

## ***NewLife Marketing, dba Brumett Agency, Inc.***

Office: 721 Pine Suite 1, Pine Bluff, AR 71601    Mail: PO Box 1602, Pine Bluff, AR 71613  
Phone: 870.534.6977    Fax: 870.534.6996    Email: [newlife@seark.net](mailto:newlife@seark.net)    Web Site: [billbrumett.com](http://billbrumett.com)

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### **Single Case Agreement:** The following agreement is made between

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Agent's Name	Address	Phone
_____	_____	_____

\_\_\_\_\_ referred to as Agent and Brumett Agency, Inc. dba  
Social Security Number/Tax I.D. \_\_\_\_\_

NewLife Marketing referred to as NewLife.

The Agent is licensed in good standing for \_\_\_\_\_ (Life/ Disability).

NewLife hereby enters into an agreement with the Agent to assist the Agent in meeting a client's insurance needs by placing the case for the agent and client named here:

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Clients Name	Address	Phone
_____	_____	_____

Client's current need is: \_\_\_\_\_

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NewLife will share commissions with the Agent as received by the following commission schedule:

First Year Commissionable Premium \$ \_\_\_\_\_ X \_\_\_\_\_ % share

X \_\_\_\_\_ % commission = \$ \_\_\_\_\_ Anticipated Agent Commission.

The First Year Commissionable Premium will vary by product and underwriting company. It is based on the actual commissionable premium paid by the client during the first policy year and the contractual commission agreement between NewLife and the underwriting company. Newlife will pay commissions to the agent as long as the policy is continued during the first policy year.

We hereby agree to the above conditions and will handle this case with utmost integrity, in confidence and in a professional manner. NewLife or it's assignee will communicate with the Agent on any developments in processing the cases. NewLife will refer all activity with this client to the Agent for approval before any action is taken. This agreement covers the described single client only and the specific need described above.

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Agent	/	Date	NewLife	/	Date
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