

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									
Logan Chaney	(Prospect).	Whereas	CIA	and	Prospect	wish	to	exchange	certain
information pertaining to the operations and	contractual	obligations	of C	IA ar	nd its inde	pende	nt o	contractors	s, these
two parties hereby agree to the following cond	ditions:								

- 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	Logan Chaney Print Name
Signature	Signature DocuSigned by: Logar Charty E69E25C9FA9D451
Title	Owner Title
Date	12/30/2021 Date

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.	Name:		Date: 12/30/2021					
	Address: 3386 s 85th rd							
	City: flemington	State: MO	Zip Code: <u>65650</u>					
	Office PH: 4173262536	Cell PH: 4172982536	Fax: na					
	Preferred Email: logan@chaneyia.com							
2.	Planned Business Location: (retail, office	ce space, suite, home l	based) office					
3.	Tell us about your background: (Insura Farming and Insurance	nce, Financial, Tax Pre	p., what you did before)					
4.	Describe Your Present Situation: (Captilindy	ive or Independent Ag	encyMotivation for exploring options?)					
5.	What are Your Most Important Needs: Markets, Profit Sharing, Owne	rship						
6.	Please describe your typical Customer F what segments?) PL and commerci							
7.	What is Your Timeline in Making a Dec	ision: 3 months						
	8. Present Agency							
	Information:							
	Written Premium Volume: 500000							
	PL% vs. CL% Split: <u>50/50</u>							
	Lead Carrier(s): Nationwide, progr	ressive, grinnell						
_								
9.		a vear						
	Estimated Premium Year 1, 2, 3: 500k Estimated Commission Income Year 1, 2		3 years 150k commissions					
	Primary Sales Initiatives:	, 3; at the end of	J years, 130k commissions					
	Profitable growth							
10	D. Additional Information: e.g., non-completes, previous criminal convictions, carrier							
	terminations, bankruptcy, etc na							
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