

INFORMATION QUESTIONNAIRE

WE WELCOME YOU AS A MEMBER OF OUR TEAM.

FOR PROMPT PROCESSING, PLEASE PRINT

APPLICANT INFORMATION

Social Security Number/Federal ID Number	Birthdate (optional)
Applicant Name (Last, First, M.I.)	Company Name (Optional)
Address	Daytime Phone Number
Address	Evening Phone Number
City State Zip	Cell Phone Number
Email Address	FAX Number

LICENSE INFORMATION

License Number	Expiration Date of License
Type of License	State of License

SHIPPING ADDRESS:

Ship To Name	Daytime Telephone Number
Ship To Address	City State Zip

BACKGROUND

The following questions **MUST** be answered, or the application will be returned:

1. Has your insurance license, from any state, ever been suspended or revoked? Yes No
2. Have you ever been convicted of a felony? Yes No
3. Have you ever declared any form of bankruptcy? Yes No
If yes, give type and date of filing.
Answering YES to any question would not preclude your acceptance as an Associate.

DIRECT DEPOSIT INFORMATION

I authorize UBA Insurance Services, Inc., to deposit my payroll automatically to the account indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford UBA Insurance Services, Inc. a reasonable opportunity to act on it.

Name on Bank Account	
Bank Routing No.	<input type="checkbox"/> Checking
Bank Account No.	<input type="checkbox"/> Savings

I hereby acknowledge that I have received a copy of the General Agent Contract. I commit to uphold the spirit of intent and values contained herein. I have read, understood, and agree to abide by the General Agent Contract.

I certify that the foregoing statements are true and correct to the best of my knowledge and belief. I hereby grant any licensed agent or employee of UBA Insurance Services, Inc. or company for which UBA Insurance Services, Inc. acts as a general agent or wholesaler, permission to receive this application and to verify such answers. I understand that any false statements on this application may be considered as sufficient cause for rejection, or for termination if such false statements are discovered. If accepted, I agree to comply with all the rules and regulations of the Department of Insurance.

 GENERAL AGENT'S SIGNATURE

 DATE

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 (as shown on your income tax return)	
	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"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. 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. citizen or other U.S. person (defined below).

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.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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.

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. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

UBA INSURANCE SERVICES, INC.
GENERAL AGENT'S SERVICE MODEL CONTRACT

This Contract, and the Referral Bonus Schedule(s) attached hereto and made a part hereof for all purposes (collectively referred to as this Contract), made on this _____ day of _____, _____ by and between UBA INSURANCE SERVICES, INC. (hereinafter referred to as Company), and _____ (hereinafter referred to as General Agent) for the purpose of referring applicants for insurance and insurance products written under the UBA program which provides for the sale of life and health insurance products.

INDEPENDENT CONTRACTOR

It is expressly agreed that the relationship intended by this Contract between General Agent and Company shall be that of an Independent Contractor only, and that nothing contained herein shall be construed to create the relationship of employer and employee. This Contract or any benefit hereunder may not be assigned, transferred, or pledged by the General Agent.

MANNER OF CONDUCTING BUSINESS

General Agent's clientele may be developed by him by any lawful means. He shall select his own hours and workdays and is under no obligation to account to the Company for his time. General Agent shall be free to exercise his own judgment as to the time, routine, place, and method and manner he solicits insurance. General Agent agrees to grant UBA right of first refusal on all applications. General Agent shall not solicit outside the jurisdiction for which he is licensed or contrary to the laws or insurance regulations of the states where he operates.

POWERS, DUTIES & RESPONSIBILITIES

During the continuance of this Contract the General Agent has the authority to:

- A. Remit lead for individual major medical business to be paid a referral bonus on first year paid premium of the individual medical policy once lead is sold.
- B. General Agent shall have the duty of properly representing Company and developing his territory with diligence and in an ethical manner, and the General Agent agrees to conform to the rules, regulations, practices and minimum production requirements of Company.
- C. Company reserves the right at any time to terminate the contract any agent appointed by Company and assigned to General Agent.
- D. The General Agent shall not insert or authorize the insertion of any advertising matter bearing the Company's name in any publication, issue or distribute, or authorize the issuance or distribution of any circular or paper on behalf of the Company, without first submitting said advertising matter in writing to Company and receiving prior written approval of Company.

REFERRAL BONUS

Company agrees to pay the General Agent a referral bonus on individual major medical business written by Company on first year paid premiums actually received and earned by the Company in accordance with the Referral Bonus Schedule(s) attached hereto. In the event Company shall, either during the continuance of this Contract or after its termination, refund premiums under any policy to an Insured; General Agent shall immediately repay to Company the amount of any referral bonus paid him or his agent(s) on the premium so refunded.

