

Writing Producer Sales Agreement

Olympia Limited Health Services Organization, Inc.

This Writing Producer Sales Agreement (hereinafter referred to as "this Agreement") is between Olympia Limited Health Services Organization, Inc. ("Olympia"), by its current name or any new name or legal identity it may hold in the future; hereinafter referred to as the "Company" or "We" or "Us" or "Our" and _____ "Producer", or "You" or "Your" or "Yours".

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

I. PRODUCER RIGHTS AND DUTIES

1. **INSURANCE SALES.** You shall not submit any business to Us or receive commissions on such business until you are licensed in the State of Illinois or any other state you sell in on our behalf, with our approval, and are appointed by the Company. You may not solicit business in a non-resident state unless you are properly licensed as a non-resident agent in that state except in unique circumstances and are properly appointed by the Company. You are responsible for servicing the business You write. "Servicing the business" includes, but is not limited to the following:
 - a) You acknowledge your responsibility to read and become familiar with the provisions of all insurance policies and attend training sessions, as deemed necessary by Us.
 - b) You acknowledge your responsibility to ask all questions and correctly record all answers on all applications for insurance. You shall make available to the Company or an Affiliated Company, all information which comes into Your possession at anytime concerning the underwriting of a risk product.
 - c) You shall promptly deliver to the Policyholder all policies/insurance cards that come into your possession.
 - d) After the point of sale, You shall continue to promptly and appropriately respond to policyholder service needs, which may include, but not limited to, answering product related questions, facilitating policy changes or upgrades, assisting with beneficiary designations, etc.
 - e) This Producer Sales Agreement shall include the sale of our Dental and Vision EPO Programs and our national Dental PPO Programs to Illinois residents. However, if a Company is domiciled in Illinois and has employees living in the southern portion of Wisconsin, they are eligible to participate in the Dental and the Vision Programs.
 - f) With respect to insurance placed with any federal, state, state agencies, department or divisions, any business placed with Us shall be solicited only in accordance with applicable laws, rules and regulations.
2. **ACCOUNTING.** You will promptly forward to Us the total amount of first premium received by You, on behalf of the Company, and each application in accordance with Our instructions. All checks for first premium must be made payable to the Company. You are not authorized to give the applicant a Conditional Receipt. We shall be responsible for providing the policyholder with proper premium notices and shall account directly with the policyholder for all renewal premiums paid. You shall not collect any premiums other than the first or initial premium. You shall keep segregated from all other funds of yours, and properly account for funds collected from individuals, monies due Us and shall be responsible for promptly remitting to Us all monies collected. In no case are you authorized to make other use of these finds.
3. **RIGHT TO CONTRACT.** You shall not, either in Your own name or in the name of the Company, enter into, alter, or discharge any contractual arrangement in connection with an insurance product, nor waive any of the provisions of any such contractual arrangement, nor incur any debt or liability against the Company, nor institute legal proceedings in the name of the Company.

4. **RECORDS.** You shall maintain complete and confidential Records of all business obtained on Our behalf. Such Records shall not be distributed to other insurance carriers or their producers or anyone else, and shall only be used in the course of transacting the business of insurance for Us. "Records" shall include but not be limited to: all records relating to the financial arrangements, compensation, point-of sale, marketing materials, insured information and any information relating to the transaction or Your business with Us. You shall maintain all Records for seven (7) years. Additionally, upon providing written notice to You, We may audit these materials or may designate an independent consultant to review such Records. All Records used by You in the transaction of business under this Agreement shall be delivered to Us upon demand.

5. **COMPLIANCE.** You shall comply with all state and federal statutes and regulations pertaining to the business of insurance and the sale thereof. You shall only perform the services agreed upon under this Agreement in states where You are lawfully licensed and appointed to do so, and where the Company is legally authorized to transact business. Further, You shall provide all necessary documentation, testimony, or other information as required by Us, relative to pending litigation or requirements of regulatory authorities. Such information shall be provided in a timely manner to meet statutory or court-ordered time frames.

You shall also comply with all policies and procedures established by Us pertaining to the business of insurance and the solicitation of Company products.

6. **CONDUCT AND INDEMNIFICATION.** You agree not to engage in any practice harmful to the best interests of the Company. You further agree that any such practice can serve as the basis for the immediate termination of this agreement.

