

HEADQUARTERS:
 PO Box 3867
 Bellevue, WA 98009
 P: 800.562.8095
 F: 425.453.8696

WWW.GO GUS.COM



In CA, DBA: Griffin Insurance Services, CA License #0G66558

PRODUCER AGREEMENT

Thank you for your interest in Griffin! To get set up to do business with us, please submit the following to our office:

1. Fully completed & signed copy of all pages of this Producer Agreement
2. A copy of your state license[s]
3. A copy of your Errors & Omissions certificate

Upon receipt of the above we will advise you of your Agency Code. You may then begin submitting business at any time.

PRODUCER INFORMATION

| | |
|--|-------------|
| Full Legal Agency Name (including DBA, if applicable) | |
| Mailing Address | |
| Physical Address | |
| Phone Number | Fax Number |
| Email Address | Web Address |
| Type of Business: <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation – Established Date: _____ | |
| Tax ID Number (SSN if Individual) | |

| Personnel / Agent Names* | Title | Email Address |
|--------------------------|-------|---------------|
| | | |
| | | |
| | | |

**Or attach a separate list of personnel and contact info if you wish.*

| | |
|---|--|
| <p>Errors & Omissions:</p> <p>Policy Number: _____</p> <p>Carrier: _____</p> <p>Expiration Date: _____</p> <p><i>Please attach a copy of your current E&O declarations page or certificate.</i></p> <p>Standard Companies Represented:</p> <p><input type="checkbox"/> Farmers <input type="checkbox"/> Allstate <small>*If Allstate, this is not the correct Producer Agreement</small></p> <p><input type="checkbox"/> Other: _____</p> <p>Other Managing General Agents and Surplus Lines Brokers currently used by your agency: _____</p> | <p>List states are you and/or your agency are licensed:</p> <p>_____</p> <p><i>Please attach a copy of the Agents and/or Brokers licenses for all producers in your office, and for each state where you wish to write.</i></p> <p>Do you have a Broker's License? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a Surplus Lines License? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><small>*If WA agent, based on the 2009 Producer Law change, Griffin assumes that the Producer has taken appropriate steps to comply with the new law, which requires a Producer Bond be in place in order to place coverage with an admitted market with which the Producer is not affiliated. Short of a bond being in place, the Producer would need to request affiliation with each MGA with whom they are contracted. This Producer Agreement does not automatically confer official affiliation with Griffin with the state.</small></p> |
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How long has your agency been in operation? _____

Does your agency specialize in any particular line of insurance? *If so, please explain:* _____

Approximate volume which we may expect from your agency? _____

Is there a particular program or class of business with which you are hoping we can assist? _____

Do you have any other branch offices that you would like appointed at this time? Yes No

If so, please give name, physical/mailling address, and Tax ID for each: _____

Which one is the main branch, if any? _____

Should all mail go to the individual branches, or does it all go to the main branch? _____

Would you like to specify a different address for Accounting Mail (statements) for all branches? _____

1. Have any companies retired from your agency or withdrawn your authority on any particular types of business in the last year? Yes No *If yes, please explain:* _____
2. Have you or your agency ever filed bankruptcy in a court in the United States?
 Yes No *If yes, please attach statement giving details and circumstances.*
3. Have any errors and omissions claims been made during the past five years against your agency, or any of its past or present partners, executive officers, directors, solicitors, office brokers or employees, any predecessors in business or against any corporation that you or your agency was employed by, associated with or had an interest in?
 Yes No *If yes, please attach statement giving details and status of each claim including dates, basis of claim and amount of claim..*
4. Are you or your agency, or any of its officers, directors, solicitors, office brokers or employees, aware of any circumstances or any allegations or contentions of any incident which may result in an errors and omissions claim being made against you or your agency or any past or present partner, officer, director, solicitor, office broker or employee?
 Yes No *If yes, please attach statement giving full details.*
5. Have you or your agency ever had a complaint filed against you with your state's Insurance Commissioner or any other state insurance regulatory department?
 Yes No *If yes, please explain:* _____
6. Do you have a Premium Deposit Account?
 Yes No *If no, please explain:* _____
7. Would you be interested in receiving monthly emailed newsletters regarding Griffin products, educational opportunities, and upcoming events?
 Yes No

It is understood and agreed that as part of Griffin Underwriting Services general procedure, a routine inquiry may be made to obtain applicable information concerning our office.

