

LexisNexis Risk Solutions FL Inc. Key Partner Program Application

Submit this application to LexisNexis Risk Solutions FL Inc. and its' applicable affiliates ("LN") to be considered for participation in the LexisNexis *Key Partner Program* in the form of one of the relationships described below. This application does not constitute an offer on LN's part to enter into a contractual relationship and LN may reject this application for any reason or for no reason at any time. Upon review of the application LN will communicate the acceptance and describe the next steps required to complete the process to become a fully enabled participant of the LexisNexis *Key Partner Program*.

COMPANY INFORMATION

Thank you for your interest in the LexisNexis *Key Partner Program* and the products and services offered by LN ("**LN Services**"). Please fill out the following questions and fax your application along with the other required information listed within this application to: 561-981-0830. Alternatively, you can mail your application to LexisNexis Risk Solutions FL Inc., 6601 Park of Commerce Boulevard, Boca Raton, FL 33487 attention: LexisNexis Key Partner Program. All information provided within this application is considered confidential and will be held in confidence between LN and the applicant company named below.

Please attach additional pages if more space is needed to respond to any of the following questions.

REQUIRED DOCUMENTS

The application must be accompanied by copies of the following required documents:

<p>One (1) of the following active documents:</p> <ul style="list-style-type: none"> • Professional License or Regulated License (required if your organization is professionally regulated) • Secretary of State business filing such as Articles of Incorporation, Articles of Organization, LLC or LLP • 501 (c)(3) Certification (issued by the IRS or State Revenue Dept.) 	OR	<p>Two (2) active documents from the following four (4) bulleted items – only one document from within each bullet is allowed:</p> <ul style="list-style-type: none"> • One of: Business License, Occupational License or equivalent business document issued by the city, county or state licensing jurisdiction • One of: Commercial Insurance Policy Declaration Page OR Current phone bill (within 60 days) • One of: FEIN letter issued by IRS OR a completed W-9 form • One of: Sales Tax Registration OR Franchise Tax Certificate
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If Customer has been in business for less than six (6) months, provide copies of two (2) of the following documents in the name of the Customer at the address below:

- Current utility bill (electric, gas, water, or phone within the last sixty (60) days)
- Current bank statement (within the last sixty (60) days)
- Proof of commercial insurance
- Lease agreement or property ownership document

PART 1 - KEY PARTNER INFORMATION (This section must be filled out entirely)

SECTION A: COMPANY INFORMATION ("Customer") (P.O. Boxes and Maildrop Addresses Cannot be Used)

Company Name (Full Legal Name) _____
 Physical Address _____
 City _____ State _____ Zip _____
 Main Company Phone Number* _____ Fax _____ Web Address _____

* Physical location where information will be used

If located at the above address less than six (6) months, provide most recent prior address below:

Physical Address _____
 City _____ State _____ Zip _____
 IP Address _____
 IP Address Range From _____ To _____

SECTION B: CUSTOMER ADMINISTRATOR* OR MAIN CONTACT INFORMATION

Last Name _____ First Name _____ Middle Initial _____
 Title _____ Telephone _____ Email Address _____
 Admin IP Address _____

* For credentialing purposes, each Customer Administrator must provide two (2) of the three (3) following pieces of identified information.

1. First five (5) digits of your Social Security Number _____
2. Full date of birth _____
3. Home address _____

KEY PARTNER PROGRAM APPLICATION

ADDITIONAL CUSTOMER ADMINISTRATOR* OR MAIN CONTACT INFORMATION (Optional)

Last Name _____ First Name _____ Middle Initial _____
Title _____ Telephone _____ Email Address _____
Admin IP Address _____

* For credentialing purposes, each Customer Administrator must provide two (2) of the three (3) following pieces of identified information.

- 1. First five (5) digits of your Social Security Number _____
- 2. Full date of birth _____
- 3. Home address _____

PART 2 - CREDENTIALING

SECTION A: CUSTOMER SECURITY CERTIFICATION

Customer certifies that the Customer has not been the subject of any proceeding regarding any trust-related matter including, but not limited to, fraud, counterfeiting, identity theft and the like, and that Customer has not been the subject of any civil, criminal or regulatory matter that would create an enhanced security risk to LN or its data, including, but not limited to, any matter involving potential violations of the Gramm-Leach-Bliley Act (15 U.S.C. § 6801, et seq.) and its implementing regulations (collectively, "GLBA"), the Driver's Privacy Protection Act (18 U.S.C. § 2721, et seq.) and related state laws (collectively, the "DPPA"), the Fair Credit Reporting Act (15 U.S.C. § 1681, et seq.) ("FCRA"), the Fair Debt Collection Practices Act (15 U.S.C. § 1692-1692p) ("FDCPA") or any other similar legal or regulatory guidelines. If any such matter has occurred, Customer shall attach a signed statement, along with all relevant supporting documentation, providing all details of this matter prior to execution of this Application.

