



CBIZ / HARTFORD LIFE Fill-Able Contracting/Appointment Forms

When do I submit CBIZ/HARTFORD LIFE Appointment Paperwork?

- Appointment paperwork and new business application can be submitted concurrently except in the state noted below.

NOTE: HARTFORD LIFE is restricted in **PA**; agent(s) must be appointed **"prior"** to solicitation of the life insurance application. Restricted in **FL** for agent's 1st appointment

Where do I submit CBIZ/HARTFORD LIFE Appointment requirements?

- Please forward all completed forms directly to CBIZ Life Insurance Solutions, Inc.
 - Fax 858.444.3157
 - OR
 - Email: srlicensing@cbiz.com

Who should I contact for contracting and/or appointment inquiries?

- Please contact our Producer Services Department

Email: srlicensing@cbiz.com

Phone: 800.422.7536

Fax: 858.444.3157

Mail: 10616 Scripps Summit Court, Suite 210
San Diego, CA 92131

What requirements must be submitted for a CBIZ/HARTFORD LIFE Appointment?

- All pages of HARTFORD LIFE Producer Contract Application
 - Application for Life Contract
 - Sales Agreement
 - Agent/Agency Addendum
- Current Resident Life License and/or License in the state of sale.
- Proof of Errors & Omissions or Certificate of Liability

***** HARTFORD LIFE** – only accepts Anti-Money Laundering (AML) Training completed through LIMRA. AML training site is located @ <https://aml.limra.com>. "User Name" is the first 4 characters of your last name (lower case only) combined with the last 6 digits of your SSN and "Password" is your complete last name (all lower case). Once logged in; online instructions will prompt you to create your own new password. *******



CBIZ Life Insurance Solutions, Inc

Producer Services Department

10616 Scripps Summit Ct., Suite 210 • San Diego, CA 92131

Phone: 800.422.7536 • Fax: 858.444.3157

Email: srlicensing@cbiz.com

Application for Life Contract



Section A - Applicant Information (Complete only the Individual or Agency portion - not both)

Individual Application

First Name	Middle Name	Last Name			
SSN	Professional Designations	Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Resident Address (No PO Box)		City	State	Zip	
Resident Phone	Resident Fax	Cell Phone			
Business Mailing Address	Physical Business Address	City	State	Zip	
Business Phone	Business Fax	Email Address			
<input type="checkbox"/> I do not wish to receive correspondence at the email address provided above					

Agency Application (An Application and Agreement for Appointment Only form must be completed for each officer)

Business Name		TIN			
If incorporated, indicate type of entity <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation (type: _____) <input type="checkbox"/> Partnership (type: _____)					
Authorized Principal or Officer		Birth Date	SSN		
Business Address		City	State	Zip	
Business Phone	Business Fax	Email Address			
<input type="checkbox"/> I do not wish to receive correspondence at the email address provided above					

Section B - Background Questionnaire

For each of the questions below, if the answer is YES, please attach **a specific written explanation** with relevant dates and documentation, including certified copies of all court documents, pertaining to the question. **Failure to disclose any information** requested below will be cause for automatic rejection of this contracting appointment. (Any pending business associated with this appointment request will also be rejected.)

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Has any insurance company canceled your appointment and/or contract for cause? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had any administrative proceedings, fines, reprimands, or revocations/suspensions of your license or registration(s) by any state or federal regulatory authority? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been convicted of, plead guilty or nolo contendere to any criminal offense (including misdemeanor and felony traffic offenses)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you had a debt placed for collection (including child support collections), or a creditor write off a debt as uncollectible during the past 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you filed for bankruptcy, or debt reorganization (chapters 7, 11, 13) or had a judgment entered against you in connection with a debt during the past 7 years? | <input type="checkbox"/> | <input type="checkbox"/> |

Section B - Background Questionnaire (continued)

- | | Yes | No |
|--|--------------------------|--------------------------|
| 6. Have you ever been or are you currently involved in any pending indictments, law suits, civil judgments or other legal proceedings (civil or criminal)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you currently subject to any tax liens or levies against you by the Federal Government (IRS) or any state regulatory authority? | <input type="checkbox"/> | <input type="checkbox"/> |

Section C - Premium Financing

1. Identify the insured age range that your business tends to reflect (check all that apply):

 0-40 40-60 50-70 65+

2. Are you currently in or are you considering entering the premium financing market?

 Yes No
 - a. If yes, what premium financing companies/vendors have you used or are you considering using?