You hereby agree to indemnify and hold Us harmless for any and all claims, expenses, costs, and damages which may be asserted by any third party or parties against Us arising from Your action or inaction. You further acknowledge that this obligation shall survive the term of this agreement. You agree, that during the term of this Agreement and for one year after the termination of this Agreement, to refrain from soliciting any account you placed with us, whether for yourself or for others, directly or indirectly, and whether or not for compensation.

7. **ADVERTISING.** You shall not publish, print or disseminate any Advertising material pertaining to Us or Our products without obtaining Prior written approval from Us. "Advertising" shall include but is not limited to: printed and published material, descriptive booklets, literature, sales aids, circulars, leaflets, booklets, depictions, illustrations, business cards, stationery, envelopes, and form letters transmitted via newspapers, magazines, radio, television, telephone, billboards or the Internet or other electronic methods describing the Company or its products. You further shall not alter or change any Company-produced-Advertising. You further shall comply with all Company Advertising policies and guidelines. You shall not use any title other than that of "Producer" in Advertising materials or in any other form or fashion, without the written permission of an Officer of the Company.

8. **ERRORS AND OMISSIONS COVERAGE.** You shall maintain adequate Errors & Omission coverage at all times during the term of this Agreement. We reserve the right to request written evidence of this coverage at any time.

9. **FEES AND SUPPLIES.** You shall pay all expenses You incur in the performance of this Agreement, including but not limited to all license fees and sales taxes, and We will not be liable for any such expenses, including after termination rather you shall remain liable for such expenses.

10. **PRODUCTION REQUIREMENTS.** You agree to produce new sales on a regular basis for Us in accordance with the production standards established by the attached Producer Commission and Product Schedules, which may be amended by Us at Our sole discretion. We shall have the sole right to determine the volume, measure and time period of production needed to maintain this Agreement or authorization to sell a specific product.

II. COMPANY RIGHTS AND DUTIES

1. **PRODUCT AUTHORIZATION.** You are hereby authorized to sell the products designated by Us in the attached Product Schedule. We shall compensate You for selling these products in accordance with the terms and conditions described in section III below and in accordance with the Writing Producer Appointment Application and Writing Producer Appointment and Compensation Worksheet as attached.
2. **PRODUCTS AND MARKETING MATERIALS.** We agree to make available to You informational, product-oriented, rating and advertising necessary to sell the insurance products for which You are authorized.
3. **WITHDRAWAL PROVISION.** We may withdraw or discontinue any form or forms of policies and also reserve the right to comply with any legislative enactment or departmental ruling or to withdraw from any part or parts of the territory in which You operate. It is further agreed that the provisions of this Agreement may be modified or changed, if they conflict with any federal or state law or ruling of any State Insurance Department. In addition, We retain the sole discretion to modify or change any provision of this agreement to conform to our business needs and objectives.
4. **RIGHT OF TERMINATION.** We shall have the right to Terminate this Agreement for Cause, under Section III (General Provisions), Subsections 5-A through 5-E., and thereby revoke any and all rights granted to You under the terms of this Agreement if You fail to uphold obligations Listed in Section I (Producer Rights and Duties). This decision shall be at the sole discretion of the Company.
5. **INDEBTEDNESS.** Compensation payable under this Agreement or any other agreement with Us, shall be offset to repay any indebtedness or claims now due, or which may become due at any time, from You to Us. The Company shall have a first lien on all compensation as security for payment of any and all such debts or claims, whether arising hereunder or otherwise, and the Company shall have the right, without any requirement that We first obtain Your consent or give You notice, to deduct any monies so due from such compensation. This lien shall not be extinguished by termination of this Agreement and shall be binding on You and Your executors, administrators, or assigns. Upon termination of this Agreement, all monies and indebtedness due the Company shall be payable immediately upon demand, together with the legal rate of interest at the time of termination of this Agreement and any administrative costs of collection including attorney's fees and expenses.
6. **ACCOUNTING BY THE COMPANY.** We shall furnish You with a statement of Your account on a monthly basis. Upon receipt of such statement, You shall examine it, and if not satisfied as to its correctness you must notify Us in writing of any discrepancy within thirty (30) days from the date the statement of account is mailed or You shall be deemed to have agreed to its accuracy and correctness.
7. **BENEFICIARY.** Any compensation due You under this Agreement at Your death, or due thereafter to a beneficiary, is hereby directed to be paid to the designated beneficiary as revocable payees. If no person is named as payee in this Agreement, such compensation will be paid to Your legal representative. Any such payment shall be a full discharge of all liability with respect to said compensation.

