



# GENERAL AGENT *Contracting List*



Dear Agent/Agency,

To become contracted to sell Central States Indemnity, please return the following documents to Insurance Advisors Direct:

- Agent Data Sheet
- General Agent Contract
- Code of Ethics
- EFT Agreement
- W-9
- Advance Agreement
- Fees (credit card authorization or check)
  - \$15 background, plus state specific fee for agent
- License, Void check

Please send your contracting paperwork to:

Email: [htalley@iadinsures.com](mailto:htalley@iadinsures.com)

Fax: (248)946-4645 Attn: Licensing

Mail: Insurance Advisors Direct | 39555 Orchard Hill Place, Ste 203 | Novi, MI 48375

If you have any questions, please call IAD at (248)946-4640 x105 and ask for Heather Talley.

Thank you for your interest in CSI, we look forward to working with you.



**Insurance Advisors Direct**  
Agency, LLC



39555 ORCHARD HILL PLACE ,SUITE 203, NOVI, MI 48375  
800.381.0977 | [WWW.INSURANCEADVISORSDIRECT.COM](http://WWW.INSURANCEADVISORSDIRECT.COM)



# AGENT DATA SHEET

Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Address\* \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse's Name \_\_\_\_\_

E-mail address (Required) \_\_\_\_\_

\*Unless otherwise requested, we will use your business address for mailing purposes.  
**\*\*A PHYSICAL ADDRESS IS REQUIRED TO SEND SUPPLIES\*\***

**LICENSE DATA** Currently Licensed  No  Yes If yes, complete the following:

A. Resident License State \_\_\_\_\_

B. Are you applying for appointment in your resident state?  Yes  No

C. Are you applying for appointment as a non-resident in any state(s)?  Yes  No

If applying as a non-resident, list state(s) \_\_\_\_\_  
*(Appropriate non-resident fees must be submitted with paperwork)*

D. Business will be conducted as  Individual  Partnership  Corporation

E. Partnership / Corporation Name \_\_\_\_\_

Tax ID # \_\_\_\_\_

## LICENSE QUESTIONS

**YES NO**

Are you indebted to any Insurance Company, Agency or Manager (including debit balance)?

Have you ever been convicted of a crime?

Have you ever filed bankruptcy?

Have you ever been fined or had a license to solicit insurance refused, suspended or revoked?

Are you a defendant in any suit or legal action or the subject of any regulatory action?

Have you ever been refused a bond?

**\*\*IF THE ANSWER TO ANY OF THESE QUESTIONS IS YES, YOU MUST PROVIDE AN EXPLANATION IN THE SPACE BELOW\*\***

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**CURRENT AND PREVIOUS APPOINTMENTS:**

COMPANY

	Appointment Status		Permission to Contact	
	Active	Inactive	Yes	No
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**REFERENCES IN THE INSURANCE INDUSTRY:**

- 1. Name \_\_\_\_\_ Phone \_\_\_\_\_
- 2. Name \_\_\_\_\_ Phone \_\_\_\_\_

I HEREBY certify that the foregoing statements are true and correct to the best of my knowledge and belief, and grant permission to the Company or any of its General Agents to verify such answers. I release any person or company contacted from liability with respect to the content of any information given. I understand that any false statement may be considered sufficient cause for rejection of this application or for termination if discovered subsequent to my becoming contracted.

I understand that more information may be required to complete my file. I understand that this may include obtaining a credit report, Vector One search and a background check and by signing this form I am authorizing the company to do so. I also understand that any information obtained by the Company will be made available to me upon my written request.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Jason McClellan

\_\_\_\_\_  
**Recommended By**

Central States Indemnity Co. of Omaha  
P.O. Box 10816  
Clearwater, FL 33757-8816  
1-855-664-5517



## GENERAL AGENT'S CONTRACT

This contract with attachments, executed in duplicate originals, is entered between you (the Agent) and Central States Indemnity Co. of Omaha of Omaha, Nebraska.

Agent:

Name \_\_\_\_\_

### A. DESIGNATION & APPOINTMENT

#### 1. Designation

The Agent named above is herein referred to as You or Your. Central States Indemnity Co. of Omaha is herein referred to as the Company or It. This General Agent's Contract and all supplements, amendments, and schedules attached are referred to as "the" or "this" Contract and are entered into between You and the Company in consideration for the mutual agreements set forth herein.

