

**The ZONE** TZG  
**Group**  
**Next Generation Insurance Agency**

Date Submitted: \_\_\_\_\_ Pages (including this cover): \_\_\_\_\_

Email to: [Contracting@thezonegroup.com](mailto:Contracting@thezonegroup.com) Fax to: **1-800-901-1214**

From (Email Address or Fax Number): \_\_\_\_\_

Contracting Paperwork for:

\_\_\_\_\_  
NEW AGENT'S NAME

\_\_\_\_\_  
CARRIER

**Contracting Check List:**

- Contracts are **COMPLETE** and **LEGIBLE**
- Contracts are **SIGNED, INITIALED** and **DATED**
- Contracts were **DOUBLE** or **TRIPLE CHECKED**

**With everything above properly checked off for TZG to get You Paid Fast** (Including Your Signatures everywhere needed, Your Initials everywhere needed and the Dates everywhere needed) **send Everything into TZG's Contracting Support Staff for immediate processing.**

**THEN FOLLOW UP THAT EVERYTHING IS PROPERLY RECEIVED BY TZG CONTRACTING.**

**Call 1-800-218-2730 Option 1**

The Baltimore Life Insurance Company  
**Home Secure<sup>TM</sup>**  
 15-, 20- and 30-Year Term Life Insurance  
**Commission Schedule**

Policy	First Year Commission	Renewal Commissions	Form Number(s)
Home Secure <sup>TM</sup>	<u>55%</u>	<u>0%</u>	ICC10 8167, 8167-0610, ICC10 8167-ROP, 8167-ROP

*Note: The First Year and Renewal Commission sections must be completed before sending to the Home Office of Baltimore Life.*

**General Information:**

- Commissions are paid only on premiums actually received by The Baltimore Life Insurance Company. Commissions paid on premiums which are refunded for any reason will be charged back to the agent.
- All commissions will be charged back in the event of a policy lapse during the first 90 days from the policy's issue date. Thereafter, should a policy lapse during the first policy year, any unearned commissions will be charged back.
- Please note that your appointment may be withdrawn if minimum production requirements are not met.

This Commission Schedule becomes effective upon Home Office approval. The Commission Schedule can be modified or changed in any way at any time by Baltimore Life by sending written notice to the Agent or the appointing Independent Marketing Organization. If a commission modification occurs, the agent will be notified in writing. The Commission Schedule shall be considered attached to and a part of the Agent Contract between the Agent and The Baltimore Life Insurance Company.

Agent Name _____	
Signature  _____	Date _____
Baltimore Life Home Office Approval _____	Date _____

The Baltimore Life Insurance Company  
SILVER GUARD SERIES

Agent  
Commission Schedule

Policy	First Year Commission	Renewal Commissions			Form Number
		Years 2-10	Years 11-15	Years 16+	
Silver Guard I <i>Life Pay and 10 Pay</i>	40%	3%			6071S (Non-Par) 4082S (Par)
Silver Guard II Graded Death Benefit-Life Pay Only	15%	3%			6100S (Non-Par) 4059S (Par)
Silver Guard III <i>Return of Premium</i>	15%	3%			7820

**General Information:**

- For Silver Guard I, II, and III, the policy fee is not commissionable.
- Commissions will be charged back as follows:
  - Should a policy be rescinded for any reason, including denial of a contestable claim, the full commission will be charged back.
  - When a premium for an earned commission is reversed, the commission associated with the reversed premium will be charged back.
  - When a policy is lapsed or surrendered and there are outstanding unearned commission advances, the unearned advances will be charged back.
  - If the insured dies a non-accidental death during the first four (4) policy months, all commissions will be charged back.
- Please note that your appointment may be withdrawn if minimum production requirements are not met.

This Commission Schedule becomes effective upon Home Office approval. The Commission Schedule can be modified or changed in any way at any time by Baltimore Life by sending written notice to the Agent. The Commission Schedule shall be considered attached to and a part of the Agent Contract between the Agent and The Baltimore Life Insurance Company.

Agent Name _____
Signature  _____ Date _____
Baltimore Life Home Office Approval _____ Date _____

circumstances whatsoever shall the Company be liable to you (or anyone claiming through you) for any lost profits or indirect, incidental, punitive, or consequential damages in connection with this Contract.

