

**CAPITAL PREMIUM FINANCING, INC.**  
**AFP FLEX-PLAN™ PROFIT SHARING PROGRAM**  
**AGENCY AFFILIATE PARTICIPATION AGREEMENT**

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Capital Premium Financing, Inc. (“**Capital Premium**”), the undersigned insurance agency (“**Agency**”), and the undersigned affiliate of Agency (“**Affiliate**”) contract and agree as follows:

1. Pursuant to the terms of that certain “AFP Flex-Plan™ Agreement” (the complete and current text of which is accessible at [www.capitalpremium.net](http://www.capitalpremium.net)) and the corresponding “AFP Flex-Plan™ Acknowledgement and Certification Agreement” between Agency and Capital Premium dated \_\_\_\_\_ (an executed copy of which is attached hereto as Exhibit 1), Agency hereby confirms that Affiliate meets the AFP Flex-Plan™ Profit Sharing Program participation criteria established by Capital Premium, and authorizes Affiliate to participate in accordance with the terms and conditions of the AFP Flex-Plan™ Agreement and the corresponding AFP Flex-Plan™ Acknowledgement and Certification Agreement.

2. Affiliate hereby confirms and certifies the following:

- Affiliate is directly related to Agency in one or more of the following capacities (check all that apply):
  - Owner*
  - Licensed Insurance Agent*
  - Officer / Manager*
  - CSR actively participating in premium finance contract originations*
  - Licensed Premium Finance Company that i) is commonly owned and controlled by the majority owner(s) of an Agency, and ii) financed premiums are generated through the same Agency*
- Affiliate has read the AFP Flex-Plan™ Agreement and the corresponding AFP Flex-Plan™ Acknowledgement and Certification Agreement, understands the terms thereof, and is acquainted with the risks associated with premium financing.

3. The parties hereby acknowledge and adopt by this reference: (i) the AFP Flex-Plan™ Agreement as it appears at [www.capitalpremium.net](http://www.capitalpremium.net); and, (ii) the corresponding AFP Flex-Plan™ Acknowledgement and Certification Agreement as legally binding agreements between them. This Agency Affiliate Participation Agreement modifies and supplements said agreements, and by this reference, incorporates all defined terms used therein. All rights and obligations between Affiliate and Capital Premium, except as otherwise addressed herein, shall be governed by the provisions of the AFP Flex-Plan™ Agreement and the corresponding AFP Flex-Plan™ Acknowledgement and Certification Agreement as they apply to Affiliate.

4. It is agreed that the terms and provisions of the AFP Flex-Plan™ Agreement and the corresponding AFP Flex-Plan™ Acknowledgement and Certification Agreement may be unilaterally modified from time-to-time by Capital Premium. In the event of such modification, Affiliate shall be given at least 45 days written notice in the manner prescribed herein of the proposed changes and the proposed effective date thereof. It is agreed between the parties hereto that any such modification will become effective as of the effective date stated in the notice unless terminated in writing by Affiliate prior to that date.

5. The parties acknowledge that the participation amount limitation referenced in the AFP Flex-Plan™ Agreement and the corresponding AFP Flex-Plan™ Acknowledgement and Certification Agreement will apply to the combined participation of Agency and any and all participating Agency Affiliates.

6. Affiliate agrees to hold the terms of this Agency Affiliate Participation Agreement, the AFP Flex-Plan™ Acknowledgement and Certification Agreement, and the AFP Flex-Plan™ Agreement in strict confidence.

7. The initial amount contributed by Affiliate is \$\_\_\_\_\_.

IN WITNESS WHEREOF, the parties hereto agree to be bound by the terms effective as of the \_\_\_ day of \_\_\_\_\_, 20\_\_.

CAPITAL PREMIUM FINANCING, INC.  
“Capital Premium”

\_\_\_\_\_  
“Agency”

By: \_\_\_\_\_  
Its: \_\_\_\_\_

By: \_\_\_\_\_  
Its: \_\_\_\_\_

“Affiliate”

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Full Name Printed)

Tax ID No.: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**EXHIBIT 1**

AFP Flex-Plan™ Acknowledgement and Certification Agreement  
*(Copy of Agreement Signed by Agency)*