



# Unified Insurance NETWORK

*Your Ultimate Resource in Life Brokerage*

## SIMPLIFIED CONTRACTING WITH UNIFIED INSURANCE NETWORK

Contracting with **Unified Insurance Network** is easy and convenient. By completing our standard appointment paperwork, it simply, allows us to appoint producers with any of our carriers by filling out only one set of contracting. This means less time filling out paperwork – more time selling.

### Easy as 1-2-3

1. Complete all questions.
2. Attach the following documents:
  - SIGNATURE AUTHORIZATION FORM
  - EFT FORM INCLUDING A COPY OF A VOIDED CHECK.
  - CURRENT E & O INSURANCE
  - EXPLANATIONS FOR LEGAL ISSUES – If Applicable
  - AML Certificate – A copy of a completion certificate is needed when the producer has completed the training through a vendor other than LIMRA.

**NOTE:** Some carriers may require their own AML training certificate.
3. Remit the fully completed appointment packet by e-mail or fax 801.424.6190.

### To Avoid Delays, Please Read the Following:

Most Insurance Carriers require that producers re-certify their **AML (Anti-Money Laundering)** training every two (2) years in order to write business. LIMRA is a carrier preferred AML vendor. If you would like to complete your training through LIMRA, below are the instructions.

- ✓ Log onto <https://aml.limra.com>.
- ✓ Your username is the first four characters of your last name (lowercase) combined with the last 6 digits of your SSN#.
- ✓ If this is your first time logging on to this site your Password is your last name (lowercase). If you have previously accessed the course please use the password you created at the time.
- ✓ Please note that you will not receive a paper certificate of your completion of the course.
- ✓ Should you have technical questions accessing the training site or navigating within the LIMRA site, please contact LIMRA's customer support help line at 866.364.2380

### Annuities

If you are going to submit an Annuity application, please check with our licensing department to make sure your training and licensing has been completed prior to application submission. Due to the adoption of the NAIC suitability Model in most states and different state requirements an agent must have all state/annuity product training completed prior to writing an application.

6440 S. WASATCH BLVD., SUITE 150  
SALT LAKE CITY, UTAH 84121  
LICENSING@UIN.US.COM  
801.273.9026  
FAX: 801.424.6190

**PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Maiden Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Resident Insurance License #: \_\_\_\_\_ State: \_\_\_\_\_  
Driver's Lic. # / State: \_\_\_\_\_ Title: \_\_\_\_\_

**RESIDENTIAL ADDRESS (No PO Boxes)**

\*City/State Not Needed Move In Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Line 1: \_\_\_\_\_  
Line 2: \_\_\_\_\_ Zipcode: \_\_\_\_\_

**MAILING ADDRESS (No PO Boxes)**

Use Address Below     Use Residence     Use Corporate

Line 1: \_\_\_\_\_  
Line 2: \_\_\_\_\_ Zipcode: \_\_\_\_\_

**ANTI MONEY LAUNDERING**

*Please provide AML training information below. AML is a requirement for all carriers, without the most current info carriers will not appoint. Most insurance carriers require producers to re- certify their training every two (2) years in order to write business.*

AML Provider  LIMRA  NO  OTHER    Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

If OTHER, please provide vendor name: \_\_\_\_\_

**If AML was not taken through LIMRA, Please Provide Certificate of Completion.**

Are you a Registered Rep with FINRA?  Yes  No    If Yes, Broker/Dealer Name: \_\_\_\_\_

CRD #: \_\_\_\_\_

Please list any Honors you currently hold: \_\_\_\_\_

**Doing Business As:**     Individual     Business Entity     Solicitor/LOA

If DBA Solicitor/LOA, list who you are assigning commissions to: \_\_\_\_\_

**COMPLETE THE FOLLOWING ONLY IF DBA A BUSINESS ENTITY**

*Most Carriers Require a Corp to have a Resident Corp License in order for the Corp to be 1099, PLEASE ATTACH COPY OF LICENSE.*

EIN: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Website: \_\_\_\_\_ Your Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Principal Name: \_\_\_\_\_ Principal Title: \_\_\_\_\_  
Email: \_\_\_\_\_