Date: _____ Signature/Title: _____

— PLEASE BE SURE TO SIGN BOTH PAGES 2 & 3 —

UPDATING AGENCY INFORMATION

Please notify info@gogus.com if any of your agency contact information changes, if you have key personnel changes, or if you purchase or sell all or a part of your book of business that could affect any policies placed thru Griffin Underwriting Services.

We appreciate your assistance in helping us keep our files current.

PREFERRED METHOD OF POLICY DELIVERY

One delivery method allowed per agency; our systems are unable to record different methods for different coverage lines.

- EMAIL Contact*** Email one copy to the agency **contact** assigned to each file; agency will forward to insured electronically or print out policy to deliver to insured. *This will be the default method if none is selected.
- EMAIL** Email one copy to agency's **designated policy receiving email**: _____
- PAPER/EMAIL** Send Insured's copy to agency via paper; Email Agent's copy to **contact** assigned to each file
- PAPER/EMAIL** Send Insured's copy to agency via paper; Email Agent's copy to **designated email**: _____
- PAPER ONLY** Send both Insured's copy and Agent's copy of the policy to the agency via snail mail

PAYMENT OF PREMIUM, BINDING AND APPLICATIONS

PAYMENT OF PREMIUMS

GRIFFIN UNDERWRITING SERVICES will bill each item to the producer separately by invoice or credit memo. A statement will be submitted monthly. The producer guarantees payment of all premiums due for insurance bound or written through GRIFFIN UNDERWRITING SERVICES.

The producer agrees to pay all premiums due in full prior to the due date which is 15 days from the statement date. It is also understood and agreed that **no flat cancellations** are allowed after a risk has been bound by GRIFFIN UNDERWRITING SERVICES.

BINDING

Producers should remember that they have no binding authority and that all binding authority by contract rests solely with GRIFFIN UNDERWRITING SERVICES. Our markets prohibit the extension of any binding authority to our producers. In addition – in order to comply with regulation WAC 284-30-560, applications for Homeowners, Dwelling Fire, Private Passenger Auto, Motorcycles and Motor Homes will contain the following wording:

IMPORTANT NOTICE: *There will be NO COVERAGE UNLESS AND UNTIL THE APPLICATION HAS BEEN ACCEPTED BY GRIFFIN UNDERWRITING SERVICES, which acceptance cannot occur until the application has been physically delivered to GRIFFIN UNDERWRITING SERVICES, P.O. BOX 3867, Bellevue, Washington 98009. Where GRIFFIN UNDERWRITING SERVICES in its sole and absolute discretion believes it appropriate, the above REQUESTED EFFECTIVE DATE will be the date requested, but: a) GRIFFIN UNDERWRITING SERVICES RESERVES THE RIGHT AND DISCRETION TO ESTABLISH A LATER EFFECTIVE DATE, AND UNDER NO CURCUMSTANCES WILL GRIFFIN UNDERWRITING SERVICES ESTABLISH AN EFFECTIVE DATE PRIOR TO THE LATER OF (1) THE ACTUAL DATE OF SIGNATURE ON THIS APPLICATION OR (2) THE ACTUAL DATE OF MAILING OF THIS APPLICATION TO GRIFFIN UNDERWRITING SERVICES.*

Also, on Commercial Risks, **NO** coverage is in effect until GRIFFIN UNDERWRITING SERVICES binds the risk with an insurance company or Underwriters at Lloyd's, London.

APPLICATIONS

WAC 284-30-560 (applications and binders) referring to Homeowners, Dwelling Fire, Private Passenger Auto, Motorcycles, and Motor Homes states in paragraph (D) "A copy of such application shall be delivered or mailed to the applicant promptly following its execution."

The undersign warrants that the above regulation will be fully complied with, and that for the above classes of business written though GRIFFIN UNDERWRITING SERVICES, a copy of the application shall be delivered to the insured when executed.

Name of Agency: _____

Signature: _____
Signature of Agency Owner/Corporate Officer

Date: _____

– PLEASE BE SURE TO SIGN BOTH PAGES 2 & 3 –