

SRL Broker Agreement

Dear Insurance Professional:

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

Please fax or e-mail a copy of the signed Broker Agreement along with 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) and a copy of W-9 Form

Email to: info@specialrisksltd.com

Fax to: **(413) 781-0050**

We are looking forward to providing you years of great service.

Ludmila Koval, AIS
Marketing Representative

Insurance Center Special Risks Ltd
Toll Free: (888) 773-7475 Ext.7349
Cell: (413) 351-1460 Fax: (413) 781-0050
www.specialrisksltd.com

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Insurance Center Special Risks Limited ● 20 Gold Street P.O. Box 1250 ● Agawam, MA 01001-1250

Toll free 888.773.7475 ● Fax 413.781.0050

SRL Broker Agreement

Business Name _____

Business Address _____

Fax # _____

Business Telephone _____ Website _____

Principal's Name and DOB _____

Principal's Home Address _____

Home Tel. (Principal) _____ E-Mail (Principal) _____

Number of Employees _____ Agency operations: PL % __ CL % ____

Product needs (SRL products you are interested in) _____

E-Mail and Name of Personal Lines Manager _____

E-Mail and Name of Commercial Lines Manager _____

List the standard companies that you currently represent _____

List other MGAs or Surplus Lines Brokers that you place business with:

Do you owe any company or agency premiums either collected or not collected on which the policies have been in force 90 days? YES ___ NO ___ 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.

SRL Broker Agreement

_____ 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# _____

Required by American Modern Insurance Group

AGENT FACT FINDER SHEET

IMPORTANT:

Some or all of this information is required by states for licensure and appointment. Be sure all items are fully complete.

PERSONAL INFORMATION:

Agent's Name

Last First JR/SR Middle Maiden

Male Female

Residence Address:

Street

City County State Zip Code

Residence Phone Number:

() _____

Residence

Business Phone Number:

() _____

Business

Business Fax Number:

() _____

Fax

E-Mail Address:

_____ (Required)

Social Security Number:

_____ (Required)

DOB:

_____ (Preferred)

NPN:

Will this Agent's name appear on the Dec Page _____ yes _____ no

Will this Agent receive commission directly from AMIG _____ yes _____ no

Will this Agent have others working for them _____ yes _____ no

DISCLOSURE REGARDING CONSUMER REPORTS

Pursuant to the Fair Credit Reporting Act ("FCRA") (15 USC 1681b, 1681d), the following disclosure is required.

1. One or more of the affiliated companies of American Modern Insurance Group, Inc. (hereinafter "Company") may obtain a consumer report regarding you for the purpose of determining whether to enter into an agency relationship and/or to appoint you as our agent.
2. If you are appointed as an agent, the Company may obtain consumer reports concerning you from time to time, and may use the consumer reports in deciding whether to continue, revoke, or terminate your appointment as an agent, or to otherwise change the terms of the agency relationship with you.
3. The types of consumer reports the Company may obtain with respect to you include criminal background checks and credit reports.
4. Please fill in the information below and sign to indicate that you agree that we may obtain a consumer report regarding you. Note that prior to taking any adverse action, a copy of your consumer report and a summary of rights will be sent to the address listed below (or, if no address is listed below, the address that we have on file).

Minnesota and Oklahoma residents only: If you would like a copy of the consumer report prepared on you, please check this box:

California residents only: You may view the file on you by contacting Choicepoint (800-456-6004) or Employment Screening Associates (800-706-8848) during business hours. You may obtain a copy of this file at their office with proper ID and paying the costs to copy. You may be accompanied by one other person, provided that person has proper ID. You may make a written request to have your file sent to a specified address. Lastly, a summary of information will be provided by telephone, if you make a written request with the proper ID for disclosure.

Applicant's Statement Regarding Consumer Reports

I have received and read the Disclosure Regarding Consumer Reports above, advising me that the Company may obtain consumer reports about me. I understand that the Company is not permitted to obtain such consumer reports unless I authorize it to do so.

By signing below, I authorize the Company to obtain consumer reports about me. I authorize and direct each and every consumer reporting agency to provide consumer reports about me to the Company at its request.

Dated: _____

Signature of Applicant: _____

Printed Name of Applicant: _____

Address: _____

City / State / Zip: _____

Agency Code: _____

Producer/Sub Number: _____