



Associate Profile

To be completed by the Senior Marketing Director - Please print legibly

New Associate's
Legal Last Name _____ Middle Initial _____ Common Name _____
First Name _____ Original Code # _____ SSN# _____ - _____ - _____
Spouse's First Name _____ Last Name _____

SECTION 1

Personal & Business Data

Daytime Phone # _____ Home Phone # _____ Fax # _____ Associate Internet Address _____

Date of Birth _____ City and State of Birth _____

Business Processing Center (Senior Marketing Director's Business Address)

Street Suite #

City State Country Zip code

Home Address

Street Suite #

City State Country Zip code

Are you currently licensed? ☐ yes ☐ no

If so, **Please attach copies of all current licenses and CE's.**

SECTION 2

New Associate's Upline Support

Name of Recruiter _____

Applicant's Entry Level

(Check one) Training Associate ☐ Associate ☐ Senior Associate ☐ Senior Marketing Director ☐

SECTION 3

Employment History

Five year history mandatory. List current employer first. Include any previous insurance company afflictions in place of self-employed. Include unemployment and/or school. *Attach additional sheets if needed.*

A. From: _____

Full company Name

Type of Business

Area/Code #

To: _____

Number/Street

Type of Business

Job Duties

City

State

Zip

Name of Supervisor

B. From: _____

Full company Name

Type of Business

Area/Code #

To: _____

Number/Street

Type of Business

Job Duties

City

State

Zip

Name of Supervisor

C. From: _____

Full company Name

Type of Business

Area/Code #

To: _____

Number/Street

Type of Business

Job Duties

City

State

Zip

Name of Supervisor

SECTION 4

Personal References

Please advise your references that they may be contacted by an authorized Representative for a short interview. References must be someone you have done business with and/or known for at least five years. They cannot be related to you or be licensed with any Product Provider.

A.	_____	_____	_____
	Full Name	Area Code/Work #	Area Code/Home #
B.	_____	_____	_____
	Full Name	Area Code/Work #	Area Code/Home #
C.	_____	_____	_____
	Full Name	Area Code/Work #	Area Code/Home #

ACKNOWLEDGEMENTS

I. Compensation and Solicitation

I acknowledge and understand that the application section of this agreement is not a legal, binding contract and the submission of this application does not entitle me to any compensation, rights, or benefits. Before I become entitled to receive any compensation on license-required products, I must obtain the necessary licenses.

I understand that Titan Insurance & Financial Solutions, Inc. and other Product Provider prohibits solicitation of business by anyone who is authorized by the appropriate regulatory department of the jurisdiction in which the solicitation takes place, and I agree that I will not solicit for the company(ies) until my authority to represent them has been secured from the applicable regulatory authorities, is my possession, and notice has been received by me from the applicable companies.

II. Social Security Certification

Under penalty of perjury, I certify that my Social Security Number is correct as it appears in this application and that I am not subject to back-up withholding. I further certify that all information contained in this application is true and complete to the best of my knowledge.

III. Associate's Duties and Responsibilities as a Member

- A. As member of TIFS, Inc. the Associate promises that he/she will do the following:
 - a. Use his/her best efforts to sell and promote the sale of the Products and Services offered by the agency.
 - b. If a Non-Dedicated member, Associate agrees to disclose and notify TIFS, Inc. in writing as to the general nature of Associate's involvement and/or affiliation with any other business or company;
 - c. Preserve the good name and reputation of TIFS, Inc. and not do anything that will damage the name and the reputation of TIFS, Inc.
 - d. Comply with all rules and guidelines set forth in the Associate Agreement Rules and Guidelines currently published by TIFS, Inc. or as may be published from time to time by TIFS, Inc. or the providers we represent
 - e. Comply with all of the terms and conditions of any contract(s) into which Associate enters with the Product Providers
 - f. Participate in the training that will be provided by TIFS, Inc.

- g. Refrain from selling or soliciting for sale and Products and Services that require licensing or registration with a Product Provider or TIFS, Inc. until the Associate receives written notice from TIFS, Inc. or the Product Provider that the Associate has been approved to market such Products and Services
 - h. Execute such further agreements and obtain such licenses that TIFS, Inc. determines to be required for the Associate to be lawfully authorized to sell any of the Products and Services
 - i. Diligently fulfill supervisory responsibilities with respect to Downline Associates
- B. As a member of TIFS, Inc., the Associate is not an employee of TIFS, Inc. Instead, the Associate's relationship with TIFS, Inc. is that of an independent contractor. Nothing in this Agreement shall be construed to constitute the Associate as a partner, employee or agent of TIFS, Inc., nor shall TIFS, Inc., the Product Providers or the Associate have any authority, except as expressly provided herein, to bind the other, it being the intention that each shall remain an independent contractor responsible for his/her own actions. Subject to all applicable local, state and federal laws and regulations, this Agreement, Associate Agreement Guidelines and Rules, other instructions, producers, etc., published by TIFS, Inc. and any contract(s) between the Associate and the Product Providers, the Associate shall conduct and control his/her business activities, work hours, selection of Customers, office location and sales methods. Even though a state license or form may designate the Associate as an "employee" of TIFS, Inc. or the Product Providers, such designation will not be responsible for paying any and all federal, state, city, and or other taxes that may become payable with respect to any compensation the Associate may receive under the terms of this Agreement.
- C. Associate shall promptly pay all expenses relating to the performance of Associate's duties under this Agreement, including but not limited to indebtedness to TIFS, Inc. and premium costs of errors and omissions insurance required of TIFS, Inc. Associate shall be solely responsible for all of his/her expenses, including but not limited to travel, entertainment, office, signs, telephone, education, dues, subscriptions, licenses, etc., and shall receive no remuneration or reimbursement of any nature whatsoever other than the commissions referred to herein. TIFS, Inc. shall not provide any facilities, furniture, or equipment to Associate. Associate shall provide his/her own office, telephone, supplies, transportation, and all other facilities which Associates may deem necessary.
- D. Associate shall, as required to sell Products and Services, be duly licensed in each jurisdiction on which and form which Associate solicits, offers or obtains applications and orders for purchase of Products and Services and in each jurisdiction, where required by law, in which and from which Associate receives and compensation, including Override Compensation, Associate will bear the cost of all initial and renewal fees for licensing and registration, and will make payment as instructed by TIFS, Inc.
- E. Associate shall not use sales material of any kind which has not been approved in writing by TIFS, Inc. or the Product Provider for such use, including but not limited to any type of form letter or correspondence. Without the prior written approval of TIFS, Inc. or the Product Provider, Associate shall not use any form of media, including but not limited to radio, newspaper, television, letters, business cards, letterhead, or photocopies, to promote sales. The Associate promises not to use the name "Titan Insurance & Financial Solutions, Inc." in conjunction with any notation indicative of a business organization, such as "Corporation", "& Company", "Ltd.", "Inc.", or "& Associates", unless the Associate is specifically granted written permission from TIFS, Inc. to do so. The Associate may not appropriate the name "TIFS, Inc." or "Titan Insurance & Financial Solutions, Inc." for use in any corporate name, joint venture or partnership

