

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)

Fax or Email with Attention 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, 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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Business Name _____

Business Address _____

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.

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_____ 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# _____