within 5 days of such change.

## ACKNOWLEDGEMENT

If I am appointed with more than one Company, I acknowledge and agree that the Producer Agreement or other agreement evidencing such appointment is to be construed as constituting separate and distinct agreements between me and each Company with which I am appointed. The rights, obligations, and responsibilities between me and one Company are separate and distinct from the rights, obligations, and responsibilities between me and any other Company with whom I may be appointed. No Company will have responsibility or liability for the acts or omissions of any other Company with whom I may be appointed.

## AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize any employer, insurance company, managing agent, educational institution, financial institution, consumer reporting agency, criminal justice agency, insurance department or individual having any information relating to my activities to release such information to the Company, or any affiliated company, or any consumer reporting agency acting for and on behalf of the Company or for and on behalf of any other affiliated company. This information may include, but is not limited to, employment and job performance history, academic records, credit records, disciplinary, arrest and conviction records, and personal history, including information as to character, general reputation and mode of living.

Signature – (Full Name)

(Printed Name)

(Date)

I acknowledge that I have read the Anti-Money Laundering Training for Agents materials provided and I agree to report any suspicious activity to my manager or directly to the Company.

Signature-(Full Name)

(Printed Name)

By signing below, you certify that: you are not in violation of the Violent Crime Control and Law Enforcement Act of 1994 (the "1994 Crime Act") if the Company enters into this Agreement with you and that you will immediately advise the Company of any situation that would cause you to be in violation of the 1994 Crime Act. You have read and understand the Company's Code of Professional Conduct and agree to abide by its terms. You agree to foster high standards of ethical behavior and to adhere to the Company's policies and procedures concerning the sale of our insurance products. You acknowledge that you have read and understand this Agreement, and agree to be bound by its terms.

COMPLETE SECTION 1 OR 2 OF THE FOLLOWING:

**1. INDIVIDUAL PRODUCER**

\_\_\_\_\_  
Printed Name



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note:** If completing section **2**, the Guaranty portion must be completed in order to process the agreement.

**2a. NON-INDIVIDUAL PRODUCER**  
(Corporation, Agency, etc.)

\_\_\_\_\_  
Name of Entity

\_\_\_\_\_  
Printed Name of Authorized Officer

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**2b. GUARANTY**

The undersigned hereby unconditionally guarantees the full and timely payment of any and all indebtedness of the Non-Individual Producer to the Company(ies).

\_\_\_\_\_  
Printed Name of Individual

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date

information directly with, the Policyholder, Certificateholder, or Consumer to whom such information pertains, provided that such disclosure would not violate HIPAA if we made it.

- b. We acknowledge that you may have relationships with affinity groups and associations and that, as a result, you may receive information ("Group Member Information") relating to their members (each a "Group Member") that constitutes Nonpublic Personal Financial Information and/or Protected Health Information. You and we agree that a Group Member's Group Member Information shall constitute Nonpublic Personal Financial Information and/or Protected Health Information only from and after the time that a Group Member applies for a Policy.
- c. You may use Information, Nonpublic Personal Financial Information and/or Protected Health Information for cross-marketing and/or cross-selling of other policies or products to the extent, but only to the extent, that the Policyholder to whom such information pertains has authorized you specifically in a writing that complies with HIPAA to do so and such marketing and selling is conducted in adherence with the restrictions on marketing and sale of PHI as provided under HIPAA.
- d. Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits compliance with GLBA and HIPAA.
- e. You shall notify us in writing without unreasonable delay and in any event within three (3) business days after becoming aware of a violation of Sections 7.2, 7.4, 7.5, or 7.6 of this Agreement, or of the occurrence of a "security incident," as defined in 45 C.F.R. §164.304. You agree to cooperate fully with us in any security-incident investigation or resolution and agree that no notifications or communications to any individual(s), media outlets, state or federal regulatory authorities, or other third parties regarding the incident shall be made without in each instance our specific prior written consent.
- f. You shall comply with all applicable state and local laws and regulations enacted to protect the privacy of individual personal information.
- g. We can amend Sections 7.2, 7.4, 7.5, or 7.6 of this Agreement without your consent to reflect (i) future amendments of GLBA or HIPAA, or (ii) court orders interpreting the application of GLBA or HIPAA, or (iii) a material change in our business practices, but any such amendment shall be enforceable against you only after we have notified you.