 - b. If yes, what type of financing programs do you use or are you considering using:

 Traditional Hybrid (reduced collateral) Non-recourse

3. Do you currently or have you done non-recourse and/or investor initiated Stranger Originated Life Insurance (STOLI) transactions, including but not limited to, trust beneficial interest transfers or assignments? (if yes, please provide details)

 Yes No

4. Have any of your appointments been terminated from any insurance carrier as a result of non-compliance with premium financing guidelines, undisclosed premium financing or participating in the STOLI marketplace (if yes, please provide details and identify the insurance carrier)

 Yes No

5. Have you received and do you understand our current premium financing guidelines and opposition statements to STOLI?

 Yes No

Please certify the following:

I understand that I am accountable for any business submitted under my name and such business must comply with The Hartford guidelines and positions, including premium financing and STOLI.

I understand that The Hartford reserves that right to obtain references from other insurance carriers.

I agree to adhere to The Hartford's premium financing guidelines on any premium financing business I submit to The Hartford. Further, I understand that if business is submitted in conflict to these guidelines I may have my appointment/contract terminated for cause.

I agree to adhere to The Hartford's position regarding STOLI and will not knowingly submit any business that is in direct or indirect conflict to this position. Further, I understand that if business is submitted in direct or indirect conflict to this position I may have my appointment/contract terminated for cause.

I understand that The Hartford has a review process specific to the senior marketplace and that certain insureds may be contacted directly by the home office of The Hartford.

I certify that I have completed this form to the best of my knowledge and belief and that the information provided is accurate

Section D - Appointment Information

Type of Appointment <input type="checkbox"/> Individual <input type="checkbox"/> Agency	Resident State Insurance License #	NPN #
--	------------------------------------	-------

Indicate all states where appointment is being requested. Non-resident state appointments will be processed upon receipt of a new business application, except for restricted states (R).

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> All States | <input type="checkbox"/> Idaho | <input type="checkbox"/> Missouri | <input type="checkbox"/> Pennsylvania (R) |
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Illinois | <input type="checkbox"/> Montana | <input type="checkbox"/> Rhode Island |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Indiana | <input type="checkbox"/> Nebraska | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Iowa | <input type="checkbox"/> Nevada | <input type="checkbox"/> South Dakota |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Kansas | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> California | <input type="checkbox"/> Kentucky | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Louisiana | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Maine | <input type="checkbox"/> New York | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Maryland | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Florida (R) (if no active appointment) | <input type="checkbox"/> Michigan | <input type="checkbox"/> Ohio | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Oregon | <input type="checkbox"/> Wyoming |

Section E - FINRA Information

Are you FINRA licensed/registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type of registration do you hold? <input type="checkbox"/> Series 6 <input type="checkbox"/> Series 7 <input type="checkbox"/> Series 63 <input type="checkbox"/> Other _____
Broker/Dealer Affiliation	Individual CRD #

Section F - Authorization for Direct Deposits (Optional)

I authorize Hartford Life and Annuity Insurance Company and Hartford Life Insurance Company ('Hartford') to initiate credit entries/deposits to my account with the Financial Institution designated below. Such credit entries shall reflect commission payments that are payable to me from Hartford. I also authorize Hartford to make any adjustments for any errors in transmission to my account by crediting and/or debiting the same to such account. This authorization is to remain in full force and effect until Hartford has received written notice from me of its termination in such time and in such manner as to afford Hartford and Financial Institution a reasonable opportunity to act on it or upon written notice from Hartford.

Account Type: Checking Savings

Financial Institution Name (Bank)	Routing #
Account Name	Account #

Section G - Authorization, Certification and Signature

This notice is being provided to you by The Hartford pursuant to the Fair Credit Reporting Act ("FCRA"). As used herein, "The Hartford" means Hartford Financial Services Group, Inc., and its subsidiaries, affiliates, officers, employees, agents and representatives.

In connection with determining your eligibility for (i) an insurance agent or producer license, (ii) to be appointed or sponsored as an agent of The Hartford, (iii) for any other certification or authorization to produce business with The Hartford, and (iv) to maintain such license, appointment, certification or authorization in one or more states, The Hartford may conduct background checks. Such background checks may include the ordering of consumer reports from a consumer reporting agency containing information on your criminal and credit history and/or the preparation of an investigative consumer report containing information as to your character, general reputation, personal characteristics, and/or mode of living obtained from personal interviews or other sources in connection with your application. Upon your written request, it will be confirmed to you whether an investigative consumer report was requested with the name and address of the consumer reporting agency to whom such request was made and a complete and accurate disclosure of the nature and scope of the report.

California, Minnesota and Oklahoma Residents Only: If you would like to receive a copy your consumer report, if and when one is obtained, please check the box below.

I wish to receive a copy of any credit report concerning me which is used in connection with any insurance agent or producer license, appointment, certification, or authorization I may have or seek.

