

# KELLER & CO.

H. R. KELLER & CO., INC. 1520 SHERIDAN DRIVE, BUFFALO, NY 14217  
(716) 874-1644 (800) 424-2202 FAX: (716) 874-4920 [www.kellerco.com](http://www.kellerco.com)

Dear Agency Principal,

We appreciate your interest in placing business with H. R. Keller & Co., Inc., and we hope we will be able to serve you and your clients' needs for specialty insurance coverage. Enclosed with this letter is our Broker's agreement and the Commercial / Personal Lines application. Please review the agreement, and complete with your name and address as you would like the information to appear on our records. Please sign and return the agreement, with this letter, and a copy of your current Broker's license for the state or states in which you would like to place business with us. We also require a copy of the declarations page from your agencies Errors & Omissions Professional Liability policy.

We deliver our supplies via UPS who cannot deliver to a P.O. Box. If your physical address is different from your mailing address, please list it here:

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*Please include and return the following information with this letter*

Copy of our Broker's license is attached for all states that we wish to transact business with Keller & Co. (Commission cannot be paid without a copy of your license)

My/Our tax I.D. number for the name in which checks will be made payable:

For individuals, it is your social security number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

For proprietorships, corporations or partnerships, employer I.D. # \_\_\_\_\_ - \_\_\_\_\_

Copy of your Insurance Agents and Brokers E & O Professional Liability Policy.

Please return the completed paperwork as described above so we can get your agency properly set up to do business with H. R. Keller & Co., Inc.

Sincerely,

H. R. Keller & Co., Inc.

**PENNSYLVANIA BROKERAGE AGREEMENT**

PRODUCER NAME: \_\_\_\_\_

ADDRESS : \_\_\_\_\_

(hereinafter designated as "PRODUCER")  
and  
H. R. Keller & Co., Inc.  
1520 Sheridan Drive  
Buffalo, New York 14217  
(hereinafter designated as "KELLER")

1. **APPOINTMENT AND AUTHORITY:** KELLER hereby appoints PRODUCER as its representative to:

- A. Solicit insurance applications for coverage offered by KELLER through its carriers. PRODUCER has no binding authority except as specifically allowed for certain coverages as described in KELLER'S underwriting guides.
- B. To collect and promptly remit premiums collected from applicants for insurance coverages offered by KELLER, the PRODUCER agrees to terms outlined in payment procedures in section of this agreement.

2. **PRODUCER UNDERSTANDS AND AGREES TO THE FOLLOWING:**

- A. PRODUCER represents that he/she is a property and casualty insurance producer duly licensed by the Commonwealth of Pennsylvania Insurance Department.
- B. All supplies, applications and advertising materials shall remain the property of KELLER and shall be returned to KELLER in the event of termination of this brokerage relationship.
- C. Any unpaid premiums due on policies issued by KELLER are due from the PRODUCER regardless of whether the premiums have been collected from the insured. Since a licensed producer is the representative of the insured, the PRODUCER is responsible for payment of premiums due KELLER. PRODUCER grants KELLER the right of offset of any commissions due PRODUCER against premiums remaining unpaid more than 45 days after being billed by KELLER.
- D. KELLER agrees to issue proper Notice of Cancellation for non-payment of any premium due the PRODUCER from the insured, but only if the PRODUCER provides a written request for such cancellation stating the amount of premium owed the PRODUCER by the insured on the date of the request.
- E. This agreement may be terminated by either party upon written notice mailed to the last known address of the other party stating when, not less than five days thereafter, such termination shall be effective.

\_\_\_\_\_  
(Name)

**H. R. Keller & Co., Inc.**

by \_\_\_\_\_  
(Title)

by \_\_\_\_\_

Date: \_\_\_\_\_

Date: September 3, 2009

PRODUCER'S Federal Tax Identification # \_\_\_\_\_

PRODUCER is:  Individual  Proprietorship  Partnership  Corporation  Limited Liability Corp.

Please show your legal name as you are licensed above. If you want us to use a different name on invoices and correspondence, please give us your DBA or trade name below:

\_\_\_\_\_

H. R. KELLER & CO., INC.  
1520 Sheridan Drive  
Buffalo, New York 14217  
(716) 874-1644 (800) 424-2202 Fax: (716) 874-4920

**Fax / E-mail consent form**

*This information will not be sold or shared with anyone. All information obtained will remain only with Keller & Co.*

To permit H. R. Keller & Co., Inc., to **FAX** or **E-MAIL** you valuable information, please provide the following information and consent.

