

P.O. Box 701
Valley Forge, PA 19482



(800) 722-3229 Toll Free
(610) 933-4679 Telephone
(610) 933-4993 Facsimile
www.GMI-Insurance.com

Dear Agent:

Thank you for your interest in GMI Insurance Services. We are pleased to offer a wide-range of specialty insurance products for your customers and are excited that you have decided to join a winning team!

In order for us to initiate the appointment process, we need you to complete the attached forms in their entirety and then return back to us as quickly as possible. We encourage you to double-check all forms prior to sending in just to avoid delays in getting your agency set up.

Once we receive your documents:

- Please allow two business days for us to process your agency application.
- You will receive a signed/executed copy to keep for your records via email to the address provided on your application.

Should you have any questions, please contact Carter Trudel at 1.800.722.3229 ext 21 or email Carter@GMI-Insurance.com. Additionally, take a moment to review our "Contact Us" information online at www.GMI-Insurance.com. You will find direct extensions to employees by department and area of expertise.

Thank you for your time and consideration. We look forward to doing business with you and your company soon.

Sincerely,

GMI Insurance Services

P.O. Box 701
Valley Forge, PA 19482



(800) 722-3229 Toll Free
(610) 933-4679 Telephone
(610) 933-4993 Facsimile
www.GMI-Insurance.com

How Did You Hear About Us? Internet Mailer Referral Convention
 Other _____

AGENCY PERSONNEL INFORMATION - Email Required

Principal Contact: Name _____ Phone#/Ext _____
Email _____

Commercial Lines Contact: Name _____ Phone#/Ext _____
Email _____

Commercial Lines Contact: Name _____ Phone#Ext _____
Email _____

Accounting Contact: Name _____ Phone#/Ext _____
Email _____

Marketing Contact: Name _____ Phone#/Ext _____
Email _____

LICENSES

E&O Carrier/Policy#: _____ Expire Date: _____

Limits: _____ Deductible: _____

State licensed to conduct business in: _____

Agency License(s)

State _____ License # _____ State _____ License # _____

State _____ License # _____ State _____ License # _____

Agent License(s)

Agent _____ State _____ License # _____

Agent _____ State _____ License # _____

Agent _____ State _____ License # _____

Agent _____ State _____ License # _____

Agent _____ State _____ License # _____

Agent _____ State _____ License # _____

P.O. Box 701
Valley Forge, PA 19482



(800) 722-3229 Toll Free
(610) 933-4679 Telephone
(610) 933-4993 Facsimile
www.GMI-Insurance.com

Agency Questionnaire

Business Tax I.D. # Corp. Individual/Sole Partnership LLC

Agency Name: _____

Phone #: _____ Fax #: _____

Toll Free #: _____ Website: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Billing/Mailing Address: _____

City: _____ State: _____ Zip: _____

All Commissions and Invoices re to be sent to the Billing/Mailing Address: YES NO

Agency Contact: _____

Email Address: _____

Please answer (circle) the following questions and explain any yes answers on a separate sheet:

- 1) Has your Brokerage had its contract withdrawn by a company that alleged premiums were not paid when due or were not properly account for? YES NO
- 2) Is any business developed by Brokerage on a Wholesale basis? YES NO
- 3) Has the Brokerage or any of its producers ever had any license revoked or suspended for any reason? YES NO
- 4) Does that brokerage lack any license required by law in any applicable Jurisdiction? YES NO

Satellite / Branch Locations:

How many locations does the agency have? _____ Are these locations already appointed with us? _____

List Main Office information above and Branch Office information below

Please include a copy of E&O Declaration Page, W9, and License for each location when submitting agency agreement.

Branch Address: _____	Branch Tax #: _____
City: _____ State: _____ Zip: _____	Branch Phn#: _____
Branch Contact: _____	Branch Fax#: _____
Branch Contact Email: _____	

Branch Address: _____	Branch Tax #: _____
City: _____ State: _____ Zip: _____	Branch Phn#: _____
Branch Contact: _____	Branch Fax#: _____
Branch Contact Email: _____	

Branch Address: _____	Branch Tax #: _____
City: _____ State: _____ Zip: _____	Branch Phn#: _____
Branch Contact: _____	Branch Fax#: _____
Branch Contact Email: _____	

P.O. Box 701
Valley Forge, PA 19482



(800) 722-3229 Toll Free
(610) 933-4679 Telephone
(610) 933-4993 Facsimile
www.GMI-Insurance.com

Agency Appointment Code: _____
(Do not write on this line. GMI use only)

INSURANCE BROKER AGREEMENT

This Insurance Production Agreement (hereafter "Agreement"), effective _____ by and
DATE

between G.M.I.N.A., Inc., ("GMI"), a Pennsylvania corporation and

_____, ("Producer"), a _____ corporation.
AGENCY NAME STATE

NOW, THEREFORE, in consideration of the mutual covenants and agreements set forth below, and intending to be legally bound, the parties hereto agree as follows:

Licensing

Producer hereby warrants to GMI that it is properly licensed to transact business as an insurance producer in accordance with the provisions of its state of commercial domicile and any state in which it transacts GMI business.

