



FIRST INDEMNITY OF AMERICA INSURANCE COMPANY

2740 Rt. 10 West, Suite 205
Morris Plains, NJ 07950
(973) 402-1200

BROKER / AGENCY QUESTIONNAIRE

Name: _____

Address: _____

Telephone: (____) _____ Corporation Federal I.D. #: _____

Principals

Percentage of Ownership

Years in Business

Do you have power of attorney for any company? Please list below.

Have you ever had your power of attorney rescinded or revoked? If so, please provide details below.

(Continue on Reverse Side)

| <u>Companies Represented</u> | <u>Volume</u> | <u>Company Contact</u> | <u>Telephone No.</u> |
|------------------------------|---------------|------------------------|----------------------|
| _____ | \$ _____ | _____ | (____) _____ |
| _____ | \$ _____ | _____ | (____) _____ |
| _____ | \$ _____ | _____ | (____) _____ |
| _____ | \$ _____ | _____ | (____) _____ |
| _____ | \$ _____ | _____ | (____) _____ |

PROVIDE VOLUME AMOUNTS AND PERCENTAGES FOR THE PAST THREE YEARS

| | | | |
|------------|------------------|------------------|------------------|
| Year: | _____ | _____ | _____ |
| Division | % of Vol. Amount | % of Vol. Amount | % of Vol. Amount |
| Commercial | _____ % \$ _____ | _____ % \$ _____ | _____ % \$ _____ |
| Bond | _____ % \$ _____ | _____ % \$ _____ | _____ % \$ _____ |
| Personal | _____ % \$ _____ | _____ % \$ _____ | _____ % \$ _____ |
| Life | _____ % \$ _____ | _____ % \$ _____ | _____ % \$ _____ |

| <u>Bonding Companies Represented</u> | <u>Surety Volume</u> |
|--------------------------------------|----------------------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

PROVIDE VOLUME PERCENTAGES IN THE FOLLOWING BONDING CLASSES

| | |
|------------------------------|---------------------------------|
| General Construction _____ % | Environmental _____ % |
| Electric _____ % | Subdivision _____ % |
| Plumbing & HVAC _____ % | License, Permit & Misc. _____ % |
| Site / Utility _____ % | Other Specialty Trades _____ % |

LIST ANY PROFESSIONAL ASSOCIATIONS TO WHICH YOU BELONG

Please attach a copy of your current insurance certificate.

Once this questionnaire is completed, please return to us along with copies of all principals' licenses and the resume of your key surety individual.

Date _____

_____S

Signature of person completing this form

Name: _____



BROKER AGREEMENT

BROKER AGREEMENT (“Agreement”) made this _____ day of _____, 20____ by and between _____ (Broker), a _____ corporation with its principal place of business in _____, and FIRST INDEMNITY OF AMERICA INSURANCE GROUP (“F.I.A. Group” or “Surety”).

WHEREAS, Broker is licensed and duly authorized to transact business; and

WHEREAS, Surety is duly authorized and licensed in the State of New Jersey; and

WHEREAS, Surety wishes to appoint Broker for the purposes of soliciting and submitting surety business.

NOW, THEREFORE, the parties hereby agree to enter into a Broker Agreement to transact surety business subject to the following conditions:

JURISDICTION: F.I.A. Group and Broker concur that this Agreement applies only to business conducted in states where Broker is duly authorized and licensed.

SCOPE: F.I.A. Group and Broker acknowledge that this Agreement applies only to the solicitation submittal of proposals of surety.

LICENSE: Broker agrees to maintain proper license(s) in its state(s) of operation and agrees to submit to F.I.A. Group a copy of its current and in-force license(s).

COMMISSION: Commission will be determined by F.I.A. Group based on productivity and will be subject to change from time to time based on productivity. Standard Commission is 20%. Premiere Commission is 25%, subject to production requirements.

AGENT’S SUCCESSOR: This Agreement may be automatically assigned to the Agent’s successor or successors provided such successor or successors meet the Company’s requirements for appointment.

PREMIUM: Broker agrees to be responsible for the collection and payment of all premiums.

PAYMENT: Broker agrees to pay premiums for new and renewal business as follows:

New Business: Payment of monthly statement to be made in full by the 30th day of the following month.

Renewal Business: Payment to be made no later than 30 days after renewal date.

TERMINATION OR SUSPENSION: Failure to adhere to the above payment schedule may result in suspension or termination of this Agreement. This Agreement may be canceled by either party upon 30 day written notice to the other.

MODIFICATION: This document represents the entire Agreement between both parties which may not be altered except by written agreement duly executed by both parties.

IN WITNESS WHEREOF, the parties above executed this agreement on the date set forth above