

## AVP Participation Agreement for 2008 New Associations

In an effort to eliminate the pressure of industry mandated “big bills” due at the first of the year, CBRB is launching a solution to consolidate these fees for the benefit of its agents. By pooling the agent’s annual fees along with additional funds from the Company, the following items will now be “bundled” into our Agent Value Package. The AVP is designed to help you budget your expenses, but also to make it easier and more convenient to do additional activities that will result in ADDITIONAL TRANSACTIONS.

The AVP includes the following:

- Annual Errors and Omissions Insurance (E&O) - \$1M/\$5M – zero deductible.
- Annual NAR/CAR Dues
- Annual 4 Hour State mandate and a 4 Hour CE credit class.
- Annual Colorado Business Conference (CBC)
- Annual Coloradohomes.com Profile Page and CB.com profile Page
- IDX Feeds for profile pages
- Four (4) Mega Marketing/Sphere Events with 100 mailers per event
  - Night at the Rockies
  - Spring Promotion
  - Fall Promotion
  - Holiday Photos
- Coles Directory
- Customer Surveys

If any amounts have been previously paid for E&O Insurance and/or NAR/CAR Dues they will be credited on a pro rata basis (see pro ration schedule) upon proof of payment.

**Plan Options (select the option that best fits your budget)**

- I select the **Annual Payment** plan with the full amount (see pro ration schedule) due the first day of your next full month with Coldwell Banker Residential Brokerage. (100% tax deductible)
- I select the **Monthly Payment** plan, which is \$124.50 per month due the 10<sup>th</sup> day of your next full month and due the 10<sup>th</sup> day of each month going forward. (This option is only available by payment with your Visa or Master Card.)

I understand and agree that the above selections are paid as long as the agent is associated with CBRB. I also understand and agree that should I terminate my affiliation with CBRB for any reason during the year, the remaining amounts (for the current calendar year) of the AVP that have not been paid, shall be accelerated and due upon day of termination. I further understand and agree that consistent with other agent billing processes that if any amounts from the AVP or other agent billings are not paid when due then I authorize the full amount due to be deducted from my next closing and in the event that I would fall out of compliance or become delinquent that my account may go into Collection Agency Status. I also understand that the AVP amounts may change on an annual basis and will be communicated prior to open enrollment in December.

**Agent Signature (Required)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Agent Name (Required)** \_\_\_\_\_ **Agent ID#** \_\_\_\_\_  
(OA please complete ID#)

**Method of Payment**

**I authorize the above payment schedule to be collected from the following method:**

We only accept \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Check (check payment only available for annual payments)

Credit Card: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date (MM/YY) \_\_\_\_ / \_\_\_\_

Print Full Name on Card: \_\_\_\_\_ Security Code \_\_\_\_\_  
(Last Three digits on back of card)

Payment Signature \_\_\_\_\_ Today’s Date: \_\_\_\_\_

Branch Office Name \_\_\_\_\_ Direct Phone \_\_\_\_\_

**PLEASE USE THIS FORM ONLY FOR NEW AGENTS**