



4551 W 107th St  
 Overland Park, KS 66207  
 P: 888-402-7204  
 F: 913-945-4393  
 E: sales@allied-brokerage.com

## The ONE Individual Dental Contracting and Appointment Check List

- Completed and signed Fidelity Security Life Insurance Co Agent Data Sheet
- Completed and signed Fidelity Security Life Insurance Co Agent Commission Agreement
- Completed and signed Fidelity Security Life Insurance Co Agent Information Questionnaire
- Check payable to “**Fidelity Security Life Insurance Co**” for the appropriate state Licensing Fee.
- Copy of current state license.
- Mail to: **ALLIED Brokerage Services, 4551 W 107th St, Overland Park, KS66207**

		The ONE Individual	Licensing Fees - Resident	Licensing Fees - Non Resident
ALABAMA	AL			
ALASKA	AK	XX	No Fee	No Fee
ARIZONA	AZ	XX	No Fee	No Fee
ARKANSAS	AR	XX	No Fee	No Fee
CALIFORNIA	CA	XX	\$21.00	\$21.00
COLORADO	CO	XX	No Fee	No Fee
CONNECTICUT	CT	XX	\$45.00	\$45.00
DELAWARE	DE	XX	\$25.00	\$25.00
D. C.	DC	XX	\$25.00	\$25.00
FLORIDA	FL			
GEORGIA	GA	XX	\$20.00	\$20.00
HAWAII	HI	XX	No Fee	No Fee
IDAHO	ID			
ILLINOIS	IL	XX	No Fee	No Fee
INDIANA	IN	XX*	No Fee	No Fee
IOWA	IA	XX	\$5.00	\$5.00
KANSAS	KS	XX	\$5.00	\$5.00
KENTUCKY	KY	XX	\$40.00	\$50.00
LOUISIANA	LA			
MAINE	ME			
MARYLAND	MD	XX	\$15.00	\$15.00
MASSACHUSETTS	MA			
MICHIGAN	MI	XX*	\$5.00	\$5.00
MINNESOTA	MN			
MISSISSIPPI	MS	XX	\$10.00	\$10.00
MISSOURI	MO	XX	\$10.00	\$10.00

		The ONE Individual	Licensing Fees - Resident	Licensing Fees - Non Resident
MONTANA	MT			
NEBRASKA	NE	XX	\$8.00	\$8.00
NEVADA	NV	XX	\$15.00	\$15.00
NEW HAMPSHIRE	NH	XX	\$25.00	\$25.00
NEW JERSEY	NJ	XX	No Fee	No Fee
NEW MEXICO	NM	XX	\$23.00	\$23.00
NEW YORK	NY			
NORTH CAROLINA	NC			
NORTH DAKOTA	ND	XX	\$10.00	\$10.00
OHIO	OH	XX	\$20.00	\$20.00
OKLAHOMA	OK	XX	\$40.00	\$40.00
OREGON	OR			
PENNSYLVANIA	PA	XX	\$18.00	Varies
RHODE ISLAND	RI	XX	No Fee	No Fee
SOUTH CAROLINA	SC	XX	No Fee	No Fee
SOUTH DAKOTA	SD			
TENNESSEE	TN	XX	\$15.00	\$15.00
TEXAS	TX	XX*	\$10.00	\$10.00
UTAH	UT	XX	\$12.00	\$12.00
VERMONT	VT			
VIRGINIA	VA	XX	\$14.00	\$14.00
WASHINGTON	WA			
WEST VIRGINIA	WV	XX	\$25.00	\$25.00
WISCONSIN	WI	XX	\$8.00	\$24.00
WYOMING	WY	XX	\$15.00	\$15.00

\*Requires special applicatio

Return Marketing Benefits, Inc.  
to → P.O. Box 1459  
Orange Beach, AL. 36561

**FIDELITY SECURITY LIFE INSURANCE COMPANY  
AGENT DATA SHEET**

Agent # \_\_\_\_\_  
Date \_\_\_\_\_

**OMISSION OF ANY INFORMATION WILL RESULT IN A  
DELAY OF APPOINTMENT AND PAYING OF COMMISSION**

**NOTE:** No person is permitted to solicit, sell or procure an application for insurance until he has in his possession an insurance agent's license authorizing him to solicit, sell or procure applications for Fidelity Security Life Insurance Company.