Other principles and standards to use in daily conduct can be found in the Practical Guide to Professional Conduct. These policies, procedures and guidelines can be changed from time to time.

**Stonebridge Life Insurance Company, Transamerica Financial Life Insurance Company,  
Transamerica Life Insurance Company, Transamerica Premier Life Insurance Company,  
Western Reserve Life Assurance Co. of Ohio**



**Greg Bobzien  
Vice President**

**ACKNOWLEDGEMENT**

**I acknowledge that I have read, understood, and accept the provisions of this agreement. Except as expressly supplemented by this Agreement, all other terms and conditions contained in the Agreement remain in full force and effect.**

\_\_\_\_\_  
NAME (Please Print)

\_\_\_\_\_  
AGENT NUMBER

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



**COMMISSION RATE SCHEDULE  
FOR PRODUCER AGREEMENT  
FOR MEDICARE SUPPLEMENT**

The Commission Rate Schedule contained in the Agreement with Monumental Life Insurance Company, Stonebridge Casualty Insurance Company, Stonebridge Life Insurance Company, Transamerica Financial Life Insurance Company, Transamerica Life Insurance Company and/or Western Reserve Life Assurance Co. of Ohio ("the Company(ies)") is as follows with respect to applications for the following Stonebridge Life Insurance Company policies submitted on or after July 22, 2013:

<b>MEDICARE SUPPLEMENT INSURANCE PRODUCT</b>			
<b>CALIFORNIA</b>			
<b>Open Enrollment/Underwritten</b>	<b>Years 1-6</b>	<b>Years 7-10</b>	<b>Years 11+</b>
Issue Age <65	9.00%	3.00%	0.00%
Issue Age 65-79	9.00%	3.00%	0.00%
Issue Age 80+	3.00%	0.00%	0.00%
<b>External Replacement</b>	<b>Years 1-6</b>	<b>Years 7-10</b>	<b>Years 11+</b>
Issue Age <65	6.00%	1.50%	0.00%
Issue Age 65-79	6.00%	1.50%	0.00%
Issue Age 80+	1.50%	0.00%	0.00%
<b>Guaranteed Issue</b>	<b>Years 1-6</b>	<b>Years 7-10</b>	<b>Years 11+</b>
Issue Age <65	3.00%	0.00%	0.00%
Issue Age 65-79	3.00%	0.00%	0.00%
Issue Age 80+	0.00%	0.00%	0.00%
<b>DELAWARE</b>			
<b>Open Enrollment/Underwritten/ External Replacement</b>	<b>Years 1-6</b>	<b>Years 7-10</b>	<b>Years 11+</b>
Issue Age <65	0.00%	0.00%	0.00%
Issue Age 65-79	22.00%	6.00%	0.00%
Issue Age 80+	11.00%	3.00%	0.00%
<b>Guaranteed Issue</b>	<b>Years 1-6</b>	<b>Years 7-10</b>	<b>Years 11+</b>
Issue Age <65	0.00%	0.00%	0.00%
Issue Age 65-79	5.50%	1.50%	0.00%
Issue Age 80+	2.75%	0.75%	0.00%
<b>FLORIDA</b>			
<b>Open Enrollment/Underwritten/ External Replacement/ Guaranteed Issue</b>	<b>Years 1-6</b>	<b>Years 7-11</b>	<b>Years 12+</b>
Issue Age <65	3.50%	0.00%	0.00%
Issue Age 65-79	11.00%	0.00%	0.00%
Issue Age 80+	11.00%	0.00%	0.00%
<b>IDAHO</b>			
<b>Open Enrollment/Underwritten/ External Replacement</b>	<b>Years 1-6</b>	<b>Years 7-10</b>	<b>Years 11+</b>
Issue Age <65	0.00%	0.00%	0.00%
Issue Age 65-79	20.00%	6.00%	0.00%
Issue Age 80+	10.00%	3.00%	0.00%
<b>Guaranteed Issue</b>	<b>Years 1-6</b>	<b>Years 7-10</b>	<b>Years 11+</b>
Issue Age <65	0.00%	0.00%	0.00%
Issue Age 65-79	5.00%	1.50%	0.00%
Issue Age 80+	2.50%	0.75%	0.00%