Signature of New Associate

Date

By signing this document, I agree to all statements above.

Legal Questions for Contracting and Appointment Requests

1. Have you ever been charged or convicted of or plead guilty or no contest to any Felony, Misdemeanor, federal/state insurance and/or securities or investments regulations or statutes? Have you ever been on probation? Yes ☐ No ☐
 - a. Have you ever been convicted of or plead guilty or no contest to any Felony? Yes ☐ No ☐
 - b. Have you ever been convicted of or plead guilty or no contest to any Misdemeanor? Yes ☐ No ☐
 - c. Have you ever been convicted of or plead guilty or no contest to a violation of federal or state securities or investment related regulations? Yes ☐ No ☐
 - d. Have you ever been convicted of or plead guilty or no contest to a violation of state insurance department regulations or statutes? Yes ☐ No ☐
 - e. Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud? Yes ☐ No ☐
 - f. Have you ever been charged with a Felony? Yes ☐ No ☐
 - g. Have you ever been charged with a Misdemeanor? Yes ☐ No ☐
 - h. Have you ever been on probation? Yes ☐ No ☐
2. Have you ever been or are you currently being investigated., have any pending indictments, lawsuits, or have you ever been in a lawsuit with an insurance company? Yes ☐ No ☐
3. Have you ever been alleged to have engaged in any fraud? Yes ☐ No ☐
4. Has any insurance or financial services company or broker-dealer terminated your contract or appointment or permitted you to resign other than lack of sales? Yes ☐ No ☐
 - a. Were you fired because you were accused of violating insurance or investment related statutes, regulations, rules, or industry standards of conduct? Yes ☐ No ☐
 - b. Failure to supervise in connection with insurance or investment related statutes, regulations, rules or industry standards of conduct? Yes ☐ No ☐
5. Have you ever had an appointment with any insurance company denied or terminated for cause? Yes ☐ No ☐
6. Does any insurer, insured, or other person claim any commission chargeback or other indebtedness from you as a result of any insurance transactions or business? Yes ☐ No ☐
7. Has any lawsuit or claim ever been made against you, your surety company, or errors and omissions insurer arising out of your sales or practices, or, have you been refused surety bonding or E&O coverage? Yes ☐ No ☐
 - a. Has a bonding or surety company ever denied, paid on or revoked a bond for you? Yes ☐ No ☐
 - b. Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled your coverage? Yes ☐ No ☐

8. Have you ever had an insurance or securities license denied, suspended, cancelled or revoked? Yes ☐ No ☐
9. Has any state or federal regulatory body found you to have been a cause of an investment - or insurance - related business having its authorization to do business denied, suspended, revoked, or restricted? Yes ☐ No ☐
10. Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor? Yes ☐ No ☐
11. Has any state or federal regulatory agency found you to have made a false statement or omission or been dishonest, unfair, or unethical? Yes ☐ No ☐
12. Have you had any interruptions in licensing? Yes ☐ No ☐
13. Has any state, federal or self-regulatory agency filed a complaint against you, fined, sanctioned, censured, penalized or otherwise disciplined you for a violation of their regulations or state or federal statutes? Have you ever been the subject of a consumer initiated complaint? Yes ☐ No ☐
- a. Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you? Yes ☐ No ☐
- b. Has any state, federal, or self-regulatory agency filed a complaint against you, fined or sanctioned you? Yes ☐ No ☐
- c. Have you ever been the subject of a consumer initiated complaint? Yes ☐ No ☐
14. Have you personally or any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition or declared bankruptcy? Yes ☐ No ☐
15. Are there any unsatisfied judgments, garnishments, or liens against you? Yes ☐ No ☐
16. Are you connected in any way with the bank, savings & loan association, or other leading or financial institution? Yes ☐ No ☐
17. Do you have any unresolved matters pending with the Internal Revenue Service or other taxing authority? Yes ☐ No ☐

If you have answered YES to any of the questions, provide an explanation that includes dates, actions, and descriptions. Attach additional paper if needed.

I attest that the information I have provided is true to the best of my knowledge. I acknowledge that if any information changes, I will notify my agency office within 5 days of such change. Further, I understand that my agency may contact me when I need to answer carrier specific questions.

Signature: _____

Date: _____