Brokerage Agreement

This	Agreement,	made	and	entered	into	this	day	/ (of			20,	between
	· · · · · · · · · · · · · · · · · · ·					(hereinafter	referred	to	as	"Broker")	and	Complete	Insurance

Solutions, LLC (hereinafter referred to as "MGA").

Requirements

Broker is fully registered and licensed for Life & Health. Broker is required to maintain that license in good standing. Broker must maintain independent Errors & Omissions Insurance with a minimum coverage of \$1 Million per claim.

Statement of Agreement

Effective as of the date of this Agreement, "MGA" agrees to compensate "Broker" through 1099 Independent Contractor Commission for Life & Health business referred to, written under, or written by the agency as a result of "Broker's" efforts.

Commissions on Sales

"MGA" shall pay "Broker" a commission percentage as paid by carrier. Commissions are paid monthly and shall continue to be paid for as long as the "MGA" is receiving commissions for said cases and "Broker" is legally able to receive those commissions.

Where a policy of insurance issued on an application taken by the "Broker" is cancelled or a return of premium is due back for any reason, the "Broker" shall return to the "MGA" the prorated commission on the amount of the refunded premium, or the "MGA" may, at its option, deduct the amount of this commission from any sum of money due, or to become due, from the company to the "Broker".

This Contract shall be deemed to have been made, executed, delivered in, and shall be governed by and constructed in accordance with the laws of the Commonwealth of Virginia without regard to the choice of law provisions or statues. The Parties agree that any action of suit arising out of or related to this Contract shall be nstituted in the courts of the Commonwealth of Virginia for the City of Chesapeake and the Parties hereto consent to service, jurisdiction and venue of such courts for all purposes. The Parties agree to accept service of process through Certified U.S. Mail on their respective registered agents or an officer of the Party, which shall be deemed proper service of process.

In Witness Thereof, the parties have caused these terms to be duly executed on the date first above written.

Broker Name	NPN
Broker Signature	Ву
Licensed States	Email
Complete Insurance Solutions	
Signature	Ву

Date