

## 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](mailto:info@specialrisksltd.com)

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

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

*Ludmila Koval, CPCU, AIS*  
Marketing Representative

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

This Agreement (hereinafter "Agreement") by and between COMPANY and BROKER shall be effective the first date that it is executed by both signatories

"COMPANY" shall mean Insurance Center Special Risks LTD."BROKER" shall mean the following organization (firm):

\_\_\_\_\_

BROKER hereby represents to COMPANY that it is properly licensed to transact business as an agent, broker or producer for all the types of products it shall place or purchase through COMPANY in accordance with the provisions of Insurance Laws of the state in which BROKER transacts such business.

With regards to any AGENCY BILL policy placed or provided by COMPANY to BROKER  
BROKER is liable for the amount due COMPANY (all premiums and /or fees, and /or taxes, less commissions payable to BROKER) without deductions.

BROKER agrees that it shall be liable and shall pay a return commission at the same rate at which such return premium is calculated in the event that a policy on which BROKER has received a commission is cancelled or modified

Insurance Center Special Risks uses email and facsimile communications to notify its brokers of important changes in programs, and product offerings. If you do not wish to be included on the Company email/fax 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 email and fax notifications from Insurance Center Special Risks.

You agree to reimburse us the fees of any collection agency, which may be based on a percentage at a maximum of 33% of the debt, and all costs, and expenses including reasonable attorneys' fees we incur in the collection efforts.

State of \_\_\_\_\_ County of \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Witness \_\_\_\_\_ Broker \_\_\_\_\_

Tax ID# \_\_\_\_\_

DATE: \_\_\_\_\_

*IF YOU ARE THE AGENCY PRINCIPAL/OWNER, PLEASE COMPLETE SECTIONS 1, 2 AND 3*

*IF YOU ARE **NOT** THE AGENCY PRINCIPAL/OWNER, PLEASE COMPLETE SECTION 2 (AND SECTION 3, IF LICENSED)*

**\*\*NOTE: ALL LICENSED AGENTS WITHIN THE OFFICE SHOULD COMPLETE AND RETURN THE FORM\*\***

## SECTION 1

NAME OF AGENCY (AS LICENSED): \_\_\_\_\_

DBA OR C/O (IF APPLICABLE): \_\_\_\_\_

AGENCY FEDERAL TAX ID: \_\_\_\_\_

AGENCY EMAIL ADDRESS: \_\_\_\_\_

E&O CARRIER: \_\_\_\_\_

E&O POLICY NUMBER: \_\_\_\_\_ E&O POLICY LIMITS: \_\_\_\_\_

E&O POLICY EFFECTIVE DATE: \_\_\_\_\_ E&O POLICY EXPIRATION DATE: \_\_\_\_\_

STATES WHERE AGENCY IS LICENSED: \_\_\_\_\_

NAME OF INDIVIDUAL WHO WILL ACCESS AGENCY REPORTS ONLINE: \_\_\_\_\_

EMAIL ADDRESS OF INDIVIDUAL: \_\_\_\_\_



## SECTION 3

### 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: \_\_\_\_\_