

APPLICATION FOR APPOINTMENT SECURITY LIFE INSURANCE COMPANY OF AMERICA

Answer every question IN FULL or this application will be returned to you for correction.

TYPE OR PRINT

FOR FDI HOME OFFICE USE ONLY

State(s): _____

Effective Date of Appt.: _____

Amount Due: \$ _____

Processed By: _____

Notes: _____

_____ RESIDENT

FDI Group, Inc.

General Agent

_____ NON RESIDENT

FULL NAME (No Initials) _____ Social Security # _____
Last First Middle

LEGAL CORPORATION NAME _____ Federal ID # _____

HOME ADDRESS _____
Number & Street City State Zip Code County

BUSINESS/MAILING ADDRESS _____
Number & Street City State Zip Code County

TELEPHONE NUMBERS Home _____ Business _____

Fax _____ E-mail Address _____

DATE OF BIRTH _____ Sex _____ Are you a citizen of the United States? _____

Professional Designations or Memberships:

_____ CLU _____ CPCU _____ MDRT _____ NQA _____ NASD _____ NALU _____ Other

1. Lines of insurance for which you are licensed _____ Life _____ Accident/Health _____ Other

2. Are you currently appointed with Security Life? _____

3. List the state(s) in which you are licensed and wish to be appointed	State _____ State _____ State _____	License Number _____ License Number _____ License Number _____
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If additional space is required, attach a separate sheet.

4. In the state(s) you are requesting an appointment, do you hold a current appointment with another insurance company?
 _____ If yes, please list below.

Name	Address	Phone
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Name	Address	Phone
------	---------	-------

Name	Address	Phone
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If additional space is required, attach a separate sheet.

5. List the Non Resident licenses currently held	State _____ State _____	License Number _____ License Number _____
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If additional space is required, attach a separate sheet.

6. How long have you lived at your present address? _____

7. Please give your resident address for the past five years (city & state only)

city state city state city state city state

8. Check your highest educational achievement.
Grade School _____ High School _____ College _____ Post Graduate _____ Did you graduate? _____

9. If you are assigning your commissions to an agency, please give its name and address and check your status with the organization. (Please enclose a copy of your corporate license)

Name of Agency Street Address City State Zip

STATUS: _____ Owner or Partner _____ Corporate Officer _____ Representative (Agent)
Federal ID# _____

10. Do you carry Errors and Omissions Protection? _____

11. FIVE-YEAR EMPLOYMENT HISTORY. Begin with present employment. If self-employed, describe your job and give address and phone number.

<u>Dates</u>	<u>Name of Employer</u>	<u>City</u>	<u>Your Position</u>	<u>Reason You Left</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

12. Have you ever had an application for an insurance license declined by any insurance department? _____
13. Have you ever had an insurance license suspended or revoked by any insurance department or had a complaint issued against you by any insurance department? _____
14. Is any charge by any state currently pending against you or against the agency or any member of the agency? _____
15. Have you ever been charged with or convicted of a felony or of any crime involving moral turpitude? _____
16. Are there any outstanding judgments or liens (including state or federal tax liens) against you? _____
17. Has your appointment ever been terminated by an insurance company for reasons other than lack of production? _____
18. Does any insurer, insured, or other person claim any indebtedness of you as a result of any insurance transactions or business? _____

NOTE: A "yes" to any question 12 through 18 requires an explanation below or on separate sheets attached to this form.

REFERENCES

_____	_____	_____
Name	Address	Phone
_____	_____	_____
Name	Address	Phone
_____	_____	_____
Name	Address	Phone

APPLICATION FOR APPOINTMENT
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I certify, under penalty of perjury, that all answers and responses to questions or inquiries contained in this application are true, correct, and complete answers and responses. I further certify that I have read and am familiar with the sections of the insurance code in the state which I am seeking appointment and that I am withholding no information which would effect my qualification for this appointment with Security Life Insurance Company of America.

I authorize Security Life Insurance Company of America and/or Professional Resource Screening Inc. to obtain and I authorize any insurance carrier or agency with which I am or have been affiliated to release information concerning my character, general reputation, personal characteristics, credit history, mode of living and other applicable data, as part of my appointment and contracting process. A copy of this authorization is as valid as the original.

