

Dear Insurance Professional:

To become a Broker for Insurance Center Special Risks Limited, please complete and sign the Broker's Agreement form provided below.

After completing and signing the Broker's Agreement please fax or e-mail a copy along with a copy of the following documents :

- **Copy of your agency license**
- **Copy of Principal's Individual License**
- **Copy of your agency E&O Declaration Page**
- **Copy of your agency stationery**
- **Your email address**
- **Type of entity (corporation, sole proprietorship or partnership)**

To: Carynn Martin Fax: (413) 781-0050
Email address: Cmartin@SpecialRisksLTD.com

We are looking forward to providing you years of great service

Ludmila Koval
Marketing Representative

www.SpecialRisksLTD.com

Business Name _____

Business Address _____

Bus.Tel. _____ Website _____

Principal's Name and Home Address _____

Principal's DOB _____ SS # (Principal) _____

Home Tel. (Principal) _____

E-Mail (Principal) _____

E-Mail of Personal Lines Manager _____

E-Mail of Commercial Lines Manager _____

Do you have any other occupation? YES _____ NO _____

If so, please explain _____

Are you employed by an insurance company on a salaried basis? _____

State name of Company or Agency, if any _____

State companies for which you are now agent _____

State Agencies or MGA-s with which you now broker business _____

Do you owe any company or agency premiums either collected or not collected on which the policies have been in force 90 days? _____

If so, what amount _____

When does your broker's license expire*? _____ License# _____

*Please attach photocopies of all resident and nonresident broker licenses currently held, along with your E&O declarations page.

www.SpecialRisksLTD.com

Insurance Center Special Risks Limited ● 246 Park Street P.O. Box 1185 ● West Springfield, MA 01090-1185

Toll free 888.773.7475 ● Fax 413.781.0050

_____ Hereby represent(s) to Insurance Center Special Risks, LTD that I (we) am (are) a broker licensed to write insurance policies in accordance with the provisions of Insurance Laws of my resident state * and that in consideration of the said agency or agencies carrying my account and underwriting such of my business as is accepted for other good and valuable considerations, hereby guarantee payment to said agency or agencies of all premiums due Insurance Center Special Risks (This does not include direct bill payments). I further agree and understand that this agreement will not in any way affect my status as a broker with regard to premiums on policies which are actually paid to me by an assured for the benefit of the agency and/or company, and that such money so collected by me shall be treated by me as fiduciary. I further agree that I shall be liable and shall pay a return commission at the same rate as originally credited to me, upon all return premium adjustments, or upon cancellations made at the option of the agency and/or company of the insured or otherwise. This guarantee shall be made good, upon demand by the agency or agencies at any time with respect to any uncollected premium or unpaid return commission then outstanding.

I further agree that I will maintain a written premium volume of at least \$2,500 with Insurance Center Special Risks, LTD, such requirement to commence one year from the date of this agreement. Failure to maintain this minimum premium volume shall be sufficient reason, but not a requirement, for cancellation of this agreement by Insurance Center Special Risks, LTD.

Insurance Center Special Risks uses facsimile and email communications to notify our agents of important changes in programs, and product offerings. If you do not wish to be included on our fax / email broadcast listing of recipients, please so state on this agreement here _____

Absent a statement filled in above, your signature below shall serve as your consent to receive fax and email notifications from Insurance Center Special Risks.

State of _____ County of _____

Signed this _____ day of _____, 20____

Witness _____ Broker _____

Tax ID# _____

www.SpecialRisksLTD.com

Insurance Center Special Risks Limited ● 246 Park Street P.O. Box 1185 ● West Springfield, MA 01090-1185

Toll free 888.773.7475 ● Fax 413.781.0050