- A. All referral bonuses shall be calculated only on first year premium actually received by the Company. Referral bonuses will be calculated only on those premiums paid by or on behalf of the insured. No referral bonuses shall be paid on interest, or on premium waived or commuted by reason of death, disability or exercise of policy options.
- B. Company at any time while this Contract is in force or after its termination may set off against any claims by General Agent for referral bonus or other monies accruing to the account of the General Agent under the terms of this Contract any debts, liabilities or obligations of the General Agent to the Company. If any General Agent has agents assigned under the General Agent, General Agent is responsible for all indebtedness which any agent assigned to General Agent owes to Company. However, upon paying such indebtedness to Company, General Agent will be subrogated to Company's right against such agent and Company will, if requested, assign its rights in said indebtedness to General Agent, without recourse or warranty. General Agent's account will be credited with referral bonus from and debited for all charges against such agent account. General Agent further agrees that any indebtedness now or hereafter owing to the Company or its affiliates shall be secured by a first lien against the referral bonuses or any other monies payable to General Agent under this Contract and any other contract General Agent may have with the Company or its affiliates.
- C. All amounts owed to Company or its affiliates by General Agent shall become due and payable immediately upon notice to the General Agent.
- D. The right to receive referral bonuses shall automatically terminate upon termination of this Contract except as provided herein.

This Contract shall be terminated by the death of the General Agent.

The Company reserves the right to alter, increase, decrease, modify or withdraw the Referral Bonus Schedule and/or Loan Agreement Provisions of this Contract at any time. However, any change shall apply from and after the effective date of such change on business produced after that date.

LOAN AGREEMENT

If General Agent elects, Company may make periodic loans to General Agent against future credited referral bonuses on applications written and submitted to the Company by General Agent or any agents assigned to General Agent. Such loans shall be made in lieu of payment of credited referral bonuses as provided in the Referral Bonus Schedule.

- A. Such loan shall be a percentage of annualized first year insurance premium on production submitted on completed applications. The percentage loaned will be determined in the sole discretion of the Company.
- B. Any loan proceeds shall be reduced by the amount of chargebacks to General Agent's account from any source.
- C. The unpaid principal balance shall bear interest at a rate of one percent per month.

INDEBTEDNESS OF GENERAL AGENT

Any indebtedness owed by the General Agent to the Company shall be paid upon notice to the General Agent. In addition to the provisions of paragraph Department all indebtedness of the General Agent to Company shall be secured by a first lien on any referral bonus due to become due or the General Agent. The Company may at any time offset against all referral bonuses accrue or to accrued to the General Agent, any debt due from the General Agent to the Company, whether now existing or hereafter arising. In the event any indebtedness is placed in the hands of a collection agency or attorney, or both, Company shall be entitled to recover, reasonable collection and attorney's fees, unless either party pleads otherwise.

INDEBTEDNESS OF AGENT

For the purposes of this paragraph, an "agent" shall be any agent of Company on whom General Agent receives an override referral bonus, or who is assigned to General Agent and becomes a part of General Agent's hierarchy, irrespective of the number of levels of agents under General Agent. General Agent shall be fully responsible for any indebtedness (sometimes referred to as an "agent's debit balance") of an agent, and does hereby guarantee payment of any and all indebtedness of an agent. General Agent hereby approves any advances or loans which Company makes to an Agent, and Company shall not be obligated to obtain General Agent's approval of any specific loan or advance. Provided, however, in the event an agent's appointment with Company is terminated for any reason (whether by Company, the agent or by mutual agreement), the Company shall give the departing agent a period of 120 days within which to pay the indebtedness to Company by direct payment. In the event such indebtedness has not been discharged in full at the expiration of that 120 day period the General Agent shall be liable for and responsible to discharge such indebtedness just as though the General Agent had incurred such indebtedness directly. In such event, Company shall have the same rights and remedies to recover said indebtedness from General Agent as set forth in the paragraph under "Referral Bonuses". Upon payment and discharge of said indebtedness in full, General Agent shall be subrogated to Company's rights against agent, and may proceed directly against the agent without the joinder of Company.

DEPARTMENT

Should the General Agent at any time, either before or after termination of this Contract, wrongfully withhold any funds belonging to any applicant for insurance, a policyholder or the Company; or should the General Agent induce any policyholder to lapse, relinquish or surrender a policy with the Company; or should General Agent be in default under, or fail to comply with any provision, covenant, representation or warranty contained in this Contract or any other Contract agreement, or in any document or instrument related thereto, between the General Agent and the Company; or should the General Agent fail to comply with any State insurance laws or regulations, or Federal laws or regulations under which he or it is licensed or is otherwise subject; then the General Agent shall immediately forfeit his or its right to receive any referral bonuses or any other compensation due or to become due under this Contract or any other agreement with the Company.

JURISDICTION, LAW, and VENUE

This Contract is subject to jurisdiction of the courts of the State of Texas and is to be interpreted in accordance with the laws of the State of Texas. Venue for any action, suit or other proceeding, including non-contract disputes, shall be exclusively in Tarrant County, Texas. General Agent shall agree to the jurisdiction of the courts of Texas and waive any other venue.

ADDITIONAL PROVISIONS

This Contract is personal and not transferable. Any assignment, transfer, or sale of this Contract or any right to interest herein, without prior written consent of Company, shall not be valid or in any way binding upon Company.

The use of the masculine gender shall include the feminine gender and the use of the singular shall include the plural where appropriate.

This Contract takes effect on the date and year first above written.

TERMINATION

This Contract may be terminated at the will of either party hereto, for any reason or without cause, at any time upon actual notice, written or oral. Cancellation or loss of license shall automatically terminate this Contract.

IN WITNESS WHEREOF, this Contract has been signed by the parties hereto.

UBA INSURANCE SERVICES, INC.

By: _____
President

Signature of Agent

Date

- Re: Loan Agreement
I hereby elect to receive loans when made available by the Company for:
- Health
 - Life
 - I do not elect to receive loans from the Company.