- C Corporation       S Corporation       Trust       LLC Corporation
- LLS Corporation       LLP       Partnership       Sole Proprietorship

**CORPORATE ADDRESS (No PO Boxes)**

*\*City/State Not Needed*      Move In Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Line 1: \_\_\_\_\_  
Line 2: \_\_\_\_\_      Zipcode: \_\_\_\_\_

**EMPLOYMENT HISTORY**

*Please provide past 5 years of employment history. NOTE: Attach additional info if needed*

From: \_\_\_\_/\_\_\_\_/\_\_\_\_      To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Company: \_\_\_\_\_      Position: \_\_\_\_\_  
Location: \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_      To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Company: \_\_\_\_\_      Position: \_\_\_\_\_  
Location: \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_      To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Company: \_\_\_\_\_      Position: \_\_\_\_\_  
Location: \_\_\_\_\_

**ADDRESS HISTORY**

Please provide past 5 years of address history. City/State Not Needed **NOTE:** Attach additional info if needed.

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Line 1: \_\_\_\_\_

Line 2: \_\_\_\_\_ Zipcode: \_\_\_\_\_

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From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Line 1: \_\_\_\_\_

Line 2: \_\_\_\_\_ Zipcode: \_\_\_\_\_

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From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Line 1: \_\_\_\_\_

Line 2: \_\_\_\_\_ Zipcode: \_\_\_\_\_

## LEGAL QUESTIONS FOR CONSTRUCTING AND APPOINTMENT REQUEST

Please answer the following questions. If you answer YES to any question, be sure to provide a full, detailed explanation including specific dates.

Name: \_\_\_\_\_

1	Have you ever been charged or convicted of or plead guilty or no contest to any Felony, Misdemeanor, federal/state insurance and/or securities or investments regulations or statutes? Have you ever been on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1A	Have you ever been convicted of or plead guilty or no contest to any Felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1B	Have you ever been convicted of or plead guilty or no contest to any Misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1C	Have you ever been convicted of or plead guilty or no contest to a violation of federal or state securities or investment related regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1D	Have you ever been convicted of or plead guilty or no contest to a violation of state insurance department regulations or statute?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1E	Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1F	Have you ever been charged with a Felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1G	Have you ever been charged with a Misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1H	Have you ever been on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Have you ever been or are you currently being investigated, have any pending indictment, lawsuits, or have you ever been in a lawsuit with an insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2A	Are you currently under investigation by any legal or regulatory authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2B	Have you been under investigation by any insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2C	Have you ever been or are you currently involved in any pending indictments, lawsuits, civil judgments or other legal proceedings (civil or criminal)(you may omit family court).	<input type="checkbox"/> Yes <input type="checkbox"/> No
2D	Have you ever been named as a defendant or codefendant in a lawsuit, or have you ever sued or been sued by an insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Have you ever been alleged to have engaged in any fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Have you ever been found to have engaged in any fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Has any insurance or financial services company or broker-dealer terminated your contract or appointment or permitted you to resign for reason other than lack of sales?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5A	Were you fired because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5B	Were you fired because you were accused of fraud or the wrongful taking of property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5C	Failure to supervise in connection with insurance or investment related statutes, regulations, rules or industry standards of conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Have you ever had an appointment with any insurance company denied or terminated for cause?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Does any insurer, insured, or other person claim any commission chargeback or other indebtedness from you as a result of any insurance transactions or business?	<input type="checkbox"/> Yes <input type="checkbox"/> No