BENEFICIARY DESIGNATION

Name

Full Address and Telephone Number

III. GENERAL PROVISIONS

1. **TRANSFER OF BUSINESS.** No transfer or assignment of any business or the compensation due or to become due to You by virtue of this Agreement shall be valid and authorized in advance in writing by an Officer of the Company. Any such transfer or assignment shall be subject to and subordinate to any and all indebtedness of Yours to the Company. We also reserve the right to transfer any business, and the compensation payable on that business, to honor a policyholder's written request or in cases where deemed necessary by us.
2. **AMENDMENT.** No modification of this Agreement will bind Us unless it is made in writing and executed by an Officer of the Company. This Agreement shall constitute the entire agreement between the parties and cannot be modified by any prior or subsequent verbal promise or verbal statement by whoever made. We shall have the sole right to amend this Agreement and any attachments, exhibits or schedules. All amendments to this Agreement except amendments to Commission or Product Schedules shall be in writing and shall become effective thirty (30) days after the mailing of written notice of the amendment to Your last known address, you shall have the responsibility of updating us with a change of address; Amendments to Commission and Product Schedules shall become effective immediately upon execution by Us and postmarking to your last known address.
3. **WAIVER.** No failure, neglect, or forbearance on the part of Us to require strict performance of any provision of this Agreement shall be construed to be a waiver of any of Our rights or privileges hereunder.
4. **NOTICE OF ADDRESS CHANGE.** You are responsible for providing Us with your current business and mailing address as they change. Business address shall include Street or Rural Route number and Post Office Box number if applicable. Post Office Box numbers alone are not acceptable. Please supply your name, city, zip code, telephone number and "Fax" Number. Also include "e-mail" if possible.
5. **TERMINATION.** This Agreement may be terminated in accordance with one of the five provisions and subsections identified below.
 - A. **TERMINATION FOR CAUSE.** We may effect an immediate termination of this Agreement without notice to You and revoke all the rights and privileges granted hereunder, if one of the following conditions occur:
 - 1) You fail to uphold any of the provisions (except Section I, subsection 10 (Production Requirements)) contained in Section I of this Agreement entitled, "Producer's Rights and Duties." You breach any provision of this Agreement deemed by us to be material. A determination that a failure to fulfill any obligation under this Agreement shall be at the sole discretion of the Company.
 - 2) Your insurance license is suspended or revoked in any state by a regulatory authority or a court of law or chancery or you become legally incapacitated for any other reason
 - 3) You commit any felony, defraud or attempt to defraud the Company or consumer, or commit any other act involving dishonesty or misrepresentation.
 - 4) You seek to induce anyone to discontinue payment of premium, to relinquish any policy with the Company or aid any other to do so, for any reason, which may include direct payment to you of premium (see I.2 (Accounting)) or any other form of directing those insured to pay you directly.
 - B. **TERMINATION DUE TO THE INABILITY TO PERFORM THE FUNCTIONS OF A PRODUCER.** We may terminate this Agreement immediately upon Your death or incapacitation. "Incapacitation" shall be defined as the inability to fulfill the terms and obligations of this Agreement and shall be determined at the sole discretion of the Company. If commission rights were provided under the Termination Rights section, and if termination is due to death, We will pay the designated beneficiary

monthly compensation which otherwise would have been payable as long as such payments do not fall below \$650 in any consecutive 12 month period. In any event, such payments shall cease upon the tenth anniversary of the Producer's death, or upon the death of the beneficiary prior to the tenth anniversary of the termination, whichever occurs first. You must provide Us with a current address for any designated beneficiary.

If You die prior to a ten year period from the start of payments after termination, any compensation payments granted to You under the Termination Rights section shall continue to the beneficiary designated under this Agreement or designated by subsequent written notice for the remainder of the ten year period or until payments fall below \$650 in any consecutive 12 month period, or until the death of the beneficiary, whichever occurs first.

C. TERMINATION WITHOUT CAUSE. This Agreement may be terminated by either party upon mailing of a 30 day written notice of its intent to terminate this Agreement to such party's last known address.