**Company Name:** \_\_\_\_\_

**Fax Number to be used:** \_\_\_\_\_

**Secondary Fax Number: (if any):** \_\_\_\_\_

Keller & Co. is committed to staying current with our agents needs. We are aware that most of our agents would prefer to do business through an **E-MAIL** system.

With that in mind, we ask that you take a moment to give us the most current e-mail addresses needed when communicating with your agency.

**Agency Principal**

\_\_\_\_\_  
Name

\_\_\_\_\_  
e-mail address

**Commercial Lines Placers**

\_\_\_\_\_  
Name

\_\_\_\_\_  
e-mail address

\_\_\_\_\_  
Name

\_\_\_\_\_  
e-mail address

\_\_\_\_\_  
Name

\_\_\_\_\_  
e-mail address

\_\_\_\_\_  
Name

\_\_\_\_\_  
e-mail address

**Personal Lines Placers**

\_\_\_\_\_  
Name

\_\_\_\_\_  
e-mail address

\_\_\_\_\_  
Name

\_\_\_\_\_  
e-mail address

\_\_\_\_\_  
Name

\_\_\_\_\_  
e-mail address

\_\_\_\_\_  
Name

\_\_\_\_\_  
e-mail address

*We thank you for your cooperation and are confident that this information will help us serve you better.*

*Please feel free to copy if additional spaces are needed.*

***By signing this consent form and providing the fax number (s) and E-mail addresses listed above, I am authorized to and hereby consent on behalf of the above named company to receive faxes and e-mails sent by or on behalf of H. R. Keller & Co., Inc.***

\_\_\_\_\_  
*Signature of authorized company representative*

\_\_\_\_\_  
*Title*

*Date:* \_\_\_\_\_

**COMMERCIAL/PERSONAL LINES BROKER APPLICATION**

<b>AGENCY NAME</b>		<b>DATE</b>	
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<b>AGENCY PRINCIPALS</b>	
<b>STREET ADDRESS</b>	
<b>MAILING ADDRESS</b>	
<b>CITY, STATE, ZIP</b>	
<b>COUNTY</b>	
<b>TELEPHONE</b>	
<b>FAX</b>	
<b>E-MAIL</b>	

**TOP FOUR COMMERCIAL COMPANIES OR WHOLESALERS USED (VOLUME AND LOSS RATIO)**

<b>NAME OF COMMERCIAL LINE CARRIER/WHOLESALER</b>	<b>CURRENT YEAR WRITTEN PREMIUM</b>	<b>PRIOR YEAR WRITTEN PREMIUM</b>	<b>CURRENT YEAR L/R</b>	<b>PRIOR YEAR L/R</b>

**MARKET AREA SERVICED BY AGENCY:**

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<b>NUMBER OF PRINCIPALS</b>		<b>NUMBER OF EMPLOYEES</b>	
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**LIST NAMES OF ALL LICENSED PRODUCERS**


**TARGET CLASSES OF BUSINESS YOU WRITE:**

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**NOTES:**


<b>E &amp; O CARRIER AND EXP. DATE</b>	
<b>NUMBER OF YEARS IN BUSINESS</b>	

***To get started with us:***  
 Fully complete all the questions above and fax or mail to Keller & Co.

**H. R. KELLER & CO., INC.**  
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## MOTORCYCLE BROKER APPLICATION

<b>AGENCY NAME</b>	<b>DATE</b>
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<b>AGENCY PRINCIPALS</b>	
<b>STREET ADDRESS</b>	
<b>MAILING ADDRESS</b>	
<b>CITY, STATE, ZIP</b>	
<b>COUNTY</b>	
<b>TELEPHONE</b>	
<b>FAX</b>	
<b>E-MAIL</b>	

### TOP THREE MOTORCYCLE COMPANIES BY VOLUME AND LOSS RATIO

NAME OF MOTORCYCLE CARRIER	CURRENT YEAR WRITTEN PREMIUM	CURRENT YEAR L/R	PRIOR YEAR L/R

<b>MARKET AREA SERVICED BY AGENCY:</b>

<b>NUMBER OF PRINCIPALS</b>	<b>NUMBER OF EMPLOYEES</b>
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### LIST NAMES OF ALL LICENSED PRODUCERS


<b>OTHER CLASSES OF BUSINESS YOU WRITE:</b>
<input type="checkbox"/> CONTRACTORS <input type="checkbox"/> BOP BUSINESS <input type="checkbox"/> SPECIAL EVENTS <input type="checkbox"/> OTHER
<b>NOTES:</b>

<b>E &amp; O CARRIER AND EXP. DATE</b>	
<b>NUMBER OF YEARS IN BUSINESS</b>	

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