8	Has any lawsuit or claim ever been made against you, your surety company, or errors and omissions insurer arising out of your sales or practices, or, have you been refused surety bonding or E&O coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8A	Has a bonding or surety company ever denied, paid on or revoked a bond for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8B	Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled your coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Has any state or federal regulatory body found you to have been a cause of an investment – or insurance – related business having its authorization to do business denied, suspended, revoked, or restricted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Has any state or federal regulatory agency found you to have made a false statement or omission or been dishonest, unfair, or unethical?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Have you had any interruptions in licensing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Has any state, federal or self-regulatory agency filed a complaint against you, fined, sanctioned, censured, penalized or otherwise disciplined you for a violation of their regulations or state or federal statutes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14A	Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14B	Has any state, federal, or self-regulatory agency filed a complaint against you, fined or sanctioned you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14C	Have you ever been the subject of a consumer initiated complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Have you personally or any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition or declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15A	Have you personally filed a bankruptcy petition or declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15B	Has any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition or been declared bankrupt either during your association or within five years after termination of such association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15C	Is the bankruptcy pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Are there any unsatisfied judgments, garnishments or liens against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Are you connected in any way with a bank, savings & loan association, or other lending or financial institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Have you ever used any other names or aliases?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you have any unresolved matters pending with the Internal Revenue Service or other taxing authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered any questions YES, provide an explanation that includes dates, actions, and descriptions. Attach additional paper if necessary.

I attest that the information I have provided is true to the best of my knowledge. I acknowledge that if any information changes, I will notify my agency office within 5 days of such change. Further, I understand that my agency may contact me when I need to answer carrier specific questions.

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

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

**LETTER OF EXPLANATION**

Date of Action: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Action: \_\_\_\_\_

Reason: \_\_\_\_\_

Explanation: \_\_\_\_\_  
\_\_\_\_\_

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Date of Action: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Action: \_\_\_\_\_

Reason: \_\_\_\_\_

Explanation: \_\_\_\_\_  
\_\_\_\_\_

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Date of Action: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Action: \_\_\_\_\_

Reason: \_\_\_\_\_

Explanation: \_\_\_\_\_  
\_\_\_\_\_

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Date of Action: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Action: \_\_\_\_\_

Reason: \_\_\_\_\_

Explanation: \_\_\_\_\_  
\_\_\_\_\_

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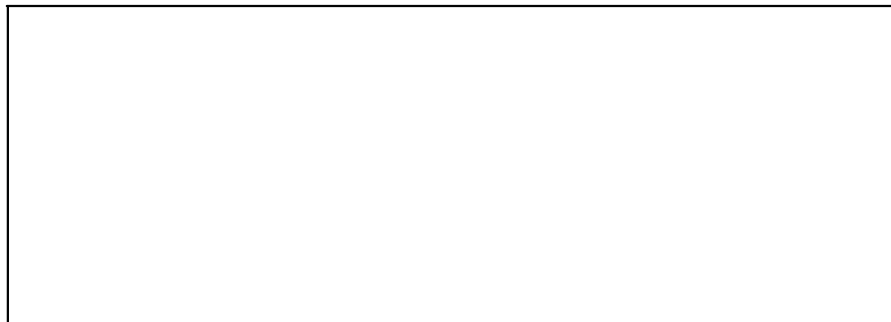
**Signature Authorization**

PLEASE READ THIS AUTHORIZATION, SIGN IN THE BOX BELOW AND SUBMIT THIS FORM BY FOLLOWING THE INSTRUCTIONS PROVIDED ON THE COVER PAGE.

I, \_\_\_\_\_, hereby authorize SuranceBay, LLC and its general agency customers (the “Authorized Parties”) to affix or append a copy of my signature, as set forth below, to any and all required signature fields on forms and agreements of any insurance carrier (a “Carrier”) designated by me through the SureLC software or through any other means, including without limitation, by e-mail or orally. The Authorized Parties shall be permitted to complete and submit all such forms and agreements on my behalf for the purpose of becoming authorized to sell Carrier insurance products. I hereby release, indemnify and hold harmless the Authorized Parties against any and all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which they may sustain or incur as a result of carrying out the authority granted hereunder.

By my signature below, I certify that the information I have submitted to the Authorized Parties is correct to the best of my knowledge and acknowledge that I have read and reviewed the forms and agreements which the Authorized Parties have been authorized to affix my signature. I agree to indemnify and hold any third party harmless from and against any and all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which such third party may incur as a result of its reliance on any form or agreement bearing my signature pursuant to this authorization.