As evidence of my desire to obtain contract with Security Life Insurance Company of America, I empower you and/or your agents to retrieve information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, and law enforcement agencies at the federal, state, or county level, relating to my past activities, to supply any and all information concerning my background, and release the same from any liability resulting in providing such information. The information received may include, but is not limited to, residential, achievement, job performance, litigation, personal history, credit reports, driving history, disciplinary and conviction records.

By my signature below, I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at the time result to me, because of compliance with this authorization and request to release information or any attempt to comply with it. A copy of this authorization is as valid as the original.

Broker/Agent Signature

Date

****** PLEASE ATTACH A COPY OF A CURRENT LICENSE******

AND ENCLOSE CHECK FOR AMOUNT OF AGENT APPOINTMENT FEE

AND RETURN TO:

**Northwest Marketing Resources
P.O. Box 447
Olympia, WA 98507**

PRODUCER AGREEMENT

Financial Designs, Inc. ["we", "us", or "our"] and _____, Producer
["you" or "your"], enter into this Agreement at Novi, Michigan effective as of _____,
20_____.

APPOINTMENT, AUTHORITY AND RELATIONSHIP

1. Appointment

You are appointed to act as our producer subject to the provisions of this agreement.

2. Authority

You are authorized to solicit applications for insurance products offered by us and to service these products.

3. Territory

You may operate within any territory where you are duly licensed, but no territory is exclusively assigned to you.

4. Independent Contractor

You are an independent contractor. Nothing in this Agreement creates the relationship of an employer and employee between you and us. You are free to exercise your own judgment, including the time, place and groups from whom you may solicit applications for insurance. We shall have no direction or control over your time or physical activities.

5. Our Rules and Your Responsibilities

- a. You shall maintain the necessary insurance licenses required by law in order to perform your duties under this agreement, and you shall observe and comply with the insurance laws and regulations of the state or states in which you operate. You shall pay appropriate licensing fees if insurance company does not.
- b. You shall use your best efforts to maintain in force all policies issued by us and to that end you shall render all reasonable assistance to us.
- c. You shall not offer, allow, promise or pay directly or indirectly, any rebate of premiums on any policies.
- d. You shall not use any advertising, software, stationery, circulars or other written materials bearing our name or insurance company name or logo, describing our products, or referring to your connection with us unless the same shall have been submitted to us and approved, in writing by us.
- e. You shall remit all premiums promptly to us and any funds collected by you should not be deposited into any personal account.
- f. You should not bind us or any of our Underwriting Companies by any promise or agreement, or incur any debt, expense, or liability whatever in its name or account, or waive any of the provisions of policies.

OUR RIGHTS AND OBLIGATIONS

Specifically, without limitation, we shall have the right to reject applications for insurance without specifying cause. We shall also have the right to determine, in our sole discretion, that a policy which has been issued should be rescinded and/or cancelled and that the premiums paid for the policy be refunded. In such event, any commissions paid or credited to you, with respect to such policy, shall become your debt to us.

COMMISSIONS

1. We shall pay you commissions on policies produced by you while this Agreement is in effect. Those commissions shall be based upon premiums paid on such policies, and shall be at the percentages we shall determine and set forth in a notice to you subject to the provisions of this Agreement.

Producer Initial_____

Those commissions shall be paid for first and subsequent policy years while [a] this Agreement is in effect and [b] you [1] are recognized by the policy owner as the agent of record, [2] service such policies in a manner satisfactory to us and [3] are continuously and properly licensed to transact insurance business for us. However, we shall not pay you commissions on any policies for which we made payment of commissions to a prior agent of record. The first policy year shall be the period beginning on the effective date of the policy and ending 12 months thereafter, and subsequent policy years shall end on the same day each year thereafter. Commissions shall be determined on a case-by-case basis and an agreement stipulating the amount shall be issued at that time.

If you die at a time when commissions are payable under this Agreement, we shall continue to pay executor or administrator of your estate one-half of the remaining commissions that would otherwise have been payable on each policy during the remainder of such policy year in which your death occurs.

Any and all commissions provided for under this Agreement shall immediately cease as of the date this Agreement terminates if terminated for cause, notification by policyholder of change of agent of record, or items subsequently outlined in the commission section.