Authority

Unless otherwise required by state law to act as an agent, Producer acts solely as the agent or broker for an applicant for insurance with GMI and not as an agent of GMI. If Producer is placing business with GMI that has been directed to it by another legally established insurance producer, Producer accepts full responsibility for that submission as if it were the originator of such placement. Producer does not have binding authority or any authority to act on behalf of GMI pursuant to this Agreement, except to the limited extent required by the law of any state in which Producer is licensed. GMI does not grant or delegate any authority to Producer by this Agreement, except to place business with GMI.

Insurance

Producer agrees to maintain professional liability insurance coverage in the amount of not less than \$1 million throughout the term of this Agreement with an insurer with a rating from A.M. Best of A or greater and shall provide to GMI appropriate evidence of such insurance upon execution of the Insurance Production Agreement.

Commissions

GMI agrees to pay commissions applicable at the time the insurance application is accepted by GMI, provided that all premiums, fees, taxes, or unearned commissions are fully paid. Producer shall retain full ownership and control of all expirations.

Producer agrees to pay to GMI a return commission on all return premium adjustments at the same rate that was originally applied to such coverage within thirty (30) days. Producer understands that GMI, without limitation of its other rights and remedies, reserves the right to cancel any policy for non-payment of premium.



Responsibility of Producer

It is the responsibility of Producer to inform GMI as to the type and amount of insurance coverage to be considered for quotation and to maintain any documentation required by GMI to support the quotation. GMI assumes no responsibility toward Producer, any insured, subsidiary, or any other party, with regard to the adequacy, amount, or form of coverage obtained through any insurance carrier.

Producer understands that GMI, in providing insurance coverage hereunder, must rely upon the accuracy of information provided to it by the insured directly and/or through Producer. It is the responsibility of Producer to disclose to GMI the existence of any conditions that Producer knows or reasonably should be aware of that may affect the insurability of the insured.

Producer agrees to not publish or distribute any advertising, circulars, or other materials, electronic, written, or otherwise, referring to GMI or its affiliates or containing the GMI companies name or logo without first securing the written approval of GMI.

Reciprocal Indemnification

Producer will indemnify GMI, or its officers and employees, against all claims (and associated expenses) brought by an insured or any third party against GMI based upon or arising out of the servicing of an insured's account by Producer and/or Producer breach of this Agreement, including without limitation any costs, claims, losses or damages that are incurred directly or indirectly as a result of any violation or alleged violation of any law or regulation by Producer or any sub-producer acting through Producer except to the extent that such claims are based upon the negligence of GMI, or its officers and employees.

GMI will indemnify Producer, or its officers and employees, against all claims (and associated expenses) brought by an insured or any third party against Producer based upon or arising out of GMI's servicing of an insured's account and/or GMI's breach of this Agreement, except to the extent that such claims are based upon the negligence of Producer, or its officers and employees.

Relationship of the Parties

Producer is an unrelated party to GMI, is acting as an independent contractor under this Agreement, and is not an agent or employee of GMI, except as defined in this Agreement.

GMI is acting in its own right and business under this Agreement and not on behalf of any of its parent or sister companies, directors, officers, employees or agents, none of whom shall have any liability hereunder.

Applicable Law and Jurisdiction

This Agreement shall be governed by and construed under the laws of the Commonwealth of Pennsylvania.

Producer consents to the exclusive jurisdiction of the state or federal courts of the Commonwealth of Pennsylvania in any and all actions of any kind under this Agreement.

If any provision of this Agreement should be invalid under or in conflict with current, valid and applicable laws of any state, those laws will control, but in all other respects the remainder of the Agreement will not be affected.

P.O. Box 701
Valley Forge, PA 19482



(800) 722-3229 Toll Free
(610) 933-4679 Telephone
(610) 933-4993 Facsimile
www.GMI-Insurance.com

Complete Agreement; Termination

This signed Agreement incorporates all previous and contemporaneous discussions, representations, understandings, and agreements between the parties (if any) with respect to the placement of insurance business with GMI. No verbal or other statements, inducements, or representations have been made to or relied upon by Producer. The terms and conditions expressed in this Agreement shall not be altered except in writing, signed by an authorized officer of Producer and an authorized officer of GMI.

Producer agrees to notify GMI in writing within seven (7) days after any sale, transfer or other substantial change of its ownership or management. Producer may not assign, transfer, encumber or otherwise dispose of this Agreement or any interest in this Agreement without GMI's prior written consent.

Either party may terminate this Agreement at any time on 30 days notice. This Agreement shall terminate automatically, however, if any public authority suspends, revokes, cancels or declines to renew the Producer's license or any certificate of authority.

IN WITNESS WHEREOF, the parties have caused this Agreement to be signed as of the date first above written.

On behalf of
G.M.I.N.A., Inc.

Producer

By: _____

By: _____

Title: Mark N. Trudel, *President GMI*

Title: _____

Date: _____

Date: _____

P.O. Box 701
Valley Forge, PA 19482



(800) 722-3229 Toll Free
(610) 933-4679 Telephone
(610) 933-4993 Facsimile
www.GMI-Insurance.com

PRIORITY FAX

To: **Carter Trudel**

From:

Company: **GMI Insurance Services**

Date:

Fax: **610.933.4993**

Total Pages Including Cover:

Regarding: **Agency Appointment / Agreement Forms**

Please find enclosed our completed Agency Appointment forms. We have included the following information

- Copy of Current E&O Dec Page
- Completed Agency Application
- Signed and Dated Contract Page
- Completed W-9 Form
- Copy of Agency License(s)
- Copy of Agent(s) License(s)