DO NOT CALL (DNC) COMPLIANCE ACKNOWLEDGMENT

Date: [Insert Date]

Employee Name: [Insert Name]

Producer License Number: [Insert Number]

I, [Insert Name], hereby acknowledge that I have received, read, and understood the company policies regarding the Telephone Consumer Protection Act (TCPA) and the National Do Not Call Registry.

As a condition of my employment/contract as an Insurance Producer, I agree to the following:

- I will check all lead lists against the National Do Not Call Registry and the Internal Company Suppression List before making any outbound solicitation calls.
- I will not contact any individual who has previously requested not to be called by this company.
- I will adhere to the permitted calling hours of 8:00 AM to 9:00 PM (local time of the recipient).
- I will clearly identify myself, the company, and the purpose of the call at the beginning of every conversation.
- I understand that failure to comply with DNC regulations may result in severe legal penalties for the company and immediate termination of my professional relationship with the firm.

By signing below, I certify that I will conduct all telemarketing and sales activities in full compliance with federal and state regulations.

_____
Producer Signature

_____
Date

_____
Supervisor/Witness Signature