D. EFFECTS OF TERMINATION. Termination of this Agreement will not change or alter any claim or right which the Company may have against You. We retain the ability to pursue the recovery of any and all damages caused by Your replacement of our policy with that of another company in violation of the terms of this Agreement.

E. TERMINATION RIGHTS. If termination is effected by Termination Without Cause or Incapacitation as defined in Termination Due To The Inability to Perform the Function of a Producer, then We shall continue to pay compensation earned as long as You live until payments fall below \$650 in any consecutive 12 month period.

6. **EFFECTIVE DATE.** This Agreement, which includes the Writing Producer Appointment Application, the Writing Producer Appointment and Compensation Worksheet, the Writing Producer Sales Agreement, Product Schedules and addenda, will be effective as of a date determined by Us. Acceptance and execution of this Agreement by Us and the Producer shall be by signature. This Agreement supersedes all previous contracts, agreements, and understandings between the parties. Nothing in this Section shall be construed to release any obligation or debt incurred under a previous Producer Agreement or any other agreement between the parties. This Contract will be re-negotiated should the contract between Us terminate; however, any rights, responsibilities and obligations shall continue as outlined in this Contract.

7. **CHOICE OF LAW.** This Agreement shall be governed by and construed in accordance with the laws of the State of Illinois without regard to the conflict of laws provisions thereof, and the state and federal courts located in this state shall have exclusive jurisdiction over the parties for the purpose of adjudicating all disputes that may arise under this Agreement. You hereby waive all objections to venue and personal jurisdiction in those forums for such disputes.

8. **INDEPENDENT CONTRACTOR.** You are an independent contractor and nothing in this Agreement shall be construed as establishing the relationship of employer and employee between the Company and You or any persons employed by You or under Your supervision. You shall be solely responsible for Your own debts and obligations, including taxes, and shall not, under any circumstances, hold Yourself out to be an employee of the Company. You shall not, in any claim against Us or in any determination of eligibility for statutory benefits, assert that You are an employee of the company. You are free to exercise judgment as to the persons from whom applications are solicited and the time, place, and manner of soliciting such applications or performing any other authorized act. You acknowledge that You have the responsibility for paying self-employment tax and that the Company does not treat You as an employee for Federal or State tax purposes.

9. **AFFILIATED COMPANY.** For the purpose of this Agreement and "Affiliated Company" shall mean a corporate entity either wholly or partially owned by Olympia LHSO, Inc.

10. **SEVERABILITY.** If any provision of this Agreement is held invalid for any reason, the agreement shall not be affected thereby.

11. **ENTIRE AGREEMENT.** This Agreement together with all amendments and attachments, including the Commission and Product Schedules, set forth the entire understanding between the parties hereto and supersedes all prior agreements, arrangements and communications, whether oral or written, with respect to the subject matter hereof.
12. **AGENCY INCORPORATION.** Where State law allows, and You are a corporate entity, you are free to contract with Us as such. The officer who executes this Agreement on behalf of Your corporation shall be the only officer eligible to make administrative or compensation changes with Us. Should Your corporation wishes to change this individual, You must submit a resolution naming the new individual to take on these responsibilities and the minutes of the board of directors meeting where such resolution was adopted, such change is subject to Our approval.

Producer:

For Olympia:

Signature

Signature

(Please print or type name)

(Please print or type name)

General Agent Name and Number (if known)

Effective Date of Agreement

Producer Number
(To be assigned by Olympia)

OLYMPIA LHSO, INC.
BUSINESS ASSOCIATE AGREEMENT/HIPPA PRIVACY POLICY

This Business Associate Agreement/HIPPA Privacy Policy, (this “Agreement”), is entered into by and between Olympia LHSO, Inc. an Illinois corporation (the “Company”) and its General Agents and/or Brokers (the “Business Associate”). In this Agreement, the Business Associate and the Company are each referred to as a “Party” and collectively referred to as the “Parties”.

BACKGROUND STATEMENTS

- A. Company and Business Associate are parties to an agreement pursuant to which Business Associate provides certain services to Company and, in connection with those services, Company discloses to Business Associate certain information (“Protected Health Information” as further defined below) that is subject to protection under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), Public Law 104-191; and
- B. Business Associate, as a recipient of protected information from Company, is a “Business Partner” as that term is defined in HIPAA and regulations promulgated by the U.S. Department of Health and Human Services to implement certain provisions of HIPAA (herein “HIPAA Regulations”); and
- C. Pursuant to the HIPAA Regulations, all Business Partners of entities such as Company must, as a condition of doing business with Company, agree in writing to certain mandatory provisions regarding, among other things, the use and disclosure of Protected Information; and
- D. The purpose of this Agreement is to satisfy the requirements of the HIPAA Regulations, including, but not limited to, 45 CFR § 165.506(e), as the same may be amended from time to time.