SECTION B: VENDOR REFERENCE RELEASE. Please list at least one (1) current Business to Business Vendor Reference. This section is optional, but if it is not completed and LN is not able to complete its credentialing process, LN reserves the right to re-request this information prior to account activation. Such re-request will result in processing delays.

Company Name _____ Contact _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____ Account Number (if applicable) _____

Company Name _____ Contact _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____ Account Number (if applicable) _____

SECTION C: BUSINESS PROFILE

Publicly Traded Company Ticker Symbol _____ Exchange _____
 Private Corporation Sole Proprietor* Partnership* LLC State of _____

*Each general partner of a Partnership and Sole Proprietors must provide two (2) of the three (3) pieces of information requested below:

1. Name _____ **2. Name** _____
First five (5) digits of SSN _____ First five (5) digits of SSN _____
Full date of birth _____ Full date of birth _____
Home address _____ Home address _____

3. Name _____ **4. Name** _____
First five (5) digits of SSN _____ First five (5) digits of SSN _____
Full date of birth _____ Full date of birth _____
Home address _____ Home address _____

Parent Company _____ Federal Employer ID Number _____ SIC Code _____

If multiple locations, please detail on a separate sheet all account-branch names and addresses

Please name all subsidiaries of the parent company for the entity applying for Key Partnership

KEY PARTNER PROGRAM APPLICATION

Number of Years and Months in business _____ Years _____ Months

SECTION D: PURPOSE OF USE

Describe _____

SECTION E: ACCESS (select all that apply)

- Server (system to system) Internet/PC Fax Phone
- Other _____

SECTION F: SITE VISIT INFORMATION

Site visits may be required for any Customer. Should a site visit be required, Customer agrees to authorize the site visit, cooperate in the site visit, and to pay the site visit charges, if applicable, which is \$175.00. Site visits are conducted for LN by an approved third-party. Please indicate if the appropriate contact is different than the contact listed in Part 1, Section B.

Site Visit Contact _____ Contact Phone _____
Contact Email _____

PART 3 - BILLING INFORMATION

SECTION A: CREDIT CARD INFORMATION (If you choose to be billed on a credit card, fill out this portion and proceed to Part 3, Section C. If you choose to be billed directly, skip Part 3, Section A and proceed to Part 3, Section B). LN accepts MasterCard, Visa, and American Express. For security and authentication purposes, LN requires the account holder to provide the address to which the credit card company mails the monthly statement. Please provide authorization signature on final page.

Cardholder Name _____
Credit Card Statement Address _____
City _____ State _____ Zip _____
Card Type: Master Card Visa American Express
Card Number _____ Expiration (MM/YY) _____

SECTION B: DIRECT BILLING INFORMATION

By submitting this direct billing application, Customer certifies that the individual whose name appears below is authorized to apply for credit on behalf of the Customer named in this Application. Customer certifies that the information provided relating to this credit application is true and complete. Customer hereby grants LN permission to verify the credit information provided herein.

BILLING CONTACT

Last Name _____ First Name _____ Title _____
Telephone _____ Email Address _____
Billing Address _____
City _____ State _____ Zip _____

SECTION C: ADDITIONAL BILLING INFORMATION

Require a P.O. Number on Invoice? No Yes If Yes, provide P.O. Number _____
Sales Tax Exempt No Yes If Yes, provide proof of exemption.

PART 4 – QUALIFIED ACCESS

Certain users ("Authorized Users") may be able to obtain full social security numbers (nine (9) digits) and driver's license numbers (collectively, "QA Data"), when appropriate, through some LN Services.

- Customer is NOT requesting access to QA Data (proceed to Part 5).
- Customer is requesting access to QA Data:
 - Internal use only – Department: _____
 - Customer would like to provide QA Data to its customers
Please detail why: _____

PART 5 – KEY PARTNER RELATIONSHIP

What type of partnership do you wish to pursue with the LexisNexis Key Partner Program? (Check One)

- Reseller: Companies who resell LN Services independent of or in addition to their own
- Software Integrator: Independent Software Vendors that provide application and or software products that can incorporate LN Services to add value to the partner's solutions.

