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cynoSure Financial

“Payment Protection”

INVOLUNTARY UNEMPLOYMENT PROGRAM REQUEST FORM

Date _____

Client Name and Address _____

Administrator Name and Domiciled Address _____

Please acknowledge the following and then answer the questions below. Attach spreadsheets if necessary.

Email completed form to; newbusiness@cynosurefinancial.com or Fax completed form to: 586-771-4590

- You understand that this is a Blanket Program, to be included with all products you sell and to be given to every customer.
- You understand that you will always pay for this product and that the customer will never pay for this product.
- You understand that all marketing materials and promotional advertisement must be approved in advance by the insurer.
- You agree that you will not use the name of the insurer in any marketing material relating to any product or promotion.

- 1) What do you sell or finance? Describe your product categories/brands.
- 2) How many unit sales by State in the current year and projected during promotion?
- 3) What percentages of sales are financed? What are the typical finance terms?
- 4) What is the average customer repayment? What maximum repayment do you require? Should there be repayment tiers (one tier for low value items and another tier for higher value)?
- 5) What are the default rates by State?
- 6) How many of the customer's repayments do you want to cover? **3 or 6 repayments**
- 7) How long do you want to provide the coverage for? **12 or 24 months**
- 8) How will the promotion be marketed, and for how long? Are there concurrent promotions?
- 9) Do you have any special program requests?