#### 2. Appointment

You are hereby appointed an agent of the Company for the purpose of soliciting personally, or through Your agents, applications for the Company's insurance policies and certificates in states in which you are licensed to sell Company products. This Contract does not grant exclusive rights in any territory or for any products. This Contract is limited to the types of products offered by the Company described in Exhibit "A" attached hereto and made a part hereof by reference.

### B. RESPONSIBILITIES & LIMITATIONS

#### 1. General

During the continuation of this agreement, You agree to:

- (a) Be responsible for the prompt delivery of policies sent to You or Your agents, in accordance with the Company's rules and instructions.
- (b) Follow, and be responsible for Your agents following, all Company rules and regulations.
- (c) Solicit only in the state(s) in which You and Your agents are licensed and appointed with the Company and where the Company is authorized to do business.
- (d) Comply with all State and Federal laws, orders, rules and regulations.
- (e) Be responsible for obtaining and maintaining the necessary licenses and appointments to sell the Company's products in the states in which You operate, whether resident or non-resident.

#### 2. Relationship

Nothing contained herein is intended to create the relationship of employer and employee between You and the Company, and You shall at all times be an independent contractor. You shall be free to exercise Your own judgment as to the time, place and means of performing all acts hereunder, but You shall conform to the Company's rules, regulations and instructions concerning the solicitation and delivery of insurance policies or certificates.

#### 3. Monies Held in Trust - Bond

All monies You or Your agents receive or collect for or on behalf of the Company shall be held in a fiduciary capacity for Its benefit and shall be immediately forwarded to the Company. You are not authorized to endorse or cash checks, drafts or money orders payable to the Company. The Company reserves the right to require a surety bond satisfactory to the Company.

#### 4. Conflict of Interest

Without prior written consent of the Company, You agree not to engage in any way, either directly or indirectly, in any activity or business that could have potential or actual gain to You related to the Medicare Supplement insurance markets other than the sale of insurance.

any previous contract are otherwise unaffected except as expressly provided in this Contract. The Company's failure to enforce any provision of this Contract shall not constitute a waiver of any other provision of this Contract.

**6. Savings Clause**

If any provision of this Contract shall be contrary to the laws of the particular state, county or jurisdiction where used, such contrary provision shall not entirely invalidate this Contract, and this Contract shall be construed as not containing the particular provision held to be invalid in such state, county or jurisdiction and the rights and obligations of You and the Company shall be construed and enforced in such a manner as nearly as possible to effect the intent and purposes of the Contract.

**7. Notice**

All notice to the Company shall be delivered to Central States Indemnity Co. of Omaha, 1212 N. 96<sup>th</sup> Street, Omaha, Nebraska 68114. Notice to You shall be delivered to your last known mailing address as provided below. You shall be responsible for maintaining a current physical and mailing address on file with the Company annually.

Your Address: \_\_\_\_\_

**8. Entire Contract**

This Contract and the Agent's application which is incorporated herein by reference contain the entire agreement between You and the Company and which has been approved by the Company. The Contract shall become effective only when first executed by You and thereafter accepted by the Company at Omaha, Nebraska.

**9. Effective Date**

This Contract becomes effective on the date it is accepted by the Company.

**10. Notification & Authorization**

Company will request a background investigation on You. The standard background investigation will include a criminal background check and a financial background check. You hereby authorize the release of all copies of any information obtained as a result of Your background investigation to the Company.

**SIGNATURES:**

\_\_\_\_\_  
AGENT

\_\_\_\_\_  
PRINT NAME

DATE: \_\_\_\_\_

**CENTRAL STATES INDEMNITY  
CO. OF OMAHA:**

\_\_\_\_\_  
DATE: \_\_\_\_\_

\_\_\_\_\_  
SPONSORING AGENT

Jason McClellan

\_\_\_\_\_  
PRINT NAME

DATE: \_\_\_\_\_

**AIMC, LLC:**

\_\_\_\_\_  
DATE: \_\_\_\_\_



*“Making people’s financial lives more simple and secure”*

## **Code of Ethics**

Central States Indemnity Co. of Omaha (CSI) believes that serving the needs of our customers with integrity is of utmost importance. All Home Office employees and field representatives are expected to conduct themselves at all times with the highest degree of ethical business practices and in accordance with all state insurance laws and CSI standards.

