

FLOOD SOLUTIONS PRODUCER AGREEMENT

BETWEEN

LOCATED IN

COUNTY OF (Producer) (City/Town) STATE OF

HEREAFTER REFERRED TO AS "PRODUCER" AND THE UNDERSIGNED INSURANCE COMPANY, HEREAFTER REFERRED TO AS "COMPANY" (ACTING BY AND THROUGH ITS AUTHORIZED GENERAL AGENT, AGIO INSURANCE AGENCY).

THE FOLLOWING TERMS AND CONDITIONS SHALL APPLY:

I. The Company hereby grants authority to the Producer to solicit and take applications for insurance against loss by flood on dwellings and general property, subject to (a) the restrictions placed upon the Producer by laws of the state in which the Producer is authorized to write insurance; (b) the rules and regulations of the National Flood Insurance Program administered by the Federal Insurance Administration; (c) the terms and conditions of this Agreement; and (d) the written instructions and manuals issued by the Company.

II. THE PRODUCER AGREES

- A. To not alter, amend, or waive any of the terms, rates, or conditions applicable to the policy contracts used by the Company.
B. To promptly mail to the Company each application and the total policy premium due for insurance coverage.
C. To promptly and accurately report all claims and claim related activity to the Company.
D. All new and existing business will be processed via the Flood Solutions Program.

III. THE COMPANY AGREES

- A. To compensate the Producer for acts performed under this Agreement with a percentage of premium (gross premium less cancellations and returns) per new policy issued by the Company and a percentage of premium per each renewal policy issued by the Company.
B. To pay compensation due the Producer monthly, based upon premium recorded the previous month by the Company.
C. To provide direct bill renewal premium notice to the designated payor of the flood insurance policy prior to the expiration date of the policy.
D. To be responsible for collecting renewal premiums billed directly to policyholders by the Company.

IV. GENERAL AGREEMENTS

- A. The Producer shall be liable for timely payment to the Company of all policy premiums for new flood insurance coverages written by the Producer pursuant to this Agreement.
B. This Agreement between the Company and the Producer applies to the Company Flood Insurance Program only and shall remain in full force and effect until terminated by either party by written notice of such termination given by one party to the other.
C. Company, Producer, and General Agent agree to hold each other harmless from any and all acts, errors, and omissions committed on their behalf under this Agreement.
D. Producer can move to a full agreement receiving higher commissions once annual premium exceeds \$5,000.
E. This Agreement and any addendum to this Agreement shall constitute the entire Agreement and shall supersede any and all prior Agreements.
F. If upon termination of this Agreement the Agent has promptly accounted for and paid to the Company all premiums and other monies and securities collected or held for or on behalf of the Company...

DATE ON , BY X
FOR (Agency Name)

(NFS Use Only)

ACCEPTED ON , 20 BY
FOR Producer # 6800 - -

**FLOOD SOLUTIONS APPLICATION AND
PRODUCER DATA FORM**

The information below is required in order for you to sell flood insurance. Keep a copy of this document for your files.

(Please Print or Type)

Existing NFS Producer Number _____
(Disregard below if you have an existing number.)

Agency Name _____

Street Address _____

Mailing Address _____
(If different from above)

Business Phone No. _____ Business Fax No. _____
(Please include area code)

E-Mail Address _____

Person to contact for policy-issuance questions _____

Commission checks payable to _____

IRS Tax ID No. _____

(Name on commission checks and Tax ID must correspond with your Federal Tax Return.)

Agency/Agent Name _____
(Exactly as it appears on your license.)

Agency/Agent License No. _____

Errors & Omissions Policy _____
(Dates, Limits, and Co.)

PLEASE ATTACH A PHOTOCOPY OF YOUR CURRENT PROPERTY & CASUALTY LICENSE.

If you are submitting an individual producer license, the following information must be completed.

Name _____

Social Security No. _____ Date of Birth _____

Home Address _____

City, County, State, and Zip Code