<b>KANSAS</b>			
<b>Open Enrollment/Underwritten/ External Replacement</b>	<b>Years 1-6</b>	<b>Years 7-11</b>	<b>Years 12+</b>
Issue Age <65	13.00%	5.00%	0.00%
Issue Age 65-79	13.00%	5.00%	0.00%
Issue Age 80+	5.00%	1.00%	0.00%
<b>Guaranteed Issue</b>	<b>Years 1-6</b>	<b>Years 7-11</b>	<b>Years 12+</b>
Issue Age <65	5.00%	1.00%	0.00%
Issue Age 65-79	5.00%	1.00%	0.00%
Issue Age 80+	1.00%	0.00%	0.00%
<b>MICHIGAN</b>			
<b>Open Enrollment/Underwritten/ External Replacement</b>	<b>Years 1-3</b>	<b>Years 4-10</b>	<b>Years 11+</b>
Issue Age <65	0.00%	0.00%	0.00%
Issue Age 65-79	27.00%	4.00%	0.00%
Issue Age 80+	13.50%	2.00%	0.00%
<b>Guaranteed Issue</b>	<b>Years 1-3</b>	<b>Years 4-10</b>	<b>Years 11+</b>
Issue Age <65	0.00%	0.00%	0.00%
Issue Age 65-79	6.75%	1.00%	0.00%
Issue Age 80+	3.38%	0.50%	0.00%
<b>MISSOURI</b>			
<b>Open Enrollment/Underwritten/ External Replacement</b>	<b>Years 1-6</b>	<b>Years 7-10</b>	<b>Years 11+</b>
Issue Age <65	20.00%	6.00%	0.00%
Issue Age 65-79	20.00%	6.00%	0.00%
Issue Age 80+	10.00%	3.00%	0.00%
<b>Guaranteed Issue</b>	<b>Years 1-6</b>	<b>Years 7-10</b>	<b>Years 11+</b>
Issue Age <65	5.00%	1.50%	0.00%
Issue Age 65-79	5.00%	1.50%	0.00%
Issue Age 80+	2.50%	0.75%	0.00%
<b>NEVADA</b>			
<b>Open Enrollment/Underwritten/ External Replacement</b>	<b>Years 1-6</b>	<b>Years 7-10</b>	<b>Years 11+</b>
Issue Age <65	0.00%	0.00%	0.00%
Issue Age 65-79	22.00%	6.00%	0.00%
Issue Age 80+	11.00%	3.00%	0.00%
<b>Guaranteed Issue</b>	<b>Years 1-6</b>	<b>Years 7-10</b>	<b>Years 11+</b>
Issue Age <65	0.00%	0.00%	0.00%
Issue Age 65-79	5.50%	1.50%	0.00%
Issue Age 80+	2.75%	0.75%	0.00%
<b>NEW JERSEY</b>			
<b>Open Enrollment/Underwritten/ External Replacement</b>	<b>Years 1-6</b>	<b>Years 7-10</b>	<b>Years 11+</b>
Issue Age <65	5.50%	1.50%	0.00%
Issue Age 65-79	22.00%	6.00%	0.00%
Issue Age 80+	11.00%	3.00%	0.00%
<b>Guaranteed Issue</b>	<b>Years 1-6</b>	<b>Years 7-10</b>	<b>Years 11+</b>
Issue Age <65	1.38%	0.38%	0.00%
Issue Age 65-79	5.50%	1.50%	0.00%
Issue Age 80+	2.75%	0.75%	0.00%

