



**Please Complete, Sign and Fax to 1-866-275-1213 or
Email to Taylor@CareerInsuranceAgents.com**

This non-disclosure agreement (Agreement) is between Career Insurance Agents, (CIA) and Juliana Alves (Prospect). Whereas CIA and Prospect wish to exchange certain information pertaining to the operations and contractual obligations of CIA and its independent contractors, these two parties hereby agree to the following conditions:

1. CIA will provide Prospect with an original copy "Draft" of its standard Agency/Agent contract (contract). In addition, CIA will provide Prospect with additional information, both orally and in writing, as to the operations and benefits of becoming an Independent Contractor with CIA.
2. Prospect agrees not to share this information with any third parties not explicitly approved by CIA and to use reasonable and practical care to protect and maintain possession of the contract and any other materials provided to Prospect by CIA. This applies not only to all original documents, but to all copies that may have been made by or supplied to Prospect.
3. Upon request of CIA, Prospect will return all documents, materials, and notes both originals and copies to CIA within 15 days of the request.
4. In the event of a breach or threatened breach of this Agreement, CIA shall be entitled to preliminary and final injunctions, in addition to any other rights and remedies available to it at law or in equity.
5. The validity and performance of this contract are governed by the laws of the State of Colorado.
6. This Agreement is binding upon the directors, officers, employees and agents of each party and will continue indefinitely, with the obligations of confidentiality surviving the termination of this Agreement.

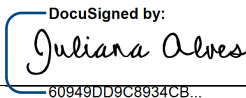
Career Insurance Agents:

Prospect:

Print Name _____

Print Name Juliana Alves _____

Signature _____

Signature  _____
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Title _____

Title Agency Owner _____

Date _____

Date 10/29/2021 _____

Career Insurance Agents Prospective Agent Questionnaire

***All Information is held in strictest confidence.**

Please complete the information below and either Fax to: 1-866-275-1213 or
Email to Taylor@CareerInsuranceAgents.com

How did you hear about CIA:

1. **Contact Information:** **Date:**
10/29/2021
 Name: Juliana Alves
 Address: 14017 Saddlehill Court
 City: Jacksonville State: FL Zip Code: 32258
 Office PH: none Cell PH: 904-235-9021 Fax: none
 Preferred Email: Juliana.Alves@icloud.com

2. **Planned Business Location:** *(retail, office space, suite, home based)* Office Space

3. **Tell us about your background:** *(Insurance, Financial, Tax Prep., what you did before...)*
 State Farm for 7 Years in their legal team and sold insurance for 2 years

4. **Describe Your Present Situation:** *(Captive or Independent Agency...Motivation for exploring options?)*
 I left my sales position to focus on my license and building my insurance agency.

5. **What are Your Most Important Needs:**
 Carrier and support

6. **Please describe your typical Customer Profile:** *(Preferred PL, Non-Standard PL, or Commercial – what segments...?)* preferred customer and the ones who have been turned away from State Farm

7. **What is Your Timeline in Making a Decision:** 30 days

8. **Present Agency Information:**

Written Premium Volume: N/A
 PL% vs. CL% Split: N/A
 Lead Carrier(s): N/A

9. **Plans going forward:**
 Estimated Premium Year 1, 2, 3: \$1.3, \$2.5, & \$3.5
 Estimated Commission Income Year 1, 2, 3: \$130k, \$240k, and \$340k
 Primary Sales Initiatives:
DTC, Business to Business marketing, captive agency references, and mortgage referrals

10. **Additional Information:** e.g., non-completes, previous criminal convictions, carrier terminations, bankruptcy, etc...
none