AUTHORIZATION TO ORDER CONSUMER REPORTS

By signing below, I hereby voluntarily authorize The Hartford to conduct one or more background checks, including obtaining reports relating to my financial/credit, criminal, driving and licensing history, and to use those reports in connection with any insurance agent or producer license, appointment, certification, or authorization I may have or seek, whether now or in the future, in any jurisdiction. This is a continuing authorization. Information will be treated as confidential, but Company may release information in its files to its affiliates and/or recruiting agents.

I certify that the information provided by me on this application is true and correct to the best of my knowledge and belief. I also acknowledge and agree that this Authorization shall remain valid during the term of my relationship with the Company. I understand that any false statement provided to the Company may be considered as sufficient cause for rejection of my application or for termination of my contract if such false statement is discovered subsequent to contracting. Further, I understand that I will not be considered contracted with the Company until a background check is completed and approved and a Sales Agreement is executed by the Company and me.

Further, under penalties of perjury, I certify that:

1) The Social Security Number of Taxpayer Identification 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 because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) 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.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Applicant		Date
------------------------	---	------

To Be Completed by the Field Recruiting Office

Section H - Contract Specifications

Marketing Affiliation <input type="checkbox"/> SFO <input checked="" type="checkbox"/> Life Brokerage <input type="checkbox"/> P & C <input type="checkbox"/> HESCO <input type="checkbox"/> Other _____	
Contract Type <input checked="" type="checkbox"/> Agent <input type="checkbox"/> General Agent/PGA <input type="checkbox"/> IMO <input type="checkbox"/> Hartford Employee <input type="checkbox"/> Other _____	
P & C Agent? <input type="checkbox"/> Yes <input type="checkbox"/> No (P & C Agency Number: _____) <input type="checkbox"/> HIG VIP Agency <input type="checkbox"/> HIG P & C Agency	
Contract Name Agent	Contract Rate(s) 60%
Direct Up-line Name CBIZ Life Insurance Solutions, Inc.	Direct Up-line Agent Code(s) ZFV1000000
Hartford Hub Name	Hub
Hub Contact Producer Services	Email Address srlicensing@cbiz.com

Section I - Recruiter Acceptance and Signature*

Recruiter Name CBIZ Life Insurance Solutions, Inc. / Nancy M. Mellard	Title Exec. VP
Recruiter Signature	Date

*The recruiter acceptance and signature is required from the person who holds oversight responsibilities for the Agent listed above in Section A. These consist of an Account Executive, BGA, Field Office Manager, IMO, Life Brokerage Marketing, PPGA stand-alone, Regional Life Consultant or the Regional Marketing Specialist.

For standard mail delivery:

Hartford Life Insurance Companies
Individual Life Operations - Contracting
P.O. Box 14293
Lexington, KY 40512-4293

Fax: (888) 568-9765

Sales Agreement (Agreement)



1.0 Appointment

1.1 Hartford Life Insurance Company and Hartford Life and Annuity Insurance Company (hereinafter collectively referred to as "Company") hereby appoint the named individual or organization as "Agent" of Company for the solicitation and procurement of the products listed on the schedule pages attached to this Agreement. Such appointment will be maintained in all jurisdictions in which the Agent is properly licensed, appointed and doing business. There are no exclusive jurisdictions. The scope of this Agreement is limited to insurance products ("Policies") that do not constitute a security.

2.0 Authority

- 2.1 Agent has the power or authority to represent Company only to the extent expressly granted in this Agreement and no further power or authority is implied.
- 2.2 Nothing contained herein is intended to create a relationship of employer and employee between Company and Agent. Agents, shall be independent contractors as to Company and free to exercise their own judgment as to the time, place and means of performing all acts hereunder, but they shall conform to all regulations and guidelines of Company, as communicated to Agent by Company, and not unreasonably interfering with freedom of action or judgment.
- 2.3 This Agreement terminates all previous sales agreement(s), if any, between Company and Agent regarding sale of Individual Life and Individual Annuity products. However, the execution of this Agreement shall not affect any obligations which have already accrued under any prior agreement.
- 2.4 Unless permitted to net commissions, Agent shall only have the authority to collect initial premiums except as specifically set forth in the applicable commission schedule. Unless previously authorized by Company, Agents shall not have any right to withhold or deduct any part of any premium it shall receive for purpose of payment of commission or otherwise. Commission netting is not permitted for sales of life products.
- 2.5 Agent is authorized to procure and solicit applications only for those products listed on the Commission Schedule(s) attached hereto. Company reserves the right to withdraw and/or add products that are available for sale from time-to-time at its sole discretion and upon written notice to Agent.