KEY PARTNER PROGRAM APPLICATION

Which sector(s) is your company active in? Please check all that apply:

Insurance

- Property & Casualty
- Life
- Health Care
- Disability
- Other _____

3rd Party Collections

- Collection Agencies
- Collection Attorneys
- Debt Buyers
- Early Out Programs
- Other _____

Financial Services (Banking & Finance)

- Banking
- Cards: Credit, Retail
- Mortgage Real Estate
- Retail / Ecommerce
- Wireless / Telecom
- Other _____

Federal Government

- Administrative
- Child Support
- Human & Social Services
- Law Enforcement
- Regulatory
- Tax & Revenue
- Other _____

State & Local Government

- Administrative
- Child Support
- Human & Social Services
- Law Enforcement
- Regulatory
- Tax & Revenue
- Other _____

Other

- Advertising / PR
- Business Services
- Energy
- Industrial / Manufacturing
- Industrial / Services
- Attorney / Law Office
- No. of Attorneys: _____
- Practicing area of Law _____
- Management Consulting
- Direct Marketing
- Private Investigations
- Retail/Wholesale
- Security
- Other _____

What LN Services are you interested in? Please check all that apply:

- Accurant
- Accurant for Collections
- Accurant for Government
- Accurant for Health Care
- Accurant Insurance
- Accurant for IRS
- Accurant for LE
- Anti-Money Laundering Solutions
- Banko Batch (FCRA)
- Banko Online (FCRA)
- Business Assurance
- Bridger Insight™

- Chargeback Defender
- Collections Portal
- Courtlink
- Direct Marketing
- FCRA Screening Solutions
- FraudDefender
- Instant ID
- Instant ID CIP
- Instant ID Q&A
- LexisNexis Publisher
- MIDEX
- OneScore

- Other _____
- Instant Verify
- Instant Authenticate
- ProMonitor
- RecoverScore
- Risk Management Solutions
- RiskView (FCRA)
- RiskWise
- SIRIS
- Time Matters

(Resellers ONLY) Additional Required Information:

Please include any additional information that might be relevant to the accurate evaluation of this application and consideration of the applicant for participation in with the LexisNexis Key Partner Program.

In order to satisfy the LN data security requirements, please attach your documented plan for customer verification, as well as additional security policies or procedures including administrative, physical and technical security. No application will be processed without this information. Documentation to be attached:

1. Credentialing, Incident Response, Security Program, Audit and Monitoring:
 - Attach a copy of your end user application, documentation of credentialing practices, redacted if necessary to preserve confidentiality.
 - If you currently conduct business as a non-LexisNexis reseller, supply a complete credentialing file for a sample customer, showing completion of each of the credentialing steps.
 - Documentation of incident response procedures, redacted if necessary to preserve confidentiality.
 - A description of your comprehensive information security program, including proof of the use of anti-virus software and perimeter based firewalls.
 - A description of your audit process, redacted if necessary to preserve confidentiality.
 - If you currently conduct business as a non-LexisNexis reseller, supply a complete audit file for a sample customer, showing completion of each of the audit steps.
 - A description of the end user monitoring process, including what technology is used, the processes for escalation of alerts, and the investigative process.
2. A completed third party audit report, or SSAE 16 (formerly SAS 70), Webtrust, Systrust, PCI, or ISO 27001 audit report, that assesses the credentialing, security, and audit requirements in the "RESELLER CREDENTIALING, SECURITY, AND AUDIT REQUIREMENTS" document.
3. Documentation to show your security requirements of your end users, including aspects such as security training, anti-virus controls, firewalls, protection of credentials, and reporting incidents.

Please include any additional information that might be relevant in evaluating this application for inclusion in the LexisNexis Key Partner program.

Reseller will be required to submit additional documentation including, but not limited to, an insurance certificate, reseller security documentation and end user verification and investigation form.

Certification and confirmation:

I, the undersigned, certify that the information provided above is true and accurate and that any information that is found to be false can result in the termination of any definitive agreement between LN Risk Solutions FL Inc. and Customer's organization. I understand and agree that this Application will automatically be incorporated into any and all definitive agreements between my company and LN Risk Solutions FL Inc. I agree and understand this Application does not create (i) a contract between the parties; or (ii) an obligation to enter into an agreement.

Signature _____
 Print Name _____
 Title _____
 Date _____ (mm/dd/yyyy)

***Reminder: Please submit supporting documentation with application.**

INTERNAL USE ONLY

Vice President signature: _____

<input type="checkbox"/> Data Review <input type="checkbox"/> Accurint Business Docs <input type="checkbox"/> Market Required	<input type="checkbox"/> Vertical Approved <input type="checkbox"/> Property Review <input type="checkbox"/> Qualified Access Required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Financial Report
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