

Fax

To: NAA Representative Contracting **From:** _____

Fax: 1-888-736-3627 **Pages:** _____

Phone: 937-558-5698 **Date:** _____

Re: NAA Rep Contracting Paperwork **CC:** _____

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**



www.naarep.com

National Agents Alliance,

This letter is confirmation of our agreement concerning my request to be a participant in the Mortgage Lead Program made available by National Agents Alliance, its affiliates, subsidiaries, and successors (collectively, "NAA"). I am a duly licensed insurance agent and as a member of the NAA sales force, I have entered in to an agency contract to sell insurance for insurance companies with which NAA has entered into marketing agreements. A list of the current insurance companies with which NAA has agreements is attached to this letter, and I understand that NAA may modify this list from time to time. The term "NAA Contracted Insurance Companies" shall collectively refer to all the insurance companies with which NAA has marketing agreements at the time I buy leads. I understand that NAA may enter into a Lead Agreement with any agent who has an agreement with an NAA Contracted Insurance Company. I seek to buy leads from NAA for my use and for use by my down line agents in connection with selling insurance for the NAA Contracted Insurance Companies.

1. Leads: NAA has developed a Lead Program for qualified members of its sales to buy leads from NAA for use solely in connection with the sale of insurance for NAA Contracted Life Insurance Companies.

- 1.1** I request that NAA supply me with leads at the rate assigned to my commission level and in the geographical area(s) described in the Geographical Mailing Request ("GMR") which shall be appended to and made part of this agreement upon its execution. I can change the geographic territory for which I am requesting leads by filling out a new GMR and submitting it to NAA. The other terms of this agreement will remain unchanged.
- 1.2** I agree to diligently work the number of leads requested on a weekly basis, and to ensure that any leads provided by me to my down line agents diligently work those leads.
- 1.3** I agree and understand that all leads provided to me or my down line agents must only be used to sell insurance through an NAA Contracted Life Insurance Company. I also agree and understand that if I use leads provided to me by NAA to sell for any other insurer or through another agency, NAA may terminate my contract with the NAA Contracted Insurance Carriers and may terminate this Lead Agreement, and further NAA may recover all commissions earned on such sales from me.
- 1.4** NAA agrees to make commercially reasonable efforts to supply the leads to me on a weekly basis so long as I am in compliance with the terms of this agreement.

2. Payment For Leads

- 2.1** I agree to pay for each lead received by me, and any applicable postage and/or handling fee as detailed on my invoice – via the payment method I have selected – on the scheduled payment date. In the event I default on my obligation to pay NAA for leads, I shall be responsible for payment of interest and NAA's collection costs, including but not limited to reasonable attorney's fees.
- 2.2** I also agree to pay all override charges for leads received by my down line agents who participate in the Lead Program. (Override charges are the amount equal to the difference in cost between the charge to such agent level in accordance with agents' contract level, and the charge for my contract level).
- 2.3** I agree and understand that I am also responsible for my down line agent's share of any lead costs, should that agent fail to pay these lead costs as required by their agreement with NAA. I agree to guarantee payment and performance of my down line agent(s') lead costs, plus interest, attorneys' fees, and collection costs. NAA is not required to pursue any remedy from any other person before seeking payment from me under this agreement. I will remain obligated to pay on this guarantee even if the down line agent(s') obligation is discharged in bankruptcy. I agree that NAA may modify the obligations of my down line agents without any notice to me, and such modifications shall not affect my obligations under this guarantee.
- 2.4** To secure this obligation, I hereby grant NAA a security interest in all commissions and any bonus amounts payable to me from NAA or others resulting from sales made through NAA and I will execute any documents requested by NAA to perfect such security including but not limited to Pre-Authorized Check. I hereby authorize any NAA Affiliated Life Insurance Company to make payment of such commissions and bonuses directly to NAA, but only in the event of default of the payment obligations contained herein.