3.0 Compensation

- 3.1 Company will pay Agent as full compensation hereunder, commissions and/or service fees on premiums paid to Company on account of Policies issued upon applications procured pursuant to this Agreement and while this Agreement is in effect.
 - 3.1.1 Commission and/or service fees will be paid in the amounts and for the periods of time as set forth in the Commission Schedules attached to this Agreement or subsequently made a part hereof, and which are in effect at the time the applications for such Policies are received by Company.
 - 3.1.2 The Commission Schedules attached to this Agreement are subject to change by Company at any time, but only upon written notice to Agent. No such change shall affect any Policies issued upon applications received by Company at Company's Home Office prior to the effective date of such change.
 - 3.1.3 Any Commission Schedule attached to this Agreement or subsequently made a part hereof may provide other or additional conditions regarding compensation and if so, will be controlling to the extent of the other or additional conditions.

3.0 Compensation (continued)

- 3.2 Compensation will be earned by Agent only for those applications accepted in good order by Company, and only after receipt by Company at Company's designated address, or at such other location as the Company may designate, from time to time, of the required premium and compliance by Agent with any applicable outstanding delivery requirements
 - 3.2.1 No compensation will be earned or paid on premiums waived by Company pursuant to any "waiver of premium" provision.
 - 3.2.2 Company reserves the right to rescind or terminate any existing Policy and refund premiums. Should Company for any reason return any premium on a policy issued hereunder, Agent agrees to repay Company, within thirty (30) business days of notice, the total amount of any compensation which may have been paid to Agent for the sale of that Policy.
- 3.3 If a policy is rescinded, terminated, or voided due to a lack of insurable interest, because it was identified as a Stranger Originated Life Insurance (STOLI) transaction, for a failure to comply with Hartford's policies and directives or material misrepresentation on the policy application, including within producer section, Agent agrees to pay Company the total amount of any compensation which may have been paid thereon within (30) business days of notice of such cancellation.
- 3.4 Any compensation otherwise payable to Agent in accordance with this Agreement will be reduced by the amount of such compensation paid directly, at the direction of Agent, by Company to any contracted individual or organization; or, in connection with group policies, by the amounts paid by Company to a resident licensed agent in a state which requires the countersignature by, or the effectuating of the insurance through, a resident licensed agent.
- 3.5 Company will periodically provide Agent with commission statements. If Agent does not question the accuracy of such statement in writing within 90 days of mailing, such statements shall be deemed accurate and complete.
- 3.6 In the event of termination of this Agreement for one or more of the reasons specified in Subsection 6.2.1 or for cause, no further commissions or other compensation shall thereafter be payable.
- 3.7 In the event of termination in accordance with Subsection 6.1 below if in any calendar year following such termination, the aggregate commissions payable hereunder total less than \$100.00, no further commissions shall be payable hereunder, other references to vesting to the contrary notwithstanding.
- 3.8 Company reserves the right to modify, change or discontinue the offering of any policy/contract at any time.
- 3.9 No payment will be used by the Agent to effect compensation in excess of the limits of Section 4228 of the New York Insurance Law for the sale of insurance.

4.0 General Provisions

- 4.1 The parties to this Agreement agree to fully cooperate with each other in any matters pertaining to this Agreement, including but not limited to arbitration, litigation, complaint, and regulatory investigations or proceedings. Failure to cooperate in an investigation may result in termination of contract, resulting in loss of vesting rights. If an investigation results in policy rescission, or the policy being deemed void ab initio, agent agrees to pay Company the total amount of compensation which may have been paid thereon within thirty (30) business days of notice of such cancellation
- 4.2 Agent shall keep full and accurate records of the business transacted by Agent under this Agreement and shall forward to Company such reports of said business as Company may prescribe. Company shall have the right to examine said records at reasonable times. All rate books, manuals, software, forms, supplies and any other properties furnished by Company and in the possession of Agent shall be returned to Company on termination of this Agreement.
- 4.3 Agent shall bear all of Agent's expenses incurred in the performance of this Agreement.
- 4.4 Agent shall obtain applications for Company and, where appropriate, to conserve and renew Policies issued by Company.
- 4.5 All applications for the purchase of Policies shall be subject to acceptance by Company. Company reserves the right to prescribe conditions, rules and regulations for the offer and acceptance of its Policies, which may be changed from time to time and which shall be forwarded to Agent.

