

# ENROLLMENT CHECKLIST

## PIA **STANDARD** PROGRAM

**Please print and complete the following documents:**

1. Agency Data Sheet
2. Producer Enrollment Form
3. Rollover Authorization form (when applicable)
4. W-9 Tax Form
5. Copies of Agency and Individual Producer Licenses.

**Fax or email all completed documents to:**

Art Brickley  
Director, Hartford Flood / PIA Program

**FAX** (860) 683-8750

**EMAIL** [a.brickley@trumbull-services.com](mailto:a.brickley@trumbull-services.com)

# Agency Data Sheet



Date:

APPOINTMENT

## PIA Flood Program

To: The Hartford – Licensing Team

From:

STATE OF:

### SECTION I - GENERAL INFORMATION

(Completed by Company)

RO:

AGENCY CODE:

(Completed by Agent)

Agency Name:

Address:

Address:

Phone Number:

Contact Name:

### SECTION II - COMPANY REPRESENTATION INFORMATION

Check Applicable Company(s)

<input checked="" type="checkbox"/>	Hartford Fire Insurance Company		Hartford Insurance Company of the Midwest
	Hartford Accident & Indemnity Company		Trumbull Insurance Company
	Hartford Casualty Insurance Company		Hartford Insurance Company Illinois
	Hartford Underwriters Insurance Company		Hartford Insurance Company of the Southeast
	Twin City Fire Insurance Company		Hartford Lloyd's Insurance Company

General Lines of Business

Requested:

(check applicable lines)

<input checked="" type="checkbox"/>	Flood (P&C)					
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### SECTION III - AGENCY INFORMATION

1 Is Agency to be licensed in this State?

Yes

No

(If Yes, please attach copy of a current P/C Agent's License for this State).

### SECTION IV - AGENCY PERSONNEL INFORMATION

Agency Personnel Name	Social Sec. #	Date of Birth	**Is agency Personnel Name Currently Licensed in this state?			
Resident Address (Street, City, Zip Code)			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Agency Personnel Name	Social Sec. #	Date of Birth	**Is agency Personnel Name Currently Licensed in this state?			
Resident Address (Street, City, Zip Code)			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Agency Personnel Name	Social Sec. #	Date of Birth	**Is agency Personnel Name Currently Licensed in this state?			
Resident Address (Street, City, Zip Code)			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No



# The Hartford Flood **Standard** Insurance Program

## HARTFORD PRODUCER ENROLLMENT FORM

The information requested below is required in order to enroll your agency to sell flood insurance through The Hartford / PIA Flood Program. Please complete and return this form along with the Agency Data Sheet, **Copies of Agency License along with Individual Agent Licenses**, Rollover Authorization and W-9 Tax ID Form to the fax number below. You will receive a Producer Code and PIN # that will allow you to access the Flood online system ([www.hartfordfloodonline.com](http://www.hartfordfloodonline.com)) along with the information necessary for you to write flood insurance on behalf of The Hartford. Please keep a copy of this document for your files.

**Agency Name:**

Street Address	_____
Mailing Address (if different)	_____
Business phone	(    ) _____
Business FAX:	(    ) _____
E-Mail Address	_____
IRS Tax ID No.:	_____
Agency Contact Person:	_____

### LICENSED AGENTS ALLOWED ACCESS TO FLOOD PROGRAM

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

(If additional space needed, please attach an additional page for the information) \_\_\_\_\_

<b>Return to:</b> Trumbull Flood Management 4 Griffin Road North Suite 200A Windsor, CT 06095	<b>Fax:</b> <b>860.683.8750</b> <b>attn: Art Brickley, Sales Director, Hartford Flood Program</b> <b><a href="mailto:a.brickley@trumbull-services.com">a.brickley@trumbull-services.com</a></b>
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## **Rollover Procedures**

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The Hartford welcomes your interest in our Roll-over Program. The following guidelines have been established to make the transition from your current Flood Carrier to Hartford as efficient as possible.

1. We require a Flood Insurance Agreement on file for your agency.
2. A signed authorization form along with the policy information (as indicated below) to begin the rollover process.
3. After verifying that all information is accurate, please initial it before sending it to Hartford's Flood Vendor : NFS. If policy is elevation-rated and the elevations do not appear on the Declarations Page, please include a copy of the elevation certificate.
4. If possible, please submit information on **all** policies at once. This allows time for verification and renewal issuance in a timely manner and eliminates monthly follow up. NFS should receive this information to complete billing **60 days prior** to the earliest renewal dates of the policies. In order for NFS to process a Roll-over/Renewal, the current Declarations Page **must be received at NFS at least 45 days prior to its expiration**. If received less than 45 days prior to expiration the only way NFS can process the renewal is if the current Declarations Page is accompanied by cash, credit card authorization (VISA or Master-card), or a certified check. If any changes are made through the previous carrier, a copy of that change should also be sent to us in order to keep our files correct and ready for the renewal notice to be sent.

NFS will process renewal billing based on documents submitted. Please review all declarations pages and policy renewal listings for accuracy. We will contact you by telephone if we need additional information.

## **Rollover Documentation**

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**New Federal Guidelines require the following information for single family dwellings, 2-4 family buildings, other residential buildings or non-residential buildings:**

A copy of the current declarations page, show the LFE and BFE if elevation rated,

**OR**

A copy of the declarations page and a copy of the elevation certificate if the LFE and BFE are not on the declarations page.

\* A copy of the application and application part 2 must be included if all of the rating information does not appear on the declarations page. If there is an enclosure, the enclosure size must be on the application.

### **For residential condominium association policies:**

A copy of the current declarations page showing the LFE and BFE, the current replacement cost of the building, the number of units in the building, two photographs of the building showing the front and the back of the building.

**OR**

A copy of the application/application part 2, a copy of the elevation certificate, and two photographs of the building

\* A copy of the application and application part 2 must be included if all of the rating information does not appear on the declarations page. If there is an enclosure, the enclosure size must be on the application.

### **For submit for rate buildings:**

A current declarations page, a copy of the signed application & application part 2, a copy of the elevation certificate, a signed variance form, the enclosure worksheet (if applicable), a copy of the elevated building determination (if applicable), some clear photos of the building and breakaway walls memo if “V” zone.

**NOTE:** While a current declarations page is required to establish effective dates, a declarations page from a prior term may be used for elevation data if the LFE and the BFE are contained on the declarations page and the property address on the dec matches the property address being insured.

**NOTE:** For ALL “V” zone properties (rated with elevation information), we must also have the replacement cost & actual date of construction.

# AUTHORIZATION TO PROCESS FLOOD POLICY RENEWALS

The undersigned, having determined to transfer flood insurance policies to

\_\_\_\_\_  
THE HARTFORD

Insurance Company, a "Write Your Own" (WYO) Company, serviced by National Flood Services, Inc. (NFS) authorizes NFS to process and renew all Flood Insurance Policies submitted to NFS through its Rollover Program.

As agent of record for these policies, I \_\_\_\_\_,  
(Agent's Name)

accept responsibility to notify the insured and other interested parties of the change of insurer.

Renewal Processing Start Date\* \_\_\_\_\_  
(Month/Day/Year)

**\*Renewal notices will not be mailed out for policies renewing prior to this date.**

Producer Name or Principal \_\_\_\_\_

Contact Person for Rollover \_\_\_\_\_ Ext: \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name and Title)

