

CAPITAL PREMIUM FINANCING, INC.
AFP MAX-PLAN™ PROFIT SHARING PROGRAM
ACKNOWLEDGEMENT AND CERTIFICATION AGREEMENT

This agreement (hereinafter referred to as the “AFP Max-Plan™ Acknowledgement and Certification Agreement”) is between Capital Premium Financing, Inc. (“Capital Premium”) and the undersigned insurance agency (“Agency”). For good and valuable consideration, the receipt and sufficiency of which are acknowledged, Capital Premium and Agency contract and agree as follows:

1. Agency hereby certifies the following:
 - Agency is engaged in the insurance business and is licensed in the State(s) of: _____.
 - Agency is experienced and knowledgeable in the practice and business of insurance premium financing and is capable of assessing the inherent risks of insurance premium financing.

2. Capital Premium has posted on its website at www.capitalpremium.net/max a copy of the AFP Max-Plan™ Profit Sharing Agreement (hereinafter referred to as the “AFP Max-Plan™ Agreement”). The parties hereby acknowledge and adopt by this reference the AFP Max-Plan™ Agreement, as it appears at said website as of the Effective Date hereof, as a legally binding agreement between them. In addition to adopting the AFP Max-Plan™ Agreement, this AFP Max-Plan™ Acknowledgement and Certification Agreement modifies and supplements the AFP Max-Plan™ Agreement, and by this reference incorporates all defined terms used therein.

3. Agency’s “Qualified Participation Balance” as set forth in the AFP Max-Plan™ Agreement shall be calculated as follows: Agency’s “Average Outstanding Portfolio Balance” multiplied by _____%.

4. Agency’s Max-Plan Account balance may be increased or decreased in accordance with the terms and conditions of the AFP Max-Plan™ Agreement. The initial amount contributed by Agency is: \$_____.

5. The amount of Agency’s AFP Max-Plan™ profit participation shall be calculated and paid in accordance with the terms and conditions of the AFP Max-Plan™ Agreement.

IN WITNESS WHEREOF, the parties have entered into this AFP Max-Plan™ Acknowledgement and Certification Agreement effective as of the ___ day of _____, _____ (“Effective Date”).

CAPITAL PREMIUM FINANCING, INC.

(“Capital Premium”)

By: _____

Name Printed: _____

Title: _____

Date: _____

_____ (“Agency”)

By: _____

Name Printed: _____

Title: _____

Date: _____

Mailing Address: _____

E-Mail Address: _____

Tax ID No.: _____