4.0 General Provisions (continued)

- 4.6 Except in regard to Commission Schedule changes as stated herein or as may be required by law or regulation, no waiver or modification of this Agreement will be effective unless it be in writing and signed by a duly authorized officer of Company and Agent or a duly authorized officer of Agent.
- 4.7 The failure of Company to enforce any provisions of this Agreement shall not constitute a waiver of any such provision. The past waiver of a provision by Company shall not constitute a course of conduct or a waiver in the future of that same provision.
- 4.8 In the event any legal process or notice is served on Agent in a suit or proceeding against Company, Agent shall forward forthwith such process or notice to Company at its Home Office in Simsbury, Connecticut, by certified mail, or at such other location as the Company may designate, from time to time.
- 4.9 Agent shall not use any advertising material, prospectus, proposal, or representation either in general or in relation to Policies of Company unless furnished by Company or until the consent of Company shall have been first secured. Agent shall not issue or re-circulate any illustration, circular, statement or memorandums of any sort, misrepresenting the terms, benefits or advantages of any Policy issued by Company, or make any misleading statement as to benefits to be received thereon, or as to the financial position of Company.
- 4.10 Except as set forth below, Agent must obtain our prior written consent for any use of our name, logo, domain names, copyrighted materials, trademarks, service marks, software or other intellectual property ("Intellectual Property").
- 4.11 Agent shall not make any misrepresentation or incomplete comparison of products for the purpose of inducing a current or potential policyowner or policyholder to lapse, forfeit or surrender his or her current insurance policy in favor of purchasing Companies' or other insurer's product. Communication with clients shall include sufficient information regarding the appropriateness of the transaction to allow the client to make an informed decision. Agent will ensure that any replacement recommended will be suitable.
- 4.12 Except to the extent permitted by law, Agent shall not offer or pay any rebate of premium or make any offer of any other inducement not specified in the Policies to any person to insure with Company.
- 4.13 No assignment of this Agreement, or commissions payable hereunder, shall be valid unless authorized in writing by Company. Every assignment shall be subject to any debt and obligation of Agent that may be due or become due to Company and any applicable state insurance regulations pertaining to such assignments.
- 4.14 Company may at any time deduct, from any monies due under this Agreement, every debt or obligation of Agent to Company or to any of its affiliates.
- 4.14.1 On termination of this Agreement, any outstanding debt to Company shall become immediately due and payable.
- 4.15 Agent shall comply with all policies and directives of any nature issued by us including, but not limited to, the use of policies issued by us. In addition, Agent shall comply with all applicable federal and state laws and regulations and state department rules and bulletins.

5.0 Limitation of Authority

- 5.1 Agent may not incur any debt or liability, or to make, alter or discharge agreements, or to waive forfeitures, extend the time of payment of any premium, waive payment in cash, or to receive any money due or to become due Company, except as specifically provided in this Agreement.
- 5.2 No individual Policy shall be delivered if Agent has knowledge that the health of the proposed insured has changed since the application was taken. Any Policy not delivered, in accordance with this Subsection 5.2, shall be returned to Company immediately.
- 5.3 Agent is prohibited from binding or committing Company on any risk except as outlined in Company approved temporary insurance agreements.
- 5.4 Agent may not make, waive or modify any rates, terms or conditions of any Policy.

6.0 Termination

- 6.1 This entire Agreement may be terminated by either party by giving thirty (30) days' notice in writing to the other party.
- 6.1.1 Such notice of termination shall be mailed to the last known address of Agent appearing on Company's records or in the event of termination by Agent, to the Home Office of Company at P.O. Box 5085, Hartford, Connecticut 06102-5085.
- 6.1.2 Such notice shall be an effective notice of termination of this Agreement as of the time the notice is deposited in the United States mail or the time of actual receipt of such notice if delivered by means other than mail.
- 6.1.3 Upon termination of this Agreement Agent is required to cease using The Hartford logo
- 6.2 This Agreement shall automatically terminate without notice upon the occurrence of any of the events set forth below:
- 6.2.1 When and if Agent commits fraud or gross negligence, as determined by the Company, a state or regulatory entity, in the performance of any duties imposed upon Agent by this Agreement or wrongfully withholds or misappropriates, for Agent's own use, funds of Company, its policyholders or applicants.
- 6.2.2 When and if Agent fails to obtain renewal of a necessary license in any jurisdiction, but only as to that jurisdiction.
- 6.3 In the event Company determines that the Agent has breached the terms of this Agreement, Company reserves the right to terminate this Agreement immediately upon written notice to the Agent.
- 6.4 The provisions of Sections 3.0, 4.0, and 5.0 shall survive the termination of this Agreement, as appropriate.

7.0 Suspension

- 7.1 If company has a reasonable basis to believe that the Agent has breached the term(s) set forth in this Agreement, Company may notify Agent of Contract suspension. Suspension may be enacted for a period of no more than thirty (30) days while investigation is completed and notifications will not be sent to the state of said suspension. No applications will be accepted during Contract suspension period.

8.0 Customer Confidentiality

- 8.1 The Company and Agent agree that all Personal Information received by any party related to a policy owner shall remain confidential, unless such facts or information is required to be disclosed by any regulatory authority or court of competent jurisdiction.

For purposes of this Agreement, Personal Information means financial and medical information that identifies an individual personally and is not available to the public, including, but not limited to, credit history, income, financial benefits, policy or claim information and medical records.