Please sign in the center of the box below. Please use BLACK ink.



PRODUCERIDXXX



**ELECTRONIC FUND TRANSFERS (EFT)**

Account Owner Name (Required): \_\_\_\_\_

Transit!ABA #: \_\_\_\_\_

Account #: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Type:  Checking  Saving Phone: \_\_\_\_\_

By signing below I hereby authorize the Company to initiate credit entries and, if necessary, adjustments for credit entries in error to the checking and/or savings account indicated on this form. This authority is to remain in full effect until the Company has received written notification from me of its termination. I understand that this authorization is subject to the terms of any agent or representative contract, commission agreement, or loan agreement that I may have now, or in the future, with the Company.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Attach copy of the check here for checking account or  
deposit slip for saving account:

# Replace this page with a copy of your E&O Insurance Certificate of Coverage

IMPORTANT: E & O Certificate must list your full name as the insured. Please refer to the following examples.

**CORRECT:**

My Insurance Agency Inc.

**Joe Agent**

123 Main Ave

City, State, 12345

**INCORRECT:**

My Insurance Agency Inc.

123 Main Ave

City, State, 12345

If individual name is not listed correctly please provide a letter from the E&O Carrier listing agents covered under agency policy.

Dear Producer,

My name is SAMANTHA PRIBBLE and I am with the client support division at UNIFIED INSURANCE NETWORK. I wanted to reach out and address some of the important changes and implementations (in regards to HIPAA compliancy) of The Omnibus Rule effective as of 09/23/2013.

The Omnibus Rule confirmed many of the modifications to the privacy and security provisions of HIPAA set forth in the Interim Rules. Some key requirements of the Ominibus Rule include:

1) The HIPAA privacy and security standards now apply directly to business associates - meaning that you, as well as UNIFIED INSURANCE NETWORK , are now subject to the direct jurisdiction and enforcement of the Secretary of Health and Human Services.

2) Business associates are now required to enter Business Associate Agreements (BAA) with each of their business associates if they have access to Protected Health Information (PHI), as that term is defined in HIPAA. Because of this requirement, we have created a Business Associate Agreement for our brokerage partners, agencies and agents.

The Omnibus Rule obligates Business Associates to follow the entire HIPAA Security Rule, including all of the requirements for technical, physical and administrative safeguards. To be in compliance with the HIPAA Security Rule, business associates must:

- Ensure confidentiality, integrity and availability of electronic protected health information created, received, maintained, and transmitted
- Protect against "reasonably anticipated threats or hazards" to "security or integrity" of this information
- Protect against "reasonably anticipated uses or disclosures" of this information that are not permitted under Privacy Rule
- Ensure conformity by your workforce

I have attached the Business Associate Agreement establishing compliance to The Omnibus Rule.

Please review the agreement, sign and return it to us as soon as possible. Please let me know if you have any questions or feedback.

Thank you,  
SAMANTHA PRIBBLE

UNIFIED INSURANCE NETWORK

# **UNIFIED INSURANCE NETWORK**

## **HIPAA Business Associate Compliance/Agreement**

In the event Customer (\_\_\_\_\_) is considered a business associate with access to Protected Health Information ("PHI") (defined below) pursuant to 45 CFR Part 160 and Part 164, Subpart A and E, the following shall apply:

- A. Customer will not use or disclose PHI other than permitted by this Agreement or as otherwise allowed pursuant to the Health Insurance Portability Accountability Act of 1996 ("HIPAA Privacy Rule") or other applicable rule or statute.
- B. Customer will provide Company (UNIFIED INSURANCE NETWORK) within (5) days of Company's request, access to PHI in Customer, or its agent's subcontractors, possession or control in order to meet the requirements of the HIPAA Privacy Rule.
- C. Customer will make available to Company for amendment, within five (5) days of Company's request, PHI maintained by Customer or its agents or subcontractors. Additionally, as directed by Company, Customer will incorporate any amendment or related statement into the information held by Customer or its agents or subcontractors. Should any individual directly request that Customer or its agents or subcontractors amend PHI, Customer will notify Company within five (5) days of such request.
- D. Customer will make internal practices, books and records relating to the use and disclosure of PHI received from, or created or received by Customer on behalf of Company, available to Company, or at the request of Company to the Secretary of the Department of Health and Human Services, for purposes of monitoring compliance with the HIPAA Privacy Rule.
- E. Customer will document and make available to Company, within five (5) days of Company's request, all information necessary for Company to respond to an individual's request for an accounting of the disclosure of his or her PHI as required under the HIPAA Privacy Rule.
- F. Customer will use commercially reasonable and appropriate efforts to maintain the security of the PHI and to prevent unauthorized use and/or disclosure of the PHI.