- i. This Contract is governed by the Laws of the State of Maryland (without regard to any choice of law provisions) and each party hereto agrees to accept service of process in and to submit to the jurisdiction of the federal or state courts located within the State of Maryland for any matter involving this Contract. In any action, suit or proceeding brought by the Company, you agree not to assert that such action, suit or proceeding is brought in an inconvenient forum or that the venue of the action, suit or proceeding is improper.
- j. The provisions of this Contract shall be deemed severable. In the event any provision in this Contract is determined to be unenforceable or invalid, such provision shall nonetheless be enforced to the fullest extent permitted by applicable law, and such determination shall not affect the validity and enforceability of any other provisions in this Contract.
- k. The Company reserves the right in its sole discretion when settling disputed claims or complaints of a policyholder to refund any premium or premiums paid on a policy or contract produced under this Contract directly by the Agent or by an agent or sub-agent of the Agent. If such a refund is made, other than as part of the benefits provided by the policy or contract, the Agent shall be charged with and/or shall repay to the Company, any compensation paid to Agent or Agent's agents or sub-agents on the premium or premiums so refunded.
- l. You understand and acknowledge that during the term of this Contract you may gain access to certain confidential and proprietary information relating to the Company and its business and you

agree to keep all such information confidential. You agree that any and all "Nonpublic Personal Information" obtained by you on behalf of or from the Company in the performance of your duties and obligations under this Contract shall be used by you only as necessary to fulfill your obligations under this Contract and shall not be disclosed to any other person unless specifically authorized in writing by the Company, or the person who is the subject of the "Nonpublic Personal Information," or as otherwise permitted by law. "Nonpublic Personal Information" has the meaning set forth in section 509 of the Gramm-Leach-Bliley Act (P.L. 106-102) and any federal and state laws and regulations that implement that Act and includes but is not limited to name, address, and financial or health information of a policyholder, insured, applicant, or prospect. You agree to establish physical, electronic, and administrative procedures to protect the security and confidentiality of "Nonpublic Personal Information" in compliance with the Act and any and all federal and state laws and regulations that implement the Act.

- m. You agree that the Company will have at all times, both during and after the termination of this Contract, the right to communicate in any fashion with the persons insured under the policies issued hereunder or the owners of such policies for any purpose.
- n. Notwithstanding any provision of this Contract to the contrary, the termination of this Contract, whether with or without cause, shall be construed as a termination of: (a) your appointment and your authority under Paragraph I of this Contract; (b) your authority under Paragraph II of this Contract; and (c) the Company's obligations under Paragraph IV of this Contract. All other provisions of this Contract shall survive any termination of this Contract.



Signature of Agent

Date

Signature of Appointing Agent/Agency

Date

Name of Appointing Agent/Agency

The Baltimore Life Insurance Company

Date

—NOT EFFECTIVE UNTIL SIGNED BY COMPANY—

# THE BALTIMORE LIFE COMPANIES APPOINTMENT REQUEST

**I. PERSONAL DATA**

Full Name  Mr.  Mrs.  Ms. \_\_\_\_\_  
Last First Middle Jr./Sr. Maiden

Social Security Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Place \_\_\_\_\_

Agency/Corporation Name \_\_\_\_\_  Corporation  Partnership  Other

Business Tax Identification Number \_\_\_\_\_

**Administrative (policies, reports, copies of correspondence)**

Send To \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Business Phone (\_\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_\_) \_\_\_\_\_  
 Email \_\_\_\_\_

**Personal (other correspondence)**

Send To \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Business Phone (\_\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_\_) \_\_\_\_\_  
 Email \_\_\_\_\_

**Compensation and Tax Reporting (commission checks and 1099MISCs, etc.)**

Payable To (Payee) \_\_\_\_\_ Tax Identification Number for This Payee \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Business Phone (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 Email \_\_\_\_\_

**PRESENT PRIMARY COMPANY** \_\_\_\_\_

- 1) Has your insurance license ever been restricted, suspended, revoked, relinquished or surrendered as part of any investigation proceeding by any state or federal regulatory agency?  Yes  No
- 2) Have you ever been convicted of, currently charged with, or pleaded "nolo contendere" (*no contest*) to, a felony or misdemeanor involving insurance, investments, taxes, or other financial transactions?  Yes  No
- 3) Are you currently subject to any disciplinary action, regulatory supervision or probation involving insurance, investments, taxes or other financial transactions?  Yes  No
- 4) Have you ever been fined, barred or otherwise disciplined by an insurance regulatory agency or any other regulatory authority of any kind?  Yes  No
- 5) Within the last five years, have you been involved in any litigation or been the subject of any consumer complaint filed with any state insurance department, NASD or any federal regulatory agency or do you anticipate being the subject of any litigation or complaint?  Yes  No
- 6) Have you ever been terminated for cause or wrongful act?  Yes  No
- 7) Do you have any unpaid debit balance with another insurance company?  Yes  No
- 8) Have you ever filed for bankruptcy?  Yes  No
- 9) Have you ever been convicted of a felony, involving any motor vehicle violations, use or possession of a weapon, violent act, theft, or act of dishonesty for which the record has not been sealed or expunged?  Yes  No
- 10) If you have been convicted of a felony, have you notified your domicile state insurance regulatory agency of your legal status?  Not Applicable  Yes  No