3. Termination/Amendment of Agreement:

- 3.1** I may withdraw from the Lead Program with **30 days written notice to NAA**. During the 30-day period, I agree that I will be responsible for the cost of leads distributed to me, for my share of the cost of the leads distributed to my down line agents, and for any uncollectible lead charges accumulated by my down line agents.
- 3.2** NAA may terminate or suspend my participation in the Lead Program upon written notice by NAA, with or without cause. I further understand and agree that I am not entitled to participate in the Lead Program if any of my contracts with the NAA Contracted Insurance Companies are terminated, if my license to sell insurance is suspended or revoked, or if I default on any of my obligations in this agreement. I understand that I am obligated to pay for all leads billed prior to and for a period of not more than 30 days following my termination from the program.
- 3.3** This agreement may be amended only in writing, signed by both Agent and an authorized NAA signatory, except that the list of NAA Contracted Insurance Companies may be modified by NAA upon written notice by NAA to me and the GMR may be modified upon written notice by me to NAA...
- 3.4** This agreement shall be governed by North Carolina law, without regard to conflict of laws principals. I agree to submit to jurisdiction in North Carolina and that the sole forum for any dispute arising out of or relating to this agreement or my relationship with NAA shall be in the Superior Court of Alamance County, North Carolina.

AGENT



UPLINE / DISTRIBUTOR

SIGNED

SIGNED

PRINT NAME

PRINT NAME

DATE

DATE

NAA AUTHORIZED SIGNATURE

DATE

Please fax this form to: 1-888-736-3627

PRINT CLEARLY / KEEP A COPY FOR YOUR RECORDS

COMPANY NAME: National Agents Alliance

NEW **CHANGE**

My signature on this form authorizes my financial institution to deduct my lead charges weekly from the account specified. This transfer of funds will go to National Agents Alliance (“NAA”) electronically. In return, a statement detailing lead charges will be generated by NAA and sent to you via email or faxed to your office. This process is automatic and guarantees that your lead flow will continue without interruptions due to misdirected or late payments. Please be sure to maintain sufficient funds in your account to cover lead charges and be sure to update your account register with statements provided by NAA. If accounts are accessed and not have sufficient funds, a \$35 charge will be added.

I/We hereby authorize, as a convenience to me, to pay National Agents Alliance, Inc. (“NAA”), hereinafter called COMPANY, to initiate debit entries and/or correction entries due to my/our account indicated below, and do authorize the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

I agree that all rights in respect to each withdrawal shall be the same as if a check were drawn and signed personally by me the undersigned. The authority shall remain effective until revoked by the undersigned in writing, and until such notice is actually received, the undersigned agrees that such withdrawals will be honored.

CHECKING ACCOUNT **SAVINGS ACCOUNT**

DEPOSITORY (BANK) NAME

BRANCH

CITY

STATE

ROUTING NUMBER

ACCOUNT NUMBER

NAA AUTHORIZED SIGNATURE

DATE

Voided Check or Saving Account Form MUST BE ATTACHED

I, the undersigned, understand that I am responsible for providing the COMPANY with written notice of any suspected discrepancies in my lead billing and agree to do so within 30 days of my receipt of my bank statement which detail these charges. This authorization will remain effective until COMPANY has received written notice from the undersigned of its termination in such a timely manner as to allow the COMPANY and DEPOSITORY reasonable time to act upon it.

PRINTED NAME(S)

TAX ID NUMBER

SIGNATURE

DATE

SIGNATURE

DATE

Please fax this form to:

PRINT CLEARLY / KEEP A COPY FOR YOUR RECORDS



Leads... where, type, and how many...

For your first order of leads... we give you a couple of different options, please read below.

OPTION 1

You set a budget and we will not exceed that budget... this way you are using our knowledge to get you the best bang for the buck... remember we aren't making money unless you are! This will typically be a mix of lead types but centralized in a certain area. To take advantage of this option, you will need to tell us your budget and the areas you would like to work.

Budget for this order (please circle) \$50.....\$100..... \$200..... \$300..... \$400.....\$500

State _____

Counties to be worked 1) _____ 2) _____ 3) _____ 4) _____

OPTION 2

You have total control... you pick the area, the type, and how many...

If this is your option please check the following box

Also, please indicate the state you would like to see the inventory of State: _____

Once you process this you will be emailed the current inventory of the state selected.

Please email Mr. Owens directly with any questions at mike@naarep.com

Please sign and date below

Signature

Date

Printed Name