- G. Customer will not request, use or disclose more than the minimum amount of PHI necessary to accomplish the purpose of the request, use or disclosure.
- H. Customer will ensure that all of its agents and subcontractors to whom it discloses PHI agree to be bound by the same restrictions and obligations under this provision.
- I. Customer will report to Company any unauthorized use or disclosure of PHI of which it becomes aware and establish procedures for mitigating, to the greatest extent possible, any harmful effect that is created by any improper use and/or disclosure of PHI.

For purpose of the above Protected Health Information (“PHI”) shall include any information, whether oral or recorded in any form or medium, that is created for or received from Company and that: 1) relates to the past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past present or future payment for health care provided to an individual; and 2) identifies the individual or provides a reasonable basis to believe that it may be used identify the individual.

### **Term**

This Agreement shall be effective for one year from the effective date set forth on the signature page and shall renew automatically for successive one year periods thereafter, unless and until either Party shall give to the other Party, at least (30) days prior to the end of the initial one-year period or of any renewal period, written notice of intent not to renew.

### **Termination Date**

Either party may terminate this agreement at any time without cause, upon thirty - (30) day written notice to the other party.

### **Modification of this Agreement**

This Agreement may be amended or modified only in writing as mutually agreed upon by the Parties.

### **Notice**

Any notice required to be given pursuant to the terms and provisions hereof shall be sent by hand delivery, by nationally recognized overnight delivery service scheduled for next day delivery or by email transmission encrypted or by utilizing digital signature to the Company or to Customer at the addresses set forth in the paragraph.

Notice shall be deemed to be effective when received or refused by the intended recipient:

Company: UNIFIED INSURANCE NETWORK  
6440 SOUTH WASATCH BLVD, STE 150  
SALT LAKE CITY, UT 84121

Customer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Governing Law and Venue**

This Agreement shall be governed in all respects by the substantive laws (but not the conflict of law provisions) of the State of UTAH. The venue of any legal action arising from the Agreement shall be in UTAH.

**Entire Agreement**

This Agreement contains all the terms and conditions agreed upon by the parties hereto regarding the subject matter of this Agreement. Any prior agreements, promises, negotiations or representations, either oral or written, relating to the subject matter of this Agreement not expressly set forth in this Agreement are of no force or effect.

**Waiver**

Failure of either party to enforce any provision of this Agreement, to enforce any rights with respect thereto, or to exercise any election provided for herein, shall in no way be considered a waiver of such provisions, rights or elections or in any way effect the validity of this Agreement. Failure of either party to enforce or exercise any of said provisions, rights or elections shall not prejudice such party from later enforcing or exercising the same or any other provisions, rights, or elections which it may have under this Agreement.

**Severability**

If any term or provision of the Agreement is found by a court of competent jurisdiction to be invalid, illegal or otherwise unenforceable, the same shall not affect the other terms or provisions hereof or the whole of this Agreement. Such terms or provisions will be deemed modified to the extent necessary in the court's opinion to render such term or provision enforceable, and rights and obligations of the parties will be construed and enforced accordingly, preserving to the fullest permissible extent the intent and agreements of the parties herein set forth.

IN WITNESS WHEREOF, the foregoing Agreement between the Company and Customer, is entered into by and between the undersigned Parties.

**Customer - \_\_\_\_\_**

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

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

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

**Company – UNIFIED INSURANCE NETWORK**

Signature \_\_\_\_\_

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

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