<b>NEW MEXICO</b>			
<b>Open Enrollment/Underwritten/ External Replacement</b>	<b>Years 1-6</b>	<b>Years 7-10</b>	<b>Years 11+</b>
Issue Age <65	0.00%	0.00%	0.00%
Issue Age 65-79	22.00%	6.00%	0.00%
Issue Age 80+	11.00%	3.00%	0.00%
<b>Guaranteed Issue</b>	<b>Years 1-6</b>	<b>Years 7-10</b>	<b>Years 11+</b>
Issue Age <65	0.00%	0.00%	0.00%
Issue Age 65-79	5.50%	1.50%	0.00%
Issue Age 80+	2.75%	0.75%	0.00%
<b>NORTH DAKOTA</b>			
<b>Open Enrollment/Underwritten/ External Replacement</b>	<b>Years 1-6</b>	<b>Years 7-10</b>	<b>Years 11+</b>
Issue Age <65	0.00%	0.00%	0.00%
Issue Age 65-79	22.00%	6.00%	0.00%
Issue Age 80+	11.00%	3.00%	0.00%
<b>Guaranteed Issue</b>	<b>Years 1-6</b>	<b>Years 7-10</b>	<b>Years 11+</b>
Issue Age <65	0.00%	0.00%	0.00%
Issue Age 65-79	5.50%	1.50%	0.00%
Issue Age 80+	2.75%	0.75%	0.00%
<b>OHIO</b>			
<b>Open Enrollment/Underwritten/ External Replacement</b>	<b>Years 1-6</b>	<b>Years 7-10</b>	<b>Years 11+</b>
Issue Age <65	0.00%	0.00%	0.00%
Issue Age 65-79	22.00%	6.00%	0.00%
Issue Age 80+	11.00%	3.00%	0.00%
<b>Guaranteed Issue</b>	<b>Years 1-6</b>	<b>Years 7-10</b>	<b>Years 11+</b>
Issue Age <65	0.00%	0.00%	0.00%
Issue Age 65-79	5.50%	1.50%	0.00%
Issue Age 80+	2.75%	0.75%	0.00%
<b>OREGON</b>			
<b>Open Enrollment/Underwritten/ External Replacement/ Guaranteed Issue</b>	<b>Years 1-6</b>	<b>Years 7-11</b>	<b>Years 12+</b>
All Issue Ages	14.00%	6.75%	0.00%
<b>PENNSYLVANIA</b>			
<b>Open Enrollment/Underwritten/ External Replacement</b>	<b>Years 1-6</b>	<b>Years 7-10</b>	<b>Years 11+</b>
Issue Age <65	5.50%	1.50%	0.00%
Issue Age 65-79	22.00%	6.00%	0.00%
Issue Age 80+	22.00%	6.00%	0.00%
<b>Guaranteed Issue</b>	<b>Years 1-6</b>	<b>Years 7-10</b>	<b>Years 11+</b>
Issue Age <65	1.38%	0.38%	0.00%
Issue Age 65-79	5.50%	1.50%	0.00%
Issue Age 80+	5.50%	1.50%	0.00%