*(If you answer "Yes" to any question, please provide details below.)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Prior to the appointment or contracting of any agent, Companies require the receipt of employment and credit history from said Agent. Nothing in this authorization restricts Companies from seeking additional information from Agent relating to his/her appointment with Companies.

The Companies reserves the right to decline an appointment request for any reason, including solely because an applicant has been convicted of a crime. The Companies, however, may consider the nature, date and circumstances of the offense, as well as whether the offense is relevant to the duties of the position applied for.


I authorize Companies to provide the below-described General Agency with all information Companies obtain relating to my application to contract with Companies, including my consumer credit report and/or investigative consumer report.

I certify that all statements of information provided on this Appointment Request form are true and correct. I understand if any of the information is found to be untrue, it will be a basis for my termination.

**IMPORTANT TAX NOTICE:** Under federal Tax law, The Company is required to ask you to certify your correct Taxpayer Identification Number (TIN), and to include it in any reports of taxable income it makes to the IRS.

**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 under provisions of section 3406(a) (1) (c) of the Internal Revenue Code because;
  - a) I am exempt from backup withholding, or b) I have not been notified 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 US person (including a US resident alien). The Internal Revenue Service does not require your consent to any provisions to this document other than the certification to avoid backup withholding.

**Signature of Applicant**  \_\_\_\_\_ **Date** \_\_\_\_\_

**General Agencies Authorized to Receive Information** \_\_\_\_\_

**II. CURRENT LICENSING DATA**

License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**TYPE OF LICENSE Individual:**  Agent  Broker  Solicitor  Other

**Agency:**  Corporate  Partnership  Other

**INSURANCE LINES**  Life  Accident & Health  Life, Accident & Health

**III. LICENSE/APPOINTMENT REQUESTS (Note: Appointment Requests Must Include Copies of Agent Licenses)**

Check type of license(s) and insurance line(s) you are requesting:

**TYPE OF LICENSE Individual:**  Agent  Broker  Solicitor  Other

**Agency:**  Corporate  Partnership  Other

**INSURANCE LINES**  Life  Accident & Health  Life, Accident & Health

States Applying For: (Indicate Resident or Non-Resident Appointment) \_\_\_\_\_

# Authorization and Disclosure Form

The purpose of this form is to authorize The Baltimore Life Insurance Company, their authorized representatives, and the supervisor or agency, as defined below to obtain a “consumer report” or an “investigative report” on the person named below (the proposed Agent) for purposes of evaluating whether that person will be contracted as an Agent with The Baltimore Life Insurance Company and at any time after that person has been contracted as an Agent.

## Definitions

1. A “consumer report” and an “investigative report” shall have the same meaning as defined in the Fair Credit Reporting Act.
2. A “supervisor” or “agency” shall mean the entity or person that receives override compensation based on the business written by the Agent, and that is responsible for any indebtedness of the Agent. The supervisor or agency will generally execute, along with the Agent, the agent contract that the person listed below will execute with The Baltimore Life Insurance Company, if the Agent is contracted by The Baltimore Life Insurance Company.
3. “Agent” shall mean any entity or person that seeks to be contracted by The Baltimore Life Insurance Company, without regard to how the entity or person is contracted; i.e., Managing General Agent, General Agent, Agent, Sub-Agent.

I (Name) \_\_\_\_\_, SS#, \_\_\_\_\_ hereby authorize The Baltimore Life Insurance Company, and my supervisor (or agency, if applicable) to view, copy, procure, be furnished copies, or be given details of all information in my consumer report and my investigative report. The information in my consumer report will include information by a credit reporting agency bearing on my consumer credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which will be used for the purpose of establishing my eligibility to be contracted by The Baltimore Life Insurance Company as an Agent and for the purpose of maintaining that contract. The information in my investigative report shall include information on my character, general reputation, personal characteristics, or mode of living obtained through personal interviews with neighbors, friends, associates of me, or others with whom I am acquainted.

