

ECG Referral Partner Agreement

This Referral Partner Agreement (The Agreement) entered into as of this ____ day of _____, 20__ by Edmond Consulting Group LLC, ECG, (The Administrator) headquartered in Columbia, SC in its capacity as administer and servicer of the ECG and _____ headquartered in _____ (the Referral Partner), together the "Parties".

Whereas the Administrator in conjunction with its principal place of business in Columbia, SC.; Edmond Consulting Group LLC is an insurance agency, organized under the laws of _____ has established full advisory firm who can assist your clients in life, health, Medicare, home, auto, business insurance, property claims, tax or notary services, and business consulting.; and Whereas and in support of the ECG program, the Referral Partner wishes to promote and market ECG services to its customers, individuals in its trade area and others; and Whereas the Administrator wishes to encourage the Referral Partner to promote and market the ECG in a manner and that will result in an increase of volume and assets directed to a participating institutional or insurance company chosen by the Administrator; The Parties agree as follows:

1) Term. The term of this agreement shall commence as of the date hereof and shall continue so long as The Administrator services the ECG or unless terminated by either one of the Parties pursuant to Section 9 below.

2) Compensation. The Administrator will compensate the Referral Partner **\$10.00 for each customer P & C, \$ 20 Life, \$ 10 Wellness, \$5 Health, \$15 Medicare** made to a new ECG client that is referred to ECG by the Referral Partner and identified as being referred to ECG by such Referral Partner. **Travel Agent will receive all partnership benefits including \$5-15 per customer.***

3) Marketing. The Referral Partner agrees to use commercially reasonable efforts to promote and market the ECG to its customers, trade area and others. **ALL MARKETING MATERIALS ARE AVAILABLE ONLINE OR SIMPLY BY EMAILING ECG.**

4) Support. The Administrator agrees to provide or cause to be provided marketing and sales support to the Referral Partner. Such support shall consist of templates for printed material, examples of email communications, dedicated URLs and other support as may be reasonably requested.

5) Payment of Expenses. Each Party to this agreement shall pay its own expenses incurred in connection with the development and execution of its responsibilities under this agreement.

6) Indemnification. The Administrator and the Referral Partner shall indemnify and hold each other harmless from and against any loss resulting from their participation in this agreement.

7) Marketing Collateral. The Referral Partner will use only the actual or a template of those ECG marketing materials provided to it by or through Administrator.

8) Governing Law. This agreement shall be governed by the laws of the State of _____.

9) Termination. This agreement may be terminated by either party upon 90 days written notice to the other Party.

10) Counterpart Execution. This Agreement may be signed in any number of counterparts, each of which shall be an original, with the same effect as if the signatures thereto and hereto were upon the same

instrument. This Agreement, to the extent signed and delivered by means of a facsimile machine or electronic mail, shall be treated in all manner and respects as an original agreement or instrument and shall be considered to have the same binding legal effect as if it were the original signed version thereof delivered in person. In Witness Whereof, the Parties have executed this Agreement effective as of the date first above written.

_____ as the
Referral Partner

Erica T. Edmond, MBA

Edmond Consulting Group LLC as the Administrator

_____ Signature, Title
_____ Signature, Title

Receive 2 FREE Wellness Benefits as a complimentary benefit as long as the referral agreement is effective. If a minimum of 10 customer semi quarter will potentially become fifty percent off the regular membership fee.

COMING SOON, Partners will be added to our website.



Partnership Contact Information

COMPANY NAME:		CONTACT PERSON: (Indicate Ms., Mr., etc.)		
STREET ADDRESS:				
MAILING ADDRESS (if different from street address):				
TELEPHONE NO.: ()		TOLL FREE NO.: ()		FAX NO.: ()
E-MAIL:			HOME PAGE ADDRESS:	
FEDERAL IDENTIFICATION NO. OR SOCIAL SECURITY NUMBER:				
PRIMARY TYPE OF BUSINESS: BROKER DEALER DISTRIBUTOR				
PRINCIPAL OWNERS:				
Name	Title	Sex (M or F)	Ethnicity	Percent Ownership
				%
				%
DESCRIPTION OF PRODUCTS & SERVICES (attach sales literature as appropriate)				
BANK REFERENCE NAME:		ADDRESS: (Number, City, State, Zip)		
CUSTOMER REFERENCES:				
Name	Address	Phone Number		

PERSON(S) AUTHORIZED TO COMMIT YOUR FIRM TO A CONTRACT:			
Name	Title	Name	Title
Name	Title	Name	Title

Give your clients GREAT SAVINGS such as:

- FREE quotes (Life, Health, Medicare, Home, Auto, and Business)
- Wellness Benefits: \$50 Ind/ \$150 Family
- Earn \$\$\$ Referrals
- 20 % off mobile notary services
- \$150 Tax Services
- In Apps Deals
- Participate in monthly giveaways.
- Stay Informed

SIGN UP TODAY! Download our mobile app ecgllc.appsme.com!

What can you find on ECG website????

You can find...

- Great Information
- Forms and Documents
- Financial Tools & Calculators
- Financial Literacy Training
- Partnership Opportunity
- Book an appointment
- Download Mobile Apps (Earn \$\$\$ Referrals, Stay Informed, Monthly Giveaways)
- Downloadable Flyers
- Payment Portal

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