### **As a CSI agent I agree to:**

- Adhere to all provisions contained in the Agent’s contract.
- Fully comply at all times with all laws and regulations regarding the solicitation and sale of any CSI products.
- Make a conscientious effort to ascertain and understand the needs and financial circumstances of my clients, and make every effort to render the same quality of service to my clients which in the same circumstances, I would expect myself.
- Make a conscious effort to ensure that any comparisons made of policies by me are fair and accurate.
- Make a conscious effort to ensure excessive insurance is not sold or issued.
- Make a conscious effort to ensure the appropriateness of all recommended purchases or replacements.
- Not place CSI under any legal obligation that is not within scope of my authority.
- Not; accept risks of any kind; make, modify or discharge contracts; extend the time for paying the premium; waive forfeitures or any of CSI’s rights or requirements; bind CSI by any statement, promise or representation; or collect any monies other than as provided in the Agent’s contract.
- To use only appropriate sales material approved by CSI and include all appropriate disclaimers.
- Make sure all signatures on applications or other documents submitted by me are authentic.
- Deliver all policies and contracts to the respective owner in an expedient manner.
- Not enter into any contracts for the solicitation of insurance or to share commissions with anyone not licensed and under contract with CSI.
- Not represent CSI in any manner whatsoever before any state insurance department or official thereof, or any governmental agency without the knowledge and approval of CSI.

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Agent Signature

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Date

# Central States Indemnity Co. of Omaha

## EFT Direct Deposit Electronic Funds Transfer Authorization Agreement

Fax #: 678-483-8513

Account Name	Agent Number	
SS# or Tax ID#		
Address		
City	State	Zip Code

**PLEASE COMPLETE & ATTACH A VOIDED CHECK**

**DO NOT SEND A DEPOSIT SLIP**

**Financial Institution (Bank) Information**

**Checking/NOW**    **Savings**

Bank Name		
Address		
City	State	Zip Code
Institution Account Number		
ABA Number		

I/We authorize Central States Indemnity Co. of Omaha, hereinafter called CSI, to initiate, if necessary, credit entries and adjustments for any errors to my (our) account indicated above and the depository named above, hereinafter called depository, to debit and/or credit the same to such account. This authorization is to remain in full force and effect until CSI has received written notice from me of its termination in such time and such manner as to afford CSI and Depository a reasonable opportunity to act on it. This does NOT authorize CSI to debit this account in order to collect on a debit balance. (You must be a listed signer on the above account to sign this form.)

By: \_\_\_\_\_  
Authorized Signature

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

\_\_\_\_\_  
Date

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<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 the "Name" line 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									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

### 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.

<b>Sign Here</b>	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.





AIMC, LLC  
(800) 321-0102  
(678) 483-8513 (Licensing FAX)  
[licensing@aimc.net](mailto:licensing@aimc.net) (Licensing E-mail)

**Credit Card Acceptance Form**  
**MasterCard, Visa, Discover Card or American Express Only**

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

Name on card: \_\_\_\_\_  
(exactly as it appears on card)

Card Number: \_\_\_\_\_

CVC2#: \_\_\_\_\_ Card Type (circle one): Mastercard; Visa; Amex & Discover:  
(MasterCard/Visa/Discover: last three digits on back of card)  
(American Express: four digit number above credit card number)

Billing Address: \_\_\_\_\_

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

Expiration date: \_\_\_\_\_

Transaction amount: \_\_\_\_\_

Phone# (required): \_\_\_\_\_

By signing below, I authorize AIMC, LLC to electronically charge my credit card account as specified above to pay the appropriate license fees/appointment fees/renewal fees.

