



SPECIAL GENERAL AGENT APPOINTMENT REQUEST

Old Republic Life Insurance Company
307 North Michigan Avenue, Chicago, IL 60601

1. Submit a current copy of your resident state license.
2. Submit copies of current non-resident licenses for those states where you may do business with Old Republic Life Insurance Company.
3. Attach proof of your E&O Coverage.

NAME OF GENERAL AGENT	GENERAL AGENT #
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NAME OF AGENT:		
HOME MAILING ADDRESS:		
CITY:	STATE	ZIP
DATE OF BIRTH: (Month/Day/Year)	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SOCIAL SECURITY NUMBER:
RESIDENT STATE LICENSE:	LICENSE #:	ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES (If no, submit work documents) <input type="checkbox"/> NO
LIST NON-RESIDENT LICENSES:		

BUSINESS NAME: <i>(to which all checks will be payable)</i>		TAX ID <i>(if a corporation)</i>
BUSINESS MAILING ADDRESS:		
CITY:	STATE	ZIP
BUSINESS COURIER ADDRESS:		
CITY:	STATE	ZIP
BUSINESS PHONE:	BUSINESS FAX:	BUSINESS E-MAIL

Commission checks should be payable to:

- Business Name shown above. Agent shown above.

Comments and Special Requests:



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AGENT BACKGROUND INFORMATION

- Do you have any outstanding debt with any insurance company? Yes No
- Have you ever been bankrupt or insolvent, either personally or in business? Yes No
- Have you ever had any liens or judgments, either personally or in business? Yes No
- Has any insurance company ever canceled a contract for reasons other than low production? Yes No
- Have you ever had a complaint filed against you by a state insurance department? Yes No
- Have you ever had an insurance license suspended or revoked? Yes No
- Have you ever been convicted of a crime other than a misdemeanor? Yes No
- Have you ever been on probation? Yes No

If the answer to any one of these questions is "yes" please provide details:

DECLARATION AND AGREEMENT

I hereby certify that the statements contained in the Confidential Information and Agent Appointment Request form are true and correct to the best of my knowledge and belief. I understand that any false statement on the application may be considered as sufficient cause for rejection of this appointment or for termination if such false statement is discovered subsequently.

I hereby authorize Old Republic Life Insurance Company or its authorized representatives to contact any organization or individual who has knowledge of my past or present employment and financial status. I hereby further give my permission for a criminal background investigation if required by law or otherwise deemed necessary by Old Republic Life Insurance Company. I hereby release said companies or persons from liability for any damage whatsoever for issuing this information. A photocopy of this authorization shall be as valid as the original.

The Fair Credit Report Act requires that we advise you that a routine report may be obtained from a consumer reporting agency which will provide information concerning your credit rating, character, general reputation, personal characteristics and mode of living. Upon written request, additional information about the nature and scope of this investigation will be provided.

SPECIAL GENERAL AGENT SIGNATURE

DATE:

PRINTED NAME OF SPECIAL GENERAL AGENT SIGNATURE

GENERAL AGENT SIGNATURE

DATE:



SPECIAL GENERAL AGENT AGREEMENT

Old Republic Life Insurance Company

307 North Michigan Avenue, Chicago, IL 60601

PRINTED NAME OF SPECIAL GENERAL AGENT:

PRINTED NAME OF GENERAL AGENT:

This agreement is made and entered into by the Old Republic Life Insurance Company of Chicago, Illinois (herein called the Company), the General Agent named above (herein called General Agent), and the Special General Agent named above (herein called SGA) in consideration of the mutual promises and agreements herein after contained and other valuable consideration.

WITNESSETH:

The General Agent, with the approval of the Company, hereby appoints the above named SGA to act on the General Agent's behalf. The Company, the General Agent, and the SGA understand and agree that the following conditions will be met.

