GEORGIA STERN INSURANCE AGENCY

APPLICATION FOR APPOINTMENT

3235 SATELLITE BLVD. BLDG. 400, SUITE 300 DULUTH, GA 30096
PHONE: (513) 883-6400 EMAIL: BAP@GSIAY.COM License# 216141

Brokerage Name		DBA			
Address					
City		State		ZIP	
Phone		Fax			
Email		Website			

1. How is Brokerage Licensed? Proprietorship_____Partnership _____Corp _____Other _____

2. How many years has the entity been in business? _____

3. List all owners of the entity (Partners, Corp officers, etc.)

Name		Title		SSN		Lic #	
Name		Title		SSN		Lic #	
Name		Title		SSN		Lic #	

4. Has any brokerage principal ever filed bankruptcy?
Yes ☐ **No** ☐ (explain details on separate sheet, if required)

5. Are any of the above people engaged in any other business or occupation outside of this brokerage?
Yes ☐ **No** ☐ (if yes, please give full details)

_____
_____
_____

6. Brief History of your firm (date established, Marketing, branches, etc.)

_____
_____
_____
_____

7. List all the Lawsuits in which you or your company has been a Plaintiff or Defendant in the last (5) five years. Give the state, Case number, and the result.

_____
_____
_____
_____

8. Have you done business under any other name?
Yes ☐ **No** ☐ (if yes, please give full details including names and reasons)

_____
_____
_____

9. List all brokers, solicitors, producers, sales persons, etc. placing business through the brokerage.

Name			Lic #		
Specialty		Years in Brokerage		In Industry	

Name			Lic #		
Specialty		Years in Brokerage		In Industry	

Name			Lic #		
Specialty		Years in Brokerage		In Industry	

Initials_____ **Date**_____

10. List the names of General Agencies and Insurance Carriers you place business with.
Attach production runs and loss reports for your top three carriers.

General Agent Name		Ins Co.			
Lines		$ Volume		Loss Ratio	

General Agent Name		Ins Co.			
Lines		$ Volume		Loss Ratio	

General Agent Name		Ins Co.			
Lines		$ Volume		Loss Ratio	

11. Total volume you placed through the Assigned Risk (Pool) Plan? _____

12. How much of your business is: Direct Bill _____% Premium Financed _____%

13. Does your Brokerage specialize in any certain lines or classes of business?
Yes ☐ **No** ☐ (if yes, explain what classes and lines. Give full details)

_____

_____

14. Percentage of the gross income originates from lines of business:

Commercial Fire & Inland Marine		%	Life		%
Comm. Umbrella Excess Liability		%	Accident/Health		%
Garage Dealers		%	Homeowners		%
Commercial Auto		%	Personal Auto		%
Workers Comp.		%	Personal Floater		%
Other		%	Other		%

15. If you have more than one office, please list the information below:

Address							
City		State		Zip		Phone	
Contact Person		Title				Fax	

Address							
City		State		Zip		Phone	
Contact Person		Title				Fax	

Address							
City		State		Zip		Phone	
Contact Person		Title				Fax	

16. Bank References:

Bank Name		Contact Name			Trust Account #	
Address		City		State	Zip	

Bank Name		Contact Name			Trust Account #	
Address		City		State	Zip	

Bank Name		Contact Name			Trust Account #	
Address		City		State	Zip	

17. Program Commission is 10% or as agreed.

18. If a risk is materially misrepresented or is unacceptable the binder/certs will be rescinded. The policies will be flat canceled, there will be no coverage. Georgia Stern Insurance Agency (GSIAY) will not be liable for any coverage and coverage will not remain in effect.

19. All Certificates of Insurance, PUC, ICC, State or other Filings and Endorsements, Etc. will be issued by GSIAY only.

20. There will be no flat cancellation allowed except: Where duplicate coverage can be shown with a declaration page from another company and we must receive a Hold Harmless letter from the other Carrier or in the case where the insured's deposit check to the broker is NSF and a copy thereof is presented to GSIAY; however GSIAY will retain the policy fee in the latter case.

Initials_____ **Date** _____

21. Brokerage is responsible for all earned premium.

22. All cancellations at the insured's request will be Short Rate, 25% earned or as otherwise stated in the policy.

23. Beginning with the first policy expiration, brokers will receive a direct renewal offer from GSIAY. If not received, GSIAY is not obligated or responsible. You must contact GSIAY.

24. There will be Monthly Policy premium statements. The statement will show debit and credit balances. We require 20 to 25% down payment. Brokers can retain 10% or as agreed commission to bind the coverage. The remainder is due within 20 days from the binding date. On the statement, GSIAY will report all outstanding balances. Premium must be worked on a policy basis. All positive balances due to GSIAY. All negative balances will be remitted to your brokerage by check from GSIAY or to the finance company, if financed. The broker cannot take credits from the statements or request to apply to another account.

25. All endorsements must be paid in a timely manner. The finance agreement should be submitted at the time your agency requests the endorsements.

26. Policies will only be reinstated in cases where GSIAY has made an error. The reinstatement will be without lapse. All other reinstatements will be made at GSIAY discretion. There will be a fee for reinstatement even if GSIAY makes a mistake.

27. All claims are to be reported immediately, but within 24 hours of the accident, to GSIAY at our toll free number which is available 24 hours a day, 7 days a week and via fax or mail on a standard ACORD II claims form with the full details of the accident. If the client needs an Interpreter, please indicate this.

28. Submitting Applications form anyone other than agents or solicitors listed on the Producer Transaction List are prohibited. This Broker Agreement is null and void in the event of any loss or losses arising out of the non-disclosure of any sub-broker or sub-producer agreement and/or relationship by or on behalf of the Broker and any sub-broker or sub-producer, and Broker hereby agrees to defend, indemnify and otherwise hold Georgia Stern Insurance Agency harmless from and against any and all such loss or losses.

29. Current MVRs (within 30 days) for new and renewal business are required for all drivers and vehicle owners and must be submitted with the applications. If any drivers are added after the policy inception, a current MVR must be submitted with the endorsement request.

30. You must fax us the entire and completed application along with MVR, copy of down payment check, finance agreement and other supporting documents.

31. No coverage is bound until you have a written or faxed confirmation with a policy number, binder number and coverage information from GSIAY.

32. The following must be attached to each application. Failure to do so may result in the application being returned NOT BOUND from our office.

A. Copy of the vehicle registration and driver for all covered vehicles.
B. Down payment and the finance agreement if this is financed.
C. All supporting documents such as MVR, lease document, etc.
D. Police report or proof for all non-fault accidents.

33. The broker or producer must mail or email the original application and all other supporting documents to GSIAY within 5 working days from the date of the binding request or policy will be canceled.

34. All changes in drivers must be approved by GSIAY before hiring. All vehicles must be approved by GSIAY before purchasing. Confirmation must be in writing by fax, mail or email .

I have read and understand the above policies and procedures and authorize GSIAY to verify my listed bank accounts and request that the listed financial institution cooperate fully with GSIAY.

GEORGIA STERN INSURANCE AGENCY RESERVES THE RIGHT TO AMEND THE AGREEMENT FROM TIME TO TIME. BROKER WILL BE NOTIFIED IN WRITING OF ANY CHANGES.

Signature		**Date**	
Print Name		**Title**	

Along with this Agreement, please attach your Broker license, Broker bond and the Dec page of your E&O insurance policy.