**A. IDENTIFICATION:** (Please print in ink or type - **Do Not Abbreviate**)

Name (Last, First, Middle)					Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Social Security Number	Date of Birth	Place of Birth	Tax I.D. No.		Age	
Firm Name (Agency Name if applicable)						Send Mail to:
Business Address					Telephone (include area code)	
Street	City	State	County	Zip	( )	
Resident Address					Telephone (include area code)	
Street	City	State	County	Zip	( )	
Currently Licensed By State Of:		License No.	Issued To:			
(attach a copy of home state license)			<input type="checkbox"/> Ind. <input type="checkbox"/> Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Sole			
Proprietor						
What type of product(s) do you plan to sell for FSL? <input type="checkbox"/> Life <input type="checkbox"/> Health/Accident <input type="checkbox"/> Fixed Annuity						

**B. BACKGROUND** - Use separate page if needed .....IF YES TO ANY OF QUESTIONS 1-9, PLEASE ATTACH DETAILS AND DATES.

	No	Yes	Month/Year
1. Have you ever had ownership interest in a business venture which declared bankruptcy? (If Yes, give month and year.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Have you been a Judgment Debtor or ever declared personal bankruptcy? (If Yes, give month and year.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Are you in good standing and full compliance with respect to state taxes or child support?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Have you ever had a bond declined or cancelled?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Have you ever been convicted for any offense other than a minor traffic violation?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Have you ever been cited, fined, suspended, revoked or refused a license by any state? (If Yes, give state, month and year.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Have you ever been short in accounts with any employer?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Do you owe an unpaid balance to any insurance company?	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Are you now employed by, or associated with to any degree, directly or indirectly, a bank, savings and loan or other financial institution?	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Please provide the carrier for your Errors & Omissions coverage, the policy number and the name of the insured.			_____

11. List past and current companies you represent or have represented in the last 5 years.

From	To	Name	Street Address, City, State, Zip	Telephone No.
				( )
				( )

**C. CERTIFICATION / AUTHORIZATION**

12. a. I certify that I have answered all questions honestly and to the best of my knowledge.  
b. I also authorize Fidelity Security Life Insurance Company to order an investigative report as may be required. I understand that information for the report may be secured from financial resources, and/or public records, or personal interviews with third parties, such as family members, business associates and/or others with whom I am acquainted.

This inquiry may include information as to my character, general reputation, personal characteristics, mode of living or educational background. I understand I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of this information if I so desire.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Appointing Premier General Agent \_\_\_\_\_

Owner or Partner  
 Corporate Officer  
 Representative (Agent)

**D. REFERENCES**

Personal References - List two persons (use back if needed) whom we have your permission to contact. Do not use Spouse or Relatives.

a. Name: \_\_\_\_\_

\_\_\_\_\_

Address City State Zip Years Known

**FIDELITY SECURITY LIFE INSURANCE COMPANY**

**Agent Information Questionnaire**

**Agent appointment**       **Company appointment**  Please note that appointment fees may apply. To appoint an agent and a company will require at least two appointment fees. Please make all checks payable to Fidelity Security Life Insurance for your appointment fee.

**Agent Name** \_\_\_\_\_

**Company Name** \_\_\_\_\_

**Company Address** \_\_\_\_\_

**Social Security #** \_\_\_\_\_      **Tax I.D. #** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Phone Number** \_\_\_\_\_      **Fax Number** \_\_\_\_\_

**If partnership or corporation is appointed please list all members requesting appointment**

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

**COMMISSION SCHEDULE - The ONE Dental Plan**

	<u>First Year</u>	<u>Renewal</u>
Commissions	10 %	10 %

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

This product is not approved for sale in all states. For a current listing of state availability, contact Marketing Benefits, Inc., P.O. Box 1459, Orange Beach, AL. 36561 (1-800-811-1600).



**8. LIABILITY.** Commissions will be subject to reduction by the Insurer for any amount due the Insurer from Second Party or for any amount of claims made against the Insurer because of any action or inaction of Second Party. This right of off-set will also apply to any renewal Commissions.

Second Party will be jointly and severally liable for debit balances of all classes of the Insurer representatives, however designated in their separate contracts, on whose production Second Party is contractually entitled to any override commission or service fee from the Insurer.