2. If a policy is changed to provide increased or additional insurance, or if new units are added, we shall determine and provide notice to you as to what commissions, if any, shall be paid to you because of such change.
3. You will not be entitled to commissions on premium waived or paid by the Company under the disability provision of any life insurance policy or upon premium installments, which, instead of being paid in cash, are charged to automatic loans under the provision of life insurance policy.
4. Unless you make demand for commissions hereunder or otherwise within one year from date such commissions are earned you agree that commissions paid to you are correct: further, no arbitration action will be instituted by you unless such action is brought within one year from date of such demand.
5. Your right to commissions will survive the termination of this Agreement unless this agreement is terminated for cause as set forth in the termination section or unless this Agreement provides otherwise.
6. We shall have the right to deduct and set-off against any commissions or other amounts payable under this Agreement or any previous contracts between you and us, amounts necessary to pay or partially pay any debt to us now due or later becoming due from you. We shall also have first lien on commissions or other amounts payable to you by us, to secure payment of any such debt. Our set-off and lien rights shall continue after termination of this Agreement.
7. Any debts you owe us shall be payable to us on demand. Such debt shall bear interest after demand at the rate of interest equal to 200 basis points over "Prime Rate" published in the Wall Street Journal on the date such demand, but not to exceed the maximum non-usurious rate permitted by law. If it becomes necessary for us, in our sole judgment to employ outside counsel to collect any debts you owe us, you shall be responsible for all reasonable attorney's fees, costs, and expenses that we incur.

TERMINATION OF AGREEMENT

You may terminate this Agreement by giving us thirty [30] days prior written notice. Likewise, we may terminate this Agreement by giving you thirty [30] days prior written notice.

Termination of this Agreement shall not impair any right or remedy we may have against you under this Agreement or any previous contracts between you and us

Immediately after termination of this Agreement, you shall stop using any advertising, stationery, circulars, or software bearing our name or logo, describing our policies or referring to your connection with us. You shall also stop using our applications, printed forms, licenses, records, supplies, or accessing web site for product or pricing information.

Producer Initial_____

Upon termination of this Agreement, we may provide such services and assistance with respect to policies as we deem necessary or as is requested by each policy owner affected by termination of this Agreement.

INDEMNITY; LEGAL PAPERS

You shall indemnify and save us harmless against, or from, any and all claims causes of action, damages, losses, penalties, fees, [including reasonable attorneys' fees], costs and expenses, whether by judgment, settlement or otherwise, resulting from or growing out of any fault, failure or unauthorized act by you or your employees.

If any papers are served upon you in connection with any legal proceeding, which involves or potentially may involve us, you shall transmit copies of those papers to us immediately.

LIMITATIONS

The authority given in this Agreement is subject to the provisions and limitations contained herein and in the Company manuals, rate books, and rules and regulations. We may, from time to time, prescribe rules concerning conduct of the business covered herein and amend manuals, rate books rules and regulations. Your authority shall extend no further than is specifically set forth herein. This Agreement does not give you any authority to alter, modify, waive, or change insurance contracts, nor to commit nor incur liability on behalf of us in any respect. The authority herein granted will end upon termination of this Agreement.

NOTICE

Written notice to us shall be delivered personally or mailed postage pre-paid, addressed to Mark Churella, Financial Designs, Inc., 39500 High Pointe Boulevard, Novi, Michigan 48375-5379.

Written notice to you shall be delivered personally or mailed postage pre-paid to you at the address shown below your signature in this Agreement, or to such other address as you may give us in writing.

NO WAIVER

Our neglect or failure to require the performance of any provision of this Agreement by you, or our neglect or failure to take advantage of any of our rights and privileges or a waiver of our right to require performance of any provision of this Agreement in the future will not waive our right to enforce its provisions.

NO ASSIGNMENT

No assignment by you of this Agreement or of any commissions payable under this Agreement shall be valid unless approved by us in writing.

PRODUCER:

FINANCIAL DESIGNS, INC.:

By: _____

By: _____

Title: _____

Title: _____

Agency: _____

Agency: **Financial Designs, Inc.**

Date: _____

Date: _____

Producer Initial_____