



CALIFORNIA PARTNERSHIP FOR
LONG-TERM CARE

California Partnership for Long-Term Care Agent Pledge

I am qualified and licensed to sell California Partnership for Long-Term Care policies.

I agree that I will not present myself as a representative of or that I am specifically endorsed by the State of California or the Partnership.

I agree to work these leads in a timely manner making an initial contact within fourteen days of the lead assignment.

I agree to update the progress of my selling efforts utilizing TL LeadManager or through a paper fax-back procedure furnished to me.

Failure to proceed in a timely manner may be cause to have my leads removed. Complaints logged against me by California consumers will be investigated when my conduct and professionalism are under question. Verification of these complaints could be cause for my removal from this lead program.

I agree to abide by California Insurance Code" 10234.8. *(a) With regard to long-term care insurance, all insurers, brokers, agents and others engaged in the business of insurance owe a policyholder or a prospective policyholder a duty of honesty, and a duty of good faith and fair dealing. (b) Conduct of an insurer, broker, or agent during the offer and sale of a policy previous to the purchase is relevant to any action alleging a breach of the duty of honesty, and a duty of good faith and fair dealing.*

I understand that this lead program is a privilege and not a right; and if I do not adhere to the above conditions, I am subject to removal from this program

I agree to all the above listed conditions

Print Name and License Number

Signature