

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.

PENNSYLVANIA BROKERAGE AGREEMENT

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

**Producer:
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: _____

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:

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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