All parties agree to use and disclose Personal Information only to carry out the purposes for which it was disclosed to them and will not use or disclose Personal Information if prohibited by applicable law, including, without limitation, statutes and regulations enacted pursuant to the Gramm-Leach-Bliley Act (Public Law 106- 102). If any party hereto outsources services to a third party, that party shall ensure that such third party will agree in writing to maintain the security and confidentiality of any information shared with them.

All parties agree to have a written, comprehensive information security program which complies with Gramm-Leach-Bliley and which details administrative, technical and physical safeguards ("Information Security Safeguards"). The Information Security Safeguards must be designed to insure the security and confidentiality of Personal Information; protect against anticipated threats or hazards to the security and integrity of Personal Information; protect against unauthorized access to or use of Personal Information; and provide for the proper disposal of Personal Information, as required by applicable law, including but not limited to Massachusetts Regulation 201 CMR 17.00.

8.0 Customer Confidentiality (continued)

Agent must immediately notify Company if: (1) any Personal Information is lost or cannot be accounted for; (2) there is an actual or potential unauthorized access to or use of Personal Information; or (3) Personal Information in written or electronic form has been transmitted, disclosed, stored, or disposed of in an unencrypted or unsecured format in violation of applicable law ("Security Breach"). Agent must provide notice to Company's Corporate Privacy Office by emailing CorporatePrivacyOffice@thehartford.com and must include, at a minimum, the following information: (a) the nature of the Security Breach, (b) the estimated impact on Company, and (c) the investigative action taken or planned. Agent must cooperate fully with Company's requests for information regarding the Security Breach and Agent must provide regular updates on the Security Breach and the investigative action and corrective action taken.

9.0 AML

9.1 Agent represents that it has received anti-money laundering training regarding the USA PATRIOT Act, and applicable implementing regulations promulgated by the Secretary of the United States Treasury. Such training shall include but not be limited to "Know Your Customer" identification and verification procedures; financial transaction monitoring/surveillance procedures to determine whether any client is engaging in suspicious activities that should be reported to the United States Treasury Department's Financial Crimes Enforcement Network office; and Agent's responsibilities under The Company's AML Program for selling covered products offered by The Company as set forth in the Guide to The Company's AML Program as it may be annually updated by The Company.

Agent represents it will not sell any Policies to: (1) any investor listed on the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") list of prohibited persons, entities, and countries, and for which any Company transactions with such investor are prohibited under the various economic sanctions laws and regulations administered by OFAC, or (2) a foreign shell bank. A foreign shell bank is defined as a bank that (a) does not maintain a physical presence in any jurisdiction; and (b) is not (i) an affiliate of a bank that maintains a physical presence and (ii) subject to regulation by the governmental authority that regulates the non-shell bank affiliate.

Agent represents it will cooperate and share information with Company with respect to suspicious client activities or 'red flag' events, and help investigate and resolve whether particular transactions are or are not suspicious, and in the preparation of Suspicious Activity Reports to the Financial Crimes Enforcement Network. Agent acknowledges that non-cooperation with these Anti-Money Laundering provisions constitutes a reason for the termination of this Agreement pursuant to the termination provisions of this Agreement.

10.0 Indemnification

10.1 Agent shall indemnify and hold Companies, and each of their respective directors, officers, and employees, harmless from any claims, demands, damages and/or costs sustained by Companies and/or Affiliates (including reasonable attorneys' fees) on account of, arising out of or related to any complaint, claim, action, suit or proceeding arising out of, based upon, or otherwise relating to: (a) any breach of any representation, warranty, covenant, agreement or other obligation of Agent in this Agreement; (b) a violation of applicable state and/or federal laws, regulations or rules, or the rules; (c) negligent, fraudulent, illegal or wrongful action or inaction by Agent and any affiliate or by persons employed or appointed by Agent. Agent expressly authorizes Company to charge against all compensation due or to become due to Agent under this Agreement any monies paid or liabilities incurred by Company under this Provision.

10.2 Company shall indemnify and hold Agent harmless from any claims, demands, damages and/or costs sustained by Agent (including reasonable attorneys' fees) on account of, arising out of, or related to any complaints, claim, action, suit or proceeding based upon, or otherwise relating to: (a) any breach of any representation, warranty, covenant, agreement or other obligation of Company contained in this Agreement; (b) a violation of applicable insurance laws, regulations or rules, or the rules; or (c) negligent, fraudulent, illegal or wrongful action by Company. Indemnification by Company is subject to the conditions that Agent promptly notifies Company of any claim or suit made against Agent, and that Agent allows Company to make such investigation, settlement, or defense thereof as Company deems prudent.