To secure the repayment to the Insurer of such debit balances, whether now existing or hereafter arising, Second Party agrees that the Insurer may apply any and all existing future indebtedness of Second Party to the Insurer against any earned commissions or other sums payable to Second Party by the Insurer. To further secure such repayment, the Second Party hereby assigns and grants to the Insurer a security interest in all commissions and any other sums payable, which are now or may from time to time hereafter be due to Second Party from the Insurer. The Insurer's right of off-set, as described herein, and security interest, as granted herein, constitute a paramount and prior lien on any and all commissions or any other sums payable to Second Party by the Insurer and the Insurer may, at any time without notice, apply such commissions and other sums payable to such indebtedness.

**9. REFUNDS.** Should the Insurer for any reasons refund any premium on any policy secured hereunder, the Second Party will repay, on demand, any commission received on that premium.

**10. ASSIGNMENT.** No assignment of any commission or any other amounts, or any portion thereof, due or to become due to Second Party hereunder will be valid unless authorized in advance in writing by the Insurer, and any assignments so authorized will be subject to any and all indebtedness of Second Party to the Insurer then existing or thereafter accruing.

**11. FORFEITURE.** Should Second Party at any time endeavor to induce representatives of the Insurer to discontinue their Agreement, or its policyholders to relinquish their policies, Second Party will forfeit any and all commissions that he/she might otherwise have acquired under any and all contracts with the Insurer.

In the event the renewal commissions due Second Party are less than One Hundred Eighty Dollars (\$180.00) for any calendar year, any subsequent renewal commissions will be continued or discontinued at the option of the Insurer.

**12. EXPENSES.** Second Party will pay all expenses incurred in the performance of this Agreement, and when requested by the Insurer, will furnish a bond of indemnity in such form and amount as approved by the Insurer.

**13. ACCOUNTING.** The Insurer will furnish Second Party with monthly accounts showing commission payments made to Second Party within such accounting period.

**14. TERMINATION OF AGREEMENT.**

(a) Termination Without Cause

(1) Either party may terminate this Agreement without cause by giving 30 days written notice to the other of such termination.

(2) This Agreement will automatically terminate, without notice, on the date of Second Party's death.

(b) Termination for Cause. Upon failure of either Party to perform any of its obligations or covenants hereunder, the other Party may terminate and cancel this Agreement effective immediately upon service of notice of such termination on the other Party, which notice will specify the cause of termination. This Agreement will be automatically cancelled without notice by reason of fraud, misappropriation or withholding of funds, by Second Party, or if the Second Party will file a Petition in Bankruptcy (for any purpose whatsoever) or if he/she will make an assignment for the benefit of creditors or will be adjudicated bankrupt or if a receiver or conservator will; be appointed for him, and anything contained in this Agreement to the contrary notwithstanding, thereafter no compensation of any kind will be payable to Second Party.

Anything to the contrary in this Agreement notwithstanding, all indebtedness due to the Insurer from Second Party will be immediately payable without demand or notice therefore by Second Party to the Insurer upon termination of this Agreement regardless of whether such terminations is with or without cause.

In the event of termination, the Second Party shall immediately turn over to the Insurer all undelivered policies, rate books, such correspondence and records, and other property of the Insurer as pertain to business produced by the Second Party, or agencies recruited by Second Party during the term of this Agreement, which are then in its possession.

Except as specifically provided in this Agreement, no commissions, service fees or other compensation of any kind will be payable to Second Party following termination of this Agreement.

**15. ARBITRATION.** Any controversy or claim arising out of or relating to this Agreement or the breach thereof shall be settled by arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association and judgment upon the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

**16. SOLE AGREEMENT.** This Agreement supersedes any and all previous agreements between the parties hereto which pertain to the solicitation of applications for any insurance mentioned herein, and the payment of commissions on premiums on policies issued by the Insurer under previous contract with Second Party is not hereby impaired.

This Agreement cannot be changed by any verbal promise or statement by whomsoever made, and no written modification or change will bind the Insurer unless it is signed by the President, a Vice President or Secretary of the Insurer, which expresses an intention to modify or change this Agreement.

**17. GOVERNING LAW.** This Agreement shall be governed as to performance, administration and interpretation by the laws of the State of Missouri.

THIS CONTRACT CONTAINS A BINDING ARBITRATION PROVISION THAT MAY BE ENFORCED BY THE PARTIES.

By: \_\_\_\_\_  
Fidelity Security Life Insurance Company ("Insurer")

By: \_\_\_\_\_  
Agent ("Second Party")