<b>SOUTH DAKOTA</b>			
<b>Open Enrollment/Underwritten/ External Replacement</b>	<b>Years 1-6</b>	<b>Years 7-10</b>	<b>Years 11+</b>
Issue Age <65	5.50%	1.50%	0.00%
Issue Age 65-79	22.00%	6.00%	0.00%
Issue Age 80+	11.00%	3.00%	0.00%
<b>Guaranteed Issue</b>	<b>Years 1-6</b>	<b>Years 7-10</b>	<b>Years 11+</b>
Issue Age <65	1.38%	0.38%	0.00%
Issue Age 65-79	5.50%	1.50%	0.00%
Issue Age 80+	2.75%	0.75%	0.00%
<b>UTAH</b>			
<b>Open Enrollment/Underwritten/ External Replacement</b>	<b>Years 1-6</b>	<b>Years 7-10</b>	<b>Years 11+</b>
Issue Age <65	0.00%	0.00%	0.00%
Issue Age 65-79	22.00%	6.00%	0.00%
Issue Age 80+	11.00%	3.00%	0.00%
<b>Guaranteed Issue</b>	<b>Years 1-6</b>	<b>Years 7-10</b>	<b>Years 11+</b>
Issue Age <65	0.00%	0.00%	0.00%
Issue Age 65-79	5.50%	1.50%	0.00%
Issue Age 80+	2.75%	0.75%	0.00%
<b>WASHINGTON</b>			
<b>Open Enrollment/Underwritten/ External Replacement/ Guaranteed Issue</b>	<b>All Years</b>		
Issue Age <65	0.00%	0.00%	0.00%
Issue Age 65-79	8.50%	8.50%	8.50%
Issue Age 80+	8.50%	8.50%	8.50%

For purposes of this Commission and Product Schedule, the term "you" or "your" shall have the same meaning as the term "Producer" in the Agreement.

<b>COMMISSION RATE SCHEDULE FOR PRODUCER AGREEMENT FOR WHOLE LIFE PRODUCTS</b>
--

The Commission Rate Schedule contained in the Agreement with Monumental Life Insurance Company, Stonebridge Casualty Insurance Company, Stonebridge Life Insurance Company, Transamerica Financial Life Insurance Company, Transamerica Life Insurance Company and/or Western Reserve Life Assurance Co. of Ohio ("the Company(ies)") is as follows with respect to applications for the following Stonebridge Life Insurance Company policies submitted on or after June 11, 2012:

<b>FINAL EXPENSE – LEVEL DEATH BENEFIT LP99</b>			
<b>YEAR 1</b>	<b>YEARS 2-5</b>	<b>YEARS 6-10</b>	<b>YEARS 11+</b>
115.00%	6.00%	4.00%	0.50%
<b>FINAL EXPENSE –LEVEL DEATH BENEFIT - ACCIDENTAL DEATH BENEFIT RIDER</b>			
<b>YEAR 1</b>	<b>YEARS 2-10</b>	<b>YEARS 11+</b>	
92.50%	6.00%	0.50%	
<b>FINAL EXPENSE – GRADED DEATH BENEFIT</b>			
<b>YEAR 1</b>	<b>YEARS 2-10</b>	<b>YEARS 11+</b>	
105.00%	6.50%	0.50%	

For purposes of this Commission and Product Schedule, the term "you" or "your" shall have the same meaning as the term "Producer" in the Agreement.

**Chargebacks:**

All commissions will be reversed in the event of a "not taken" policy.

**Commissions:**

We will pay you the commission rate set forth above, less any amount paid to assigned producers for which you are directly or indirectly responsible.

The commission rate is the rate that is in effect on the application date of the issued policy.

The commission is based on the paid eligible premium including policy fees.

Unearned commission within any policy year will be charged back on any premium refunded to the policy owner.

**Miscellaneous:**

Regardless of any provision in the Producer Agreement or this Schedule, after termination of your Producer Agreement, we may stop paying commissions if total commissions payable to you on all policies are less than \$500 in any period of 12 consecutive calendar months.

Should the Company(ies) and Producer or Agency agree to some concession to the normal rules of the Company(ies) resulting in a reduction in compensation, such reduction in compensation will be reflected in the total compensation to be paid on the policy.