11.0 Choice of Law

11.1 This agreement shall be governed by and construed in accordance with the laws of the State of Connecticut.

12.0 Compensation Disclosure

12.1 The parties to this Agreement agree to comply with all applicable state insurance and federal securities law relating to the disclosure of compensation generated in connection with the sales of Policies described in this Agreement. To the extent applicable, this Section also addresses the specific practice of Agent(s) charging fees to a policyholder for the placement/service of the Companies products sold by the Agent. This charging of any fee to the policyholder is solely a decision by the Agent acting on its own behalf and not on the behalf of Companies.

13.0 Addenda

13.1 This Contract shall consist of all the provisions herein together with any addenda which you and the Company may agree upon. Such addenda shall be incorporated by reference and made a part of this Contract. In the event of a conflict as to which addenda are a part of your Contract, the copy maintained on file by the Company shall control.

By executing this Agreement, all parties acknowledge that this Agreement has been read in its entirety and is in agreement with the terms and conditions outlining the rights of the parties under this Agreement.

IN WITNESS WHEREOF, the undersigned parties acknowledges that this Agreement has been read in its entirety, are in agreement with the terms and conditions and have executed this Agreement to be effective as set forth above, upon the effective date below.

Effective Date



This Contract shall take effect as noted below if signed by you and countersigned by the Company.

Individual or Partnership Producer

Name (Print or Type Only)	Social Security Number
Signature	Date
Signature	Date

Agencies Organized as a Corporate Entity (e.g. Corporation or LLC)

Entity Name (Print or Type Only)	Entity Tax ID Number
----------------------------------	----------------------

I certify that I am an officer of the above entity and am authorized and empowered to enter into this contract on behalf of the entity listed above. Further, I certify that the following individuals are also officers of the entity and also qualified to act as such on behalf of the entity.

Name/Title (Print or Type Only)	Name/Title (Print or Type Only)
Name/Title (Print or Type Only)	Name/Title (Print or Type Only)
Signature of Authorized Officer	Date
Witnessed by	Date

Personal Guaranty: Must Be Completed By All Principals Of The Agency. Do Not Use Titles.

The Undersigned individuals hereby unconditionally, personally, jointly and severally guaranty the full and faithful performance of all obligations of Producer under the above Producer Contract with any addenda thereto.

Signature	Date
Signature	Date
Signature	Date
Signature	Date

To Be Completed by Home Office Only

Contract Effective Date _____

Hartford Life Insurance Company and Hartford Life and Annuity Insurance Company by _____

General Agent Addendum



This Addendum supplements and is part of the Sales Agreement between you and Hartford Life Insurance Company and Hartford Life and Annuity Insurance Company (collectively "Company").

1. Appointment as General Agent

The Company appoints you as General Agent to represent us in accordance with your Sales Agreement and this Addendum.

2. General Agent Rights and Responsibilities

As a General Agent, you have these additional rights and responsibilities:

- a. recruit and appoint agents to solicit and procure applications for our policies: you may appoint agents who are directly contracted with the Company ("Contracted Agents") and agents who are only appointed with the Company ("Appointed Only Agents"); Contracted Agents and Appointed Only Agents together are "Sub Agents".
- b. obtain and maintain licenses and appointments, as required, by the states in which you and your sub agents intend to solicit and procure applications for Company policies.
- c. exercise proper supervision of your Sub Agents to assure the faithful performance of their obligations under your Sales Agreement with the Company. You are responsible for the unauthorized acts or omissions of your Sub Agents. You will indemnify, defend and hold the Company harmless from any loss, damages or expenses, including, but not limited to, contractual damages, tort damages, punitive damages, litigation costs and expenses and attorney's fees incurred on account of any such unauthorized acts or omissions.
- d. provide training and support for your Sub Agents and verify they have completed any training required by the Company.
- e. immediately communicate, deliver and distribute to your Sub Agents and where appropriate to terminated Contracted Agents, any commission statements, checks, bulletins, rules, notices or other communications received from the Company.

3. Company Rights and Responsibilities

The Company has the following rights and responsibilities with regard to your Sub Agents:

- a. approve or reject any of the recruited Sub Agents;
- b. terminate any of your Contracted Agents according to the applicable provisions of your Sales Agreement with the Company; and
- c. assess you for your Contracted Agent's unpaid charges and fees specified in our rules and regulations.

