



**BEST VALUE  
INSURANCE  
AGENCY, INC.**

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**Special Commission Split Agreement**

Re: Insured \_\_\_\_\_ Application No. \_\_\_\_\_

Commissions on this application are to be paid as follows:

In the space below, enter the agent's name and percentage of Override and/or Writing Agent's commission that is to be paid to each agent.

The percentage listed refers to the percentage of commissions and NOT of premium. Each column should total 100%.

Agent's Name	Override %	Writing Agent %
<b>Primary:</b>		
<b>Secondary:</b>		
<b>Best Value Insurance Agency Inc:</b>		
	<b>100%</b>	<b>100%</b>

Dated: \_\_\_\_\_ Primary Agent's Signature: \_\_\_\_\_

Secondary Agent's Signature: \_\_\_\_\_

Other Agent's Signature: \_\_\_\_\_

**This agreement is subject to Best Value Insurance Agency Inc approval.**



**HEALTH • LIFE • SENIOR PRODUCTS  
ANNUITIES • RETIREMENT ACCOUNTS**