IN CONSIDERATION OF THE FOREGOING, and of the desire of each party to continue providing or receiving services under the Agreement, the parties agree as follows:

1. **Definitions.**

Unless otherwise provided in this agreement capitalized terms have the same meaning as set forth in the HIPAA Regulations, 45 CFR parts 142 and 160-164.

2. **Scope of Use of Protected Health Information.** Business Associate may not:

- a. use or otherwise disclose Protected Health Information (as defined in 45 CFR § 164.504) it receives from Company for any purpose other than the purpose expressly stated in the Agreement;
- b. notwithstanding any other provisions of the Agreement, use or disclose Protected Health Information in a manner that violates or would violate the HIPAA Regulations if the company engaged in such activity.

3. **Safeguards for the Protection of Protected Health Information.**

- a. Business Associate shall implement and maintain, and by this Agreement warrants that it has implemented, such safeguards as are necessary to ensure that the Protected Health Information disclosed by Company to Business Associate is not used or disclosed by Business Associate except as is provided in the Agreement.
- b. Business Associate acknowledges that Company is relying on the Business Associate Security Assessments in selecting Business Associate as a Business Partner. Business Associate shall promptly notify Company of any material changes to any aspect of its security safeguards. Notwithstanding any

other provisions of this Agreement to the contrary, Company may terminate the Agreement without penalty if it determines, in its sole discretion, that any such changes or any diminution of Business Associate's reported security procedures render any or all of Business Associate's safeguards unsatisfactory to Company.

4. **Reporting of Unauthorized Use or Disclosure.** Business Associate shall report to company any use or disclosure of Protected Health Information of which Business Associate becomes aware that is not provided for or permitted in the Agreement. Business Associate shall permit Company to investigate any such report and to examine Business Associate's premises, records and practices.
5. **Use of Subcontractors.** To the extent that Business Associate uses one or more subcontractors or agents to provide services under the Agreement, and such subcontractors or agents receive or have access to the Protected Health Information, each such subcontractor or agent shall sign an agreement with Business Associate containing substantially the same provisions as this Agreement and further identifying Company as a third party beneficiary with rights of enforcement and indemnification from such subcontractors or agents in the event of any violations.
6. **Uses of Open Communication Channel; Encryption.**
 - a. Business Associate may not transmit Protected Health Information over the Internet or any other insecure or open communication channel unless such information is encrypted or otherwise safeguarded using procedures no less stringent than those described in 45 CFR § 142.308(d).
 - b. If Business Associate stores or maintains Protected Health Information in encrypted form, Business Associate shall, promptly at Company's request, provide Company with the key or keys to decrypt such information.
7. **Authorized Alteration of Protected Health Information.**
 - a. Business Associate acknowledges that the HIPAA regulations require Company to provide access to Protected Health Information to the subject of that information, if and when Business Associate makes any material alteration to such information. For the purpose of this section, "Material Alteration" means any addition, deletion or change to the Protected Health Information of any subject other than the addition of indexing, coding or other administrative identifiers for the purpose of facilitating the identification or processing of such information.
 - b. Business Associate shall provide Company with notice of each material alteration in any Protected Health Information and shall cooperate promptly with Company in responding to any request made by any subject of such information to Company to inspect and/or copy such information.
 - c. Business Associate may not deny Company access to any such information if, in Company's sole discretion, such information must be made available to the subject seeking access to it.
 - d. Business Associate shall promptly incorporate all amendments or corrections to Protected Health Information when notified by Company that such information is inaccurate or incomplete.
8. **Audits, Inspection and Enforcement.**
 - a. From time to time upon reasonable notice, Company may inspect the facilities, systems, books and records of Business Associate to monitor compliance with this Agreement. Business Associate shall promptly remedy any violation of any term of this Agreement and shall certify the same to Company in writing. The fact the Company inspects, or fails to inspect, or has the right to inspect, Business Associate's facilities, systems and procedures does not relieve Business Associate of its responsibility to comply with this Agreement, nor does Company's failure to detect, or to detect but fail to call Business Associate's attention to or require re-mediation of any unsatisfactory practice constitute acceptance of such practice or waiver of Company's enforcement rights.

