

# COMMISSION AGREEMENT

between

## MUTUAL MED

and

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(Agent)

EFFECTIVE THIS \_\_\_\_\_ OF \_\_\_\_\_, \_\_\_\_\_  
(day) (month) (year)

1. Commissions will be paid on either the first or the last business day (date to be determined by agent) of each month for as long as the business is in force and the premium is received prior to the first day of the month.
2. This contract shall remain in force as long as the Agent is actively engaged in servicing the business on which the commissions are being paid. You will not be considered as meeting this requirement unless you provide Mutual Med with a current copy of your E&O declarations page and a valid Life and Health Insurance license for all states in which you have written business.
3. The Agent may not assign or encumber commissions payable under this contract without the prior written consent of Mutual Med.

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AGENT Signature

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Todd C Vershaw, President

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Address

**For Office Use Only:**

MMI Agent Number \_\_\_\_\_

MMI Account Executive \_\_\_\_\_

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City, State, Zip Code