4. Commissions

The Company has the following rights and responsibilities with regard to your Sub Agents:

- a. Business written by you and your active Appointed Only Agents
For business written by you or your Appointed Only Agents, the Company will directly pay the appropriate commission to you according to your Sales Agreement and applicable Schedule of Commissions. You are responsible for paying any commission to your Appointed Only Agent in accordance with the agreement you have with your Appointed Only Agent. Your Schedule of Commissions shall reflect the total commissions and override payments which can be earned by you and your Appointed only Agents.
- b. Business written by your active Contracted Agents
For business written by your active Contracted Agents, the Company will directly pay the Contracted Agent in accordance with the Contracted Agent's Schedule of Commissions. The Company will pay any override commissions payable directly to you in an amount equal to the difference between the commissions contained in your Schedule of Commissions and the amount the Company pays the Contracted Agent.

5. Payment Upon Termination

a. Sub Agents (Appointed Only Agents and Contracted Agents)

In the event an Appointed Only Agent's appointment is terminated with the Company for cause, the Company will retain all commissions and override payments that would otherwise have been payable to you for business written by the terminated Appointed Only Agent.

In the event an Appointed Only Agent's appointment is terminated with the Company without cause, the Company will continue to pay you commissions on business written by the Appointed Only Agent prior to the termination in accordance with your Sales Agreement and Schedule of Commissions.

In the event a Contracted Agent's appointment is terminated with the Company for cause, the Company will retain all commissions that would otherwise have been payable to the Contracted Agent. However, the company will continue to pay you override payments applicable to business written by the terminated Contracted Agent.

In the event a Contracted Agent's appointment is terminated with the Company without cause, the Company will continue to pay you any override payments on the business written by the Contracted Agent prior to termination in accordance with your Sales Agreement and Schedule of Commissions while you are actively appointed, vested or until such business is transferred under a different contract upon the release of the Contracted Agent.

b. General Agents

In the event a General Agent's Sales Agreement (any applicable addendums and schedules "Sales Agreement") and appointment with the Company is terminated for cause, Company will retain all commissions and override payments that would otherwise have been payable to such General Agent in accordance with the Sales Agreement.

In the event a General Agent's Sales Agreement and appointment with the Company is terminated without cause and the General Agent is not vested in accordance with their sales agreement, the Company will retain all commissions and override payments that would otherwise have been payable to such General Agent.

In the event a General Agent's Sales Agreement and appointment with the Company is terminated without cause and the General Agent is vested in accordance with their sales agreement, the Company will pay the General Agent such vested commissions and override payments in accordance with the General Agent Sales Agreement.

6. Debt Liability

a. General Agents

You shall be fully responsible for the repayment of any debt owed to the Company by you or any of your Contracted Agents. You are responsible for collecting the debt from your Contracted Agents.

The Company may seek repayment of any debt of your Contracted Agents directly from you. We may exercise our right to off set your compensation payment under your Sales Agreement to repay the Company for you and your Contracted Agent's debt without making any effort to collect such debt from your Contracted Agent(s).

The Company has the right to deduct from any monies, or other rights due you, such debt together with interest at the maximum rate allowed by the law of your state and any attorneys' fees and collection costs incurred by the Company.

7. Sub Agents

Both parties agree that the Sub Agents shall not be the property of either party and, neither party shall have any exclusive right to such Sub Agents.

- a. Upon termination of your Sales Agreement and appointment with the Company, we may immediately enter into an agreement with your Sub Agent which may include a higher Schedule of Commissions than the Schedule in effect at the time of your Sales Agreement termination or any Schedule of Commissions which we deem appropriate.

8. Effective Date of Termination

- a. This Addendum shall take effect as of the Effective Date noted below if signed by you and countersigned by the Company.
- b. This Addendum may be terminated by the Company upon written notice to you and shall automatically terminate upon termination of the Sales Agreement between you and the Company.

Effective Date



This Contract shall take effect as noted below if signed by you and countersigned by the Company.

Individual or Partnership Producer

Name (Print or Type Only)	Social Security Number
Signature	Date
Signature	Date

Agencies Organized as a Corporate Entity (e.g. Corporation or LLC)

Entity Name (Print or Type Only)	Entity Tax ID Number
----------------------------------	----------------------

I certify that I am an officer of the above entity and am authorized and empowered to enter into this contract on behalf of the entity listed above. Further, I certify that the following individuals are also officers of the entity and also qualified to act as such on behalf of the entity.

Name/Title (Print or Type Only)	Name/Title (Print or Type Only)
Name/Title (Print or Type Only)	Name/Title (Print or Type Only)
Signature of Authorized Officer	Date
Witnessed by	Date

Personal Guaranty: Must Be Completed By All Principals Of The Agency. Do Not Use Titles.

The Undersigned individuals hereby unconditionally, personally, jointly and severally guaranty the full and faithful performance of all obligations of Producer under the above Producer Contract with any addenda thereto.

Signature	Date
Signature	Date
Signature	Date
Signature	Date

To Be Completed by Home Office Only

Contract Effective Date _____

Hartford Life Insurance Company and Hartford Life and Annuity Insurance Company by _____