



## **Agent Fee Agreement**

Agı	reemen	t made this_	day of	<u>,</u> by a	nd between HUMAN BEH	AVIOR ASSOCIATES, ( a	
Cal	lifornia	Corporation)	herein referred to as "HBA	", and* (Broker) he	rein referred to as "AGEN	IT' (taxpayer identification	
nur	mber:			).			
HB (Co	mpany	es to pay Ao	gent in accordance with the	schedule set forth	below from premiums (d	leposits) paid to HBA by*	
			_ percent of premium paid.				
			_ per eligible employee per	month.			
			_ fixed fee per month.				
	d.		_% of premium paid betwee				
			_% of premium paid betwee				
			_% of premium paid		or later.		
<ol> <li>3.</li> <li>4.</li> <li>6.</li> <li>7.</li> </ol>	assigns under this Agreement, and such fees shall be applied to liquidate such indebtedness; AGENT shall not assign, transfer, or dispose of any interest arising out of this Agreement without the express written approval of HBA. Any purported assignment or transfer without such approval shall be null and void; AGENT, its principals and employees, shall comply with all regulations promulgated by the California Commissioner of Insurance which may be applicable to Agent's performance under this Agreement. AGEMT shall promptly notify HBA of any disciplinary proceedings which are instituted against any of AGENT's principals or employees relating to any license issued to such principals or employee by the California Commissioner of Insurance; All books of AGENT relating to HBA shall be available for inspection by the California Health Care Licensing Agency; and						
HUM		MAN BEHAVIOR ASSOCIATES, INC.			NT		
	Ву: _			By:_			
	Name: James B. Wallace, Ph.D.			Nam	Name:		
Title: Pre		President/CE	resident/CEO		Title:		