A copy of this authorization shall be as valid as the original. I also release The Baltimore Life Insurance Company and any person or organization complying with this authorization from any liability in connection with information furnished pursuant to this authorization.

I UNDERSTAND THIS AUTHORIZATION ALLOWS PROCUREMENT OF A CONSUMER OR INVESTIGATIVE REPORT FOR PURPOSES OF CONTRACTING AS AN AGENT WITH COMPANIES.

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

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

Email: \_\_\_\_\_

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

California, Minnesota, and Oklahoma Applicants: Please check here to have a copy of your consumer report sent directly to you at the address listed above.

## DIRECT DEPOSIT AUTHORIZATION

*Instructions*

1. Please complete this form and return to the Corporate Disbursement Department with a **void check** from the account listed below.
2. If you change your bank account, a new form and a void check will be required. You will be paid by check until your account is changed.

Account Name *(As shown on the bank records)*

\_\_\_\_\_

Social Security Number / Tax I.D. *(Required)*

\_\_\_\_\_ / \_\_\_\_\_

E-mail Address

\_\_\_\_\_

Account Number

\_\_\_\_\_

Bank Name		
Bank Address		
City	State	ZIP Code
Telephone Number	Bank Transit Number	

<b>HOME OFFICE USE</b>
Secondary I.D. #
Pre-Note Date

I hereby authorize The Baltimore Life Insurance Company (the Company):

- to electronically deposit, to the account listed above, amounts to which I may become entitled; and
- to withdraw, from the account listed above, amounts due for non-resident state appointment fees *(independent agents only)*.

If the Company determines that funds were deposited to my account in error, I authorize the bank to return funds to the Company upon request by the Company. Any recourse shall only be against the Company. The Company may discontinue electronic deposits to my account at any time upon written notice to me.

I may withdraw or change this authorization at any time by providing written notice to the Company.

\_\_\_\_\_ *Signature* *(If joint account, Joint Owner signs below)* \_\_\_\_\_ *Date*

\_\_\_\_\_ *Joint Owner's Signature (If required)* \_\_\_\_\_ *Date*



# The Baltimore Life Insurance Company

## Advance Commission Agreement

### Complete This Form Only If Applying For The Advance Commission Program.

This Agreement is an addendum to the contract by and between the Agent (named below), the Supervising Agent (named below), the Marketing Organization and The Baltimore Life Insurance Company (the company). This addendum provides for the annualization of commissions pursuant to the following conditions:

- 1) The amount of annualization will be 75% of first year commissions on monthly PAC mode.
- 2) The amounts advanced under this Agreement in no way either decreases or increases the amount of compensation which will ultimately become payable to the Agent. Therefore, the amounts advanced are interest-free loans granted to the Agent by the Company, and for which the Agent is liable. Chargebacks can occur as outlined in your Commission Schedule. Should this Agreement be terminated, the Company shall withhold any and all compensation otherwise payable to the Agent until the amounts advanced have been repaid. If, at the sole determination of the Company, such compensation does not appear to be adequate to repay the amounts advanced, the Agent will be liable for the balance due and must reimburse the Company upon written notification. Agent shall indemnify the Company or Supervising Agencies for all costs or harm associated with collection of debit balances including reasonable attorney fees.
- 3) Maximum Annualization Amount: Annualized Commission on a single policy will not exceed \$2,500.00.
- 4) There will be no annualization of commission on policies covering the Agent's own life or those of his immediate family.
- 5) This Agreement shall terminate (a) upon termination of the Agent's Contract, (b) upon termination of the General Agent's Contract, (c) upon written notice by the Company of an intention to terminate the annualization, or (d) in the Company's sole discretion.
- 6) During the period of the Agreement the Company reserves the right, in its sole discretion, to change or modify in any way the percentage of premium annualized.
- 7) Annualization of commissions will not go into effect until this Agreement is signed by the Agent, the Supervising Agent, the Marketing Organization and The Baltimore Life Insurance Company, and only applies to business written and dated subsequent to the signing of this Agreement.



---

<i>Agent Name (Print)</i>	<i>Signature</i>	<i>Date</i>
---------------------------	------------------	-------------

---

<i>Supervising Agent (Print)</i>	<i>Signature</i>	<i>Date</i>
----------------------------------	------------------	-------------

---

<i>Authorized Marketing Organization Rep. (Print)</i>	<i>Signature</i>	<i>Date</i>
---	------------------	-------------

---

<i>Authorized Baltimore Life Rep. (Print)</i>	<i>Signature</i>	<i>Date</i>
---	------------------	-------------