



An Excelsus Company

MedAmerica Insurance Company
Home Office: Pittsburgh, PA

MedAmerica Insurance Company of New York
Home Office: Rochester, NY

Producer Profile

Please complete all required information. Incomplete forms will be returned unprocessed.

Section 1 –Agent Information

Personal Information – REQUIRED		
Name (First, MI, Last)		
Social Security Number	Date of Birth	
Residence Address (Street, City, State, Zip – PO Box will not be accepted)		
Contact Information		
Mailing Address (Street, City, State, Zip), if different from above:		
Business Phone Number (REQUIRED)	Business Fax Number	Cell Phone Number
Email Address		
Agency Information – REQUIRED FOR AGENCY APPOINTMENT		
Agency Name	Agency FEIN Number	

Section 2 – General Information:

Have you ever been convicted or pled nolo contendere for any offense other than minor traffic violations?

NO YES – Please provide details: _____

Has your insurance license ever been fined, suspended, placed on probation, or is currently under investigation?

NO YES – Please provide details: _____

Are you in debt to any insurance carrier or agency, or owe any balance of commissions or premiums?

NO YES – Please provide details: _____

Section 3 – Sponsoring General Agent Information:

To be completed by the Immediate Upline Sponsoring General Agent	
Sponsoring General Agent Name (First, MI, Last)	Agency Name (if applicable)
Sponsoring General Agent Mailing Address (Street, City, State, Zip)	
Delivery of policies, commission payments, etc. shall be made to: <input type="checkbox"/> General Agent <input type="checkbox"/> Sponsoring General Agent	

Section 4 – Fair Credit Reporting Act Notice & Signature:

You are hereby notified that a background investigation and license verification will be completed on You prior to Your appointment with Us. You authorize a release of written and verbal information about Yourself that may contain facts about Your background, general reputation and license to solicit insurance. You have the right to make a written request for information on the Reporting Agency as well as the nature and scope of the investigation. Furthermore, You have the right to (a) be told if the information in the investigative report negatively impacts Your application; (b) contact the Reporting Agency for full disclosure of the information contained in the investigative report; (c) dispute inaccurate information with the Reporting Agency. You can request a copy of the FCRA by contacting the Federal Trade Commission, Bureau of Consumer Protection - FCRA, Washington, DC 20580

The Agent and Sponsoring General Agent certify that all of the above information is true and accurate:

Agent's Signature Date

Sponsoring General Agent's Signature Date

B) In addition to the Indemnity of Section IV, in the event that the Company shall be subject to liability loss, expense, fine or penalty arising out of any unauthorized advertisement, the Agent shall be liable to the Company for all direct, consequential, or other damages of any kind and costs and expenses incurred by or awarded against the Company or for other payments, required to be made by the Company as a result of settlement or otherwise.

C) Any and all authorized advertisements, circulars and other printed materials and media are the Company's property and shall be returned to the Company promptly upon termination of this Agreement.

VI) CODE OF CONDUCT:

The Agent agrees to become familiar and comply in all respects with the attached Code of Conduct.

VII) TERM & TERMINATION:

This Agreement will remain in effect until terminated. Termination of this Agreement by any party with or without cause shall cause the Agent to cease representing the Company.

A) **TERMINATION WITHOUT CAUSE:** This Agreement may be terminated without cause by either party with thirty (30) days written notice by registered or certified mail. Such termination shall be effective thirty (days) from the date of mailing.

B) **TERMINATION WITH CAUSE:** This Agreement will automatically terminate for cause for reasons including, but not limited to: (i) expiration, suspension or revocation of any of the Agent's required licenses; (ii) conduct by the Agent that exposes the Company to legal claims of any kind or results in fines or penalties to the Company; (iii) withholding of funds due to the Company; (iv) non-compliance with any federal, state or local laws, rules or regulation to which the Agent is subject; (v) commission by the Agent of an act involving dishonesty, fraud, theft, embezzlement, disloyalty or other act of moral turpitude as determined by the Company in its sole discretion; (vi) submission of information that the Agent knew or should have known was false to the Company; (vii) breach of a material term or condition of this Agreement.

VIII) GOVERNING LAW:

This Agreement shall be governed by the laws of the State of New York.

IX) MISCELLANEOUS:

We reserve the right, with or without cause, to refuse to appoint or to terminate the appointment of the Agent. The Company is solely responsible for underwriting Applications, administering Product(s) and settling policyholders' claims. In the event that any provision of this Agreement should be held to be void, voidable, unlawful or, for any reason unenforceable, the remaining portions hereto shall remain in full force and effect.

X) REPRESENTATION:

The signature below certifies and represents to the Company that the Agent: (i) Acknowledges that it has received or has had the opportunity to receive independent legal advice from counsel of its choice with respect to this Agreement; (ii) Agrees to the terms of this Agreement and the Schedule(s) hereto; and (iii) Is properly licensed to solicit Long-Term Care Insurance. This Agreement may be executed via facsimile and such signatures shall be considered originals for all purposes.

Agreed To By:

Agent's Signature *Date*

Agent's Name (Please Print)

**MedAmerica Insurance Company
MedAmerica Insurance Company of New York**

William E. Jones, Vice President, Sales *Date*