

Insurance Producer Internal Code of Conduct Acknowledgment

Employee Name: _____

Producer License Number: _____

Date: _____

I hereby acknowledge that I have received, read, and understood the [Company Name] Internal Code of Conduct for Insurance Producers. I understand that as a licensed producer, I am responsible for complying with all company policies, as well as state and federal insurance regulations.

By signing this document, I agree to the following:

- I will conduct all insurance transactions with honesty, integrity, and transparency.
- I will prioritize the best interests of the policyholders and provide accurate information regarding coverage, premiums, and risks.
- I will maintain all required state licenses and complete necessary continuing education requirements.
- I will protect the confidentiality of client personal and financial data in accordance with privacy laws and company security protocols.
- I will avoid any conflicts of interest and disclose any potential conflicts to management immediately.
- I understand that any violation of this Code of Conduct may result in disciplinary action, up to and including termination of employment and notification to the state regulatory board.

I confirm that I have had the opportunity to ask questions regarding these policies and that I agree to abide by the standards set forth by [Company Name].

Producer Signature

Date Signed

Supervisor/Compliance Officer Signature