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

**AIMC, LLC will accept credit card payments for the following appointment fees, renewals and background fees.  
If sending in for Renewal Fee, please mark below which company the fee applies to:**

- Central States Indemnity (CSI) - appointments, renewals and background fees State(s)\_\_\_\_\_
- Family Life (FLIC) – appointment, renewals and background fees State(s)\_\_\_\_\_
- KSKJ – appointment, renewals and background fees State(s)\_\_\_\_\_
- Royal Neighbors of America (RNA) – appointment, renewals and background fees State(s)\_\_\_\_\_
- Sterling Investors Life Insurance Co. (SILIC) – appointment, renewals and background fees State(s)\_\_\_\_\_

**COMMISSION ADVANCE/LOAN AGREEMENT**

For value received, Central States Indemnity Co. of Omaha ("CSI") and the undersigned Borrower and/or Guarantor enter into this Commission Advance Agreement ("Agreement") as follows:

**1. General.** This Agreement is an addendum to and subject to all the terms and conditions of the most recent producer contract between CSI and Borrower.

**2. Eligible Production.** This Agreement applies only to business payable by monthly Electronic Funds Transfer or payroll deduction plans. CSI may in its sole and exclusive discretion exclude commission advance for any policy or policies that the Borrower submits to CSI. In no event will this Agreement apply to any commissions resulting from guaranteed issue Medicare Supplement Policies other than open enrollments.

**3. Commission Advance/Loan Selection.**

Medicare Supplement: \_\_\_\_\_ **Six Month** \_\_\_\_\_ **Nine Month** \_\_\_\_\_ **Twelve Month\***

\*For issue ages 81 and above, a maximum of 9 months advance / loan on commissions will apply.

**4. Interest Rate.** CSI shall charge Borrower an interest rate of three-quarters of one percent (.75 %) each month on the unpaid balance of the Borrower's commission advance account commencing on the first day of the calendar month that Borrower's outstanding balance begins.

**5. Repayment.** All unpaid balances for commission advances/loans, including accrued interest, shall be paid to CSI from all of Borrower's future earned commissions, as they become due, so long as there remains an outstanding indebtedness owed to CSI. If a policy is not issued, not taken or lapses for any reason whatsoever, the unpaid commission advance/loan balance, including accrued interest, for that policy shall become immediately due and payable to CSI. CSI, in its sole and exclusive discretion, may offset this outstanding indebtedness from any and all monies that CSI may owe to Borrower, including any future advances, and reserves the right to demand payment in full of Borrower's entire unpaid balance for commission advances/loans, including accrued interest, at any time and for any reason whatsoever. Notwithstanding the above, not taken fees, commission advance reversals and interest shall be deducted from any earned commissions before they are applied to payment of the unpaid balances.

**6. Security Interest.** Borrower grants to CSI a security interest in and a lien upon all of Borrower's commissions and other monies payable by CSI to Borrower, whether from the sale of Medicare Supplement insurance produced by the Borrower or from any source whatsoever.

**7. Termination of Agreement.** A. Notwithstanding any other provision hereof, CSI shall have the sole and exclusive right to terminate this Agreement at any time without prior notice to Borrower and/or Guarantor and, in such event, any outstanding balance for commission advances/loans, including accrued interest, shall be immediately due and payable. Borrower shall not be entitled to any further advances if Borrower's first year premium retention is lower than 70% or declines to a level lower than 70% during any 12 month period after the first year.

B. This Agreement will automatically terminate if the Borrower's producer contract with CSI is terminated for any reason whatsoever, except that Borrower's and Guarantor's obligations and CSI's security interest and lien upon Borrower's and/or Guarantor's payable commissions and/or monies shall survive termination of this Agreement so as long as there remains any outstanding indebtedness owed to CSI.

This Agreement is entered into and effective this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

"Borrower"

"CSI"

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

By: \_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
PRINTED NAME

AGREEMENT ASSIGNED TO \_\_\_\_\_ AND  
ACCEPTED BY \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
CSI Authorized Signature

By: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
Authorized Signature

**GUARANTY**

For value received, the receipt and sufficiency of which I acknowledge, I guarantee payment to CSI of any outstanding indebtedness owed under the above Commission Advance/Loan Agreement, executed by the Borrower. I understand and agree that any and all commissions, first year and renewal, under any contract that I have executed or will execute with CSI are hereby assigned as security and for the payment of any outstanding indebtedness under the above Agreement and that I am personally responsible upon demand by CSI for the repayment of the entire outstanding indebtedness owed under the above Agreement.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Guarantor/General Agent Signature

CSI Writing No. \_\_\_\_\_

Jason McClellan  
\_\_\_\_\_  
Guarantor/General Agent PRINTED NAME