



SULLIVAN BROKERS, WHOLESALe INSURANCE SOLUTIONS, INC.
WHOLESALe BROKERAGE AGREEMENT

Please provide us with the following information:

- Copy of Producer’s license
- Signed Wholesale Brokerage Agreement
- Completed and signed W-9
- Proof of E&O Insurance (Minimum \$1,000,000 Limit)

NAME: _____

NAME OF ORGANIZATION: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

WEB ADDRESS: _____

BUSINESS TELEPHONE NO.: _____

FAX NUMBER: _____

S.S. NO./TAX I.D. NO.: _____
(NO 1099’S PROVIDED)

CORPORATE OFFICERS NAME(S): _____

BUSINESS TELEPHONE NO.: _____

TRUST ACCOUNT BANK NAME: _____

TRUST ACCOUNT NO.: _____

MGA/SURPLUS LINES BROKERS
YOU NOW DO BUSINESS WITH: _____



**SULLIVAN BROKERS, WHOLESAL INSURANCE SOLUTIONS, INC. EXTENDS NO
BINDING AUTHORITY OF ANY KIND TO ANY PRODUCER.**

The personal pronoun I/my shall also refer to any partnership or corporation executing this agreement as producer.

1. Licensing

I hereby warrant to Sullivan Brokers, Wholesale Insurance Solutions, Inc., that I am a producer properly licensed to transact business as an agent or broker in accordance with the provisions of insurance laws of any state in which I transact such business.

I will provide evidence, in accordance with procedures established by Sullivan Brokers, Wholesale Insurance Solutions, Inc. of my license(s) as an agent and/or broker for the state(s) in which my office(s) is (are) located. This evidence may include copies of renewal agent/broker licenses.

2. Guarantee of Payment

In consideration of Sullivan Brokers, Wholesale Insurance Solutions, Inc. placing such business as is accepted for good and valuable consideration, I guarantee the payment to Sullivan Brokers, Wholesale Insurance Solutions, Inc. of all premiums (including deposit and adjustable premiums except as noted in Section 3) on policies of insurance placed by me as producer.

I further agree that such payment is due to Sullivan Brokers, Wholesale Insurance Solutions, Inc. in accordance with payment terms established from time to time by Sullivan Brokers, Wholesale Insurance Solutions, Inc. and is due whether or not I as producer have collected the premium. I further agree that I shall be liable, and shall pay a return commission at the same rate as originally credited to me, for all return premium adjustments or cancellations made at the option of Sullivan Brokers, Wholesale Insurance Solutions, Inc., the insured or otherwise.

This guarantee shall be made good by me upon demand of Sullivan Brokers, Wholesale Insurance Solutions, Inc. at any time with respect to any uncollected premium or unpaid return commission then outstanding.

If I do not make timely payment of any sums due Sullivan Brokers, Wholesale Insurance Solutions, Inc., I understand that Sullivan Brokers, Wholesale Insurance Solutions, Inc., without limitation of its other remedies, reserves the right to seek cancellation of the policies for non-payment of premium.

3. Uncollectible adjustable Premiums

Premiums which have been determined by audits, retrospective rating adjustments and/or interim reports are fully earned at the invoice date of such audits or other adjustments as evidenced by a Sullivan Brokers, Wholesale Insurance Solutions, Inc. invoice. I will be relieved of responsibility for such premiums 45 days after the invoice date, provided I notify Sullivan Brokers, Wholesale Insurance Solutions, Inc. in writing within 45 days from said invoice date. Notification will state that I have made diligent efforts and am unable to collect such premiums. Failure to give Sullivan



Brokers, Wholesale Insurance Solutions, Inc. such timely notice shall constitute my acceptance of responsibility to pay such premiums. Timely notice shall be a letter sent by mail or facsimile, dated and received at the offices of Sullivan Brokers, Wholesale Insurance Solutions, Inc. within 45 days after the appropriate invoice date.

If a commission applies to these adjustments, none will be allowed to me on premiums collected directly by Sullivan Brokers, Wholesale Insurance Solutions, Inc. under this provision. In addition, such notice shall not relieve me of responsibility to make any and all attempts at collection of such premiums prior to 45 days after invoice date.

4. Fiduciary Responsibility of Producer

Any monies collected by me acting in the capacity of producer for the account of Sullivan Brokers, Wholesale Insurance Solutions, Inc. shall be held by me in a fiduciary account in accordance with the laws of the state in which the fiduciary account is located.

5. Other Provisions

Sullivan Brokers, Wholesale Insurance Solutions, Inc. assumes no responsibility toward any policyholder or producer with regard to the adequacy, amount or form of coverage obtained through Sullivan Brokers, Wholesale Insurance Solutions, Inc.

NAME: _____
(Must be Owner, Partner or Authorized Officer)

SIGNATURE: _____
(Must be Owner, Partner or Authorized Officer)

TITLE: _____

DATE: _____