I. The SGA agrees:

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|-------------------------|-----|--|
| LICENSE | (A) | that he will be properly licensed in the state where he solicits any application for insurance on behalf of the Company. |
| RULES OF THE COMPANY | (B) | that he will adhere to all present and future rules of the General Agent and the Company relative to the conduct of his business. |
| PAYMENT OF COMPENSATION | (C) | that he will look only to the General Agent for the payment of compensation to which he is entitled. |
| ILLEGAL PRACTICES | (D) | that he will not make any unlawful rebate of premiums, will do no twisting, will not discriminate against any applicant for insurance and will not misrepresent himself, the Company or the Company's policy of insurance and will not perform any practices prohibited by the laws of any state in which he does business. |
| EXPENSES | (E) | that he will not incur any expense or obligation on behalf of the Company or General Agent unless specifically authorized in writing to do so and will not endorse any negotiable instrument payable to or in behalf of the Company or General Agent. |
| COLLECTIONS | (F) | that he will consider as trust funds and keep separate from all other funds, all collections made by him, and will remit those funds to the Company in accordance with its written instructions and that he will account for all policies, premiums, monies, papers and property received from the Company, its policyholders or its representatives according to the written instructions of the Company. |
| RETURN OF MONIES | (G) | that he will return any premium to the applicant or compensation to the Company that he received for any application rejected or for any policy canceled. |
| DELIVERY | (H) | that he shall not deliver any policy unless the applicant is in good health and in insurable condition at the time of delivery, the first premium is paid in cash at the time of delivery, and delivery is made within 45 days from the date the policy was issued. |
| LEGAL NOTICES | (I) | that he will notify the Company or General Agent of the service or receipt of any legal notices affecting the Company and immediately transmit such papers to the Company or General Agent. |
| PUBLICATIONS | (J) | that he will not publish, or authorize to be published, any advertisements, circulars, or similar matter in the name of or on behalf of the Company unless such published matter has been authorized and approved by the Company. |
| ASSIGNMENT | (K) | that he will not assign this Agreement and will not assign compensation unless permission is first obtained from the Company in writing. |

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- SUPPLEMENT (L) that all forms of compensation are payable as set forth in any supplements attached hereto, and may be changed from time to time by the General Agent. However, any change will not be retroactive, but the Company may add or delete from this Agreement supplements authorizing certain types of business.
- DECISION OF THE COMPANY (M) that the decision of the Company will be final in all disputes arising out of the Agreement between the General Agent, SGA and the Company.

II. The Company, General Agent, and the SGA mutually agree that:

- FIRST YEAR AND RENEWAL COMMISSIONS (A) the General Agent will pay to the SGA first year and renewal commissions on all premiums procured by the SGA actually received in cash by the Company at the Home Office as set forth in the supplements and addenda attached hereto from time to time.
- SUBSTANDARDS RISKS (B) commissions on the extra premiums for sub-standard risks will be at the same rate as for the particular policy as if it were issued on a standard basis, provided, however, that no commissions will be allowed on temporary extra premiums of five (5) years or less or on aviation extra premiums.
- NON-FORFIETURE (C) renewal commissions will not be allowed on policies being continued in force under any Non-Forfeiture Provisions of any policy or on premiums being waived by the Company under a disability provision of any policy.
- PAYMENT OF COMPENSATION (D) all compensation will be paid by the General Agent to the SGA within a reasonable time following the end of the period in which it becomes due, provided the total of such compensation is greater than one hundred dollars (\$100.00).
- RENEWAL COMMISSIONS (E) the company will pay directly to the SGA any renewal commissions earned under this Agreement if the General Agent shall leave the services of the Company.
- TERMINATION BY DEATH OR DISABILITY (F) this contract will automatically terminate upon the death or the total physical or mental disability of the SGA.
- TERMINATION BY NOTICE (G) that the Company, General Agent, or SGA may terminate this Agreement by giving thirty (30) days' written notice.
- TERMINATION BY BREACH (H) that the Company, at its option, may terminate this Agreement, at any time, for breach of any of the conditions of this Agreement.
- NO WAIVER (I) that if the Company or General Agent does not insist upon performance of the conditions of this contract, it will not constitute a waiver of such rights or privileges.
- EFFECTIVE DATE (J) that this Agreement is not effective until signed by the General Agent, the SGA, and President, Vice President, or the Secretary of the Company.
- SUPERCEDING CONTRACT (K) this Agreement supersedes all other Contracts between the three parties now in force.
- ENTIRE CONTRACT (L) THE SGA WILL HAVE NO AUTHORITY TO MAKE VERBAL OR WRITTEN CONTRACTS BINDING THE COMPANY WITHOUT APPROVAL IN WRITING BY THE COMPANY; HE WILL NOT CHANGE THE TERMS AND CONDITIONS OF ANY POLICY, APPLICATION OR RIDER OF THE COMPANY; THE PROVISIONS FOR THIS AGREEMENT AND SUPPLEMENT ATTACHED HERETO ARE THE SOLE OBLIGATIONS OF THE COMPANY.

In witness whereof, the parties by their signatures hereto agree to the terms and conditions and have signed this Agreement

Special General Agent

Dated

General Agent

Dated

Old Republic Life Insurance Company

Dated