

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

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:

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.

NEW JERSEY BROKERAGE AGREEMENT

This agreement made this _____ day of _____, 20____, by

Producer: _____

Address: _____

City: _____ **State** _____ **Zip** _____

(hereinafter designated as "broker")

and

H. R. Keller & Co., Inc.

1520 Sheridan Drive

Buffalo, New York 14217

(hereinafter designated as "general agent")

1. **APPOINTMENT AND AUTHORITY:** General agent hereby appoints broker as its representative to:

- A. Solicit insurance applications for coverage offered by general agent through its carriers. Broker has no binding authority except as specifically allowed for certain coverages (eg. Motorcycle liability coverage) as described in the general agent's underwriting guides.
- B. To collect and promptly remit premiums collected from applicants for insurance coverages offered by the general agent, broker agrees to terms outlined in payment procedures in section of this agreement.

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

- A. Broker represents that he/she is a property and casualty insurance broker duly licensed by the State of New Jersey Insurance Department.
- B. All supplies, applications and advertising materials shall remain the property of the general agent and shall be returned to the general agent in the event of termination of this brokerage relationship.
- C. Any unpaid premiums due on policies issued by the general agent are due from the broker regardless of whether the premiums have been collected from the insured. Since a licensed broker is the representative of the insured, the broker is responsible for payment of premiums due the general agent. Broker grants the general agent the right of offset of any commissions due broker against premiums remaining unpaid more than 45 days after being billed by the general agent.
- D. The general agent agrees to issue proper Notice of Cancellation for non-payment of any premium due the broker from the insured, but only if the broker provides a written request for such cancellation stating the amount of premium owed the broker 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 _____

Broker's Federal Tax Identification # _____

Broker is: Individual Proprietorship Partnership Corporation

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 / Email consent form

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

To permit us, H. R. Keller & Co., Inc., to fax you valuable information, please provide the following information and consent.

Company Name: _____

Fax Number: _____

Secondary Fax Number: (if any): _____

Designated E-mail Address: _____

(To be used to electronically deliver policies and/or policy related correspondence such as cancellations, endorsements etc. to your office for delivery to your insured/s.) (Packet includes permission form (to be signed by insured) to receive policy information from you electronically.)

Name of authorized
company representative: _____

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

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

By signing this consent form and providing the fax number (s) and Email Addresses listed below, I am authorized to and hereby consent on behalf of the above named company to receive faxes sent by or on behalf of H. R. Keller & Co., Inc.

Signature of authorized company representative

Title

Date

FAX & EMAIL AGENCY INFORMATION

Agency Principal

Name

Email address

Commercial Lines Manager

Name

Email address

Commercial Lines Placers

Name

Email address

Name

Email address

Name

Email address

Name

Email address

Personal Lines Manager

Name

Email address

Personal Lines Placers

Name

Email address

Name

Email address

Name

Email address

Name

Email 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.

INSUREDS CONSENT TO RECEIVING ELECTRONIC DOCUMENTS

_____ hereby gives consent and agrees to receive documents related to
(Insured's Name)
insurance coverages written through or quoted by _____ in
(Agent's/Agency Name)
the form of electronic records.

Agent may transmit documents to Client through electronic media, including but not limited to electronic mail, optical disks (including but not limited to compact discs and digital versatile discs), floppy disks, hard drives, thumb drives, jump drives, magnetic tapes, facsimiles, downloads from Web sites, and any other kinds of electronic media acceptable to both Client and Agent.

Documents to be so delivered include but are not limited to policy information pages and coverage forms; endorsements; binders; certificates and evidences of insurance; automobile insurance identification cards; premium quotations; premium worksheets; invoices; premium finance agreements; audit statements; loss control reports; claim reports; correspondence; and notices of cancellation and non-renewal.

Client's signature or that of Client's representative signifies that Client voluntarily agrees to use electronic records in accordance with section 309 of the New York State Technology Law. Client understands that, from the date of this agreement until such time as Client or Client's representative revokes this consent in writing, Agent will send documents to Client in electronic form only and will not provide Client with paper copies of the documents.

Date

Client Signature

Date

Agent Signature

COMMERCIAL/PERSONAL LINES BROKER APPLICATION

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

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

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

MARKET AREA SERVICED BY AGENCY:

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NUMBER OF PRINCIPALS		NUMBER OF EMPLOYEES	
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LIST NAMES OF ALL LICENSED PRODUCERS

TARGET CLASSES OF BUSINESS YOU WRITE:

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NOTES:

E & O CARRIER AND EXP. DATE	
NUMBER OF YEARS IN BUSINESS	

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

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