





# Time Insurance Company Producer Sales Agreement

This Producer Sales Agreement is between Time Insurance Company, by its current name or any new name or legal identity it may hold in the future, its subsidiaries and associated organizations (hereinafter referred to as the "Company" or "We" or "Us" or "Our") and

, "Producer" or "You" or "Your" or "Yours".

\_\_\_\_\_  
(Please print or type name)

The Producer agrees to comply with the following terms and conditions.

**Producer**

**For Time Insurance Company**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Please print or type name)

\_\_\_\_\_  
Effective Date of Agreement  
(To be completed by Home Office.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer #:

**General Agent**

\_\_\_\_\_  
Jimmy Schmoll - Insurance Marketing Agency

\_\_\_\_\_  
000335CY100001

\_\_\_\_\_  
GA Name (Please print)

\_\_\_\_\_  
GA Number

## **BENEFICIARY DESIGNATION:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Present Address

if living, otherwise to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Present Address

## **DEFINITIONS**

**AGREEMENT.** For the purposes of this Agreement, "Agreement" shall mean this Producer Sales Agreement, together with the Appointment Application, Commission and Product Schedules and any attachments, exhibits or schedules hereto.

**ASSOCIATED ORGANIZATION.** For the purposes of this Agreement, an "Associated Organization," shall mean a