- b. Business Associate further agrees to make its internal practices, books and records relating to the use and disclosure of protected health information available to DHHS or its agents for the purpose of enforcing the provisions of this Agreement and the HIPAA regulations.
 - c. Company may terminate the Agreement without penalty if Business Associate repeatedly violates this Agreement or any provision hereof, irrespective of whether, or how promptly, Business Associate may remedy such violation after being notified of the same. In case of any such terminations, Company shall not be liable for the payment of any services performed by Business Associate after the effective date of the termination: and Company shall be liable to Business Associate in accordance with the Agreement for services provided prior to the effective date of termination.
 - d. Business Associate acknowledges and agrees that any individual who is the subject of Protected Health Information disclosed by Company to Business Associate is a third party beneficiary of this Agreement and may, to the extent otherwise permitted by law, enforce directly against Business Associate any rights such individual may have under this Agreement, the Agreement, or any other law, relating to or arising out of Business Associate's violation of any provision of this Agreement.
9. **Effect of Termination.** Upon the termination of the Agreement for any reason, Business Associate will return to Company, or, at Company's direction, destroy all Protected Health Information received from Company that Business Associate maintains in any form, recorded on any medium, or stored in any storage system. A senior officer of Business Associate shall certify in writing to Company, within five days after termination or other expiration of the Agreement, that all Protected Health Information has been returned or disposed of as provided above and that Business Associate no longer retains any such Protected Health Information in any form. Business Associate shall remain bound by the provisions of this Agreement, even after termination of the Agreement, until such time as all protected health information has been returned or otherwise destroyed as provided in this section.
10. **Indemnification.** Business Associate shall indemnify and hold Company harmless from and against all claims, abilities, judgments, fines, assessments, penalties, awards, or other expenses, of any kind or nature whatsoever, including, without limitation, attorney's fees, expert witness fees, and costs of investigation, litigation or dispute resolution, relating to or arising out of any breach or alleged breach of this Agreement by Business Associate.
11. **Disclaimer.** COMPANY MAKES NO WARRANTY OR REPRESENTATION THAT COMPLIANCE BY BUSINESS ASSOCIATE WITH THIS AGREEMENT OR THE HIPAA REGULATION WILL BE ADEQUATE OR SATISFACTORY FOR BUSINESS ASSOCIATE'S OWN PURPOSES OR THAT ANY INFORMATION IN BUSINESS ASSOCIATE'S POSSESSION OR CONTROL, OR TRANSMITTED OR RECEIVED BY BUSINESS ASSOCIATE, IS OR WILL BE SECURE FROM UNAUTHORIZED USE OR DISCLOSURE, NOR SHALL COMPANY BE LIABLE TO BUSINESS ASSOCIATE FOR ANY CLAIM, LOSS OR DAMAGE, RELATED TO BUSINESS ASSOCIATE FROM COMPANY OR FROM ANY OTHER SOURCE. BUSINESS ASSOCIATE IS SOLELY RESPONSIBLE FOR ALL DECISIONS MADE BY BUSINESS ASSOCIATE REGARDING THE SAFEGUARD OF PROTECTED HEALTH INFORMATION.
12. **Certification.** Subject to compliance with Business Associate's security requirements, Company, or its authorized agents or contractors, may at Company's cost examine Business Associate's facilities, systems, procedures and records as may be required by such agents or contractors to certify to Company that Business Associate's security safeguards comply (or do not comply, as the case may be) with HIPAA, the HIPAA Regulations, or this Agreement.
13. **Effect on Agreement.** Except as specifically required to implement the purposes of this Agreement, or to the extent inconsistent with this Agreement, all other terms of the Agreement shall remain in force and effect.
14. **Construction.** This Agreement shall be constructed as broadly as necessary to implement and comply with HIPAA and the HIPAA Regulations. The parties agree that any ambiguity in this Agreement shall be resolved in favor of a meeting that complies and is consistent with HIPAA and the HIPAA Regulations.

Producer:

Signature

(Please print or type name)

General Agent Name and Number

For Olympia:

Signature

(Please print or type name)

Title of Olympia Signatory

Effective Date of Agreement

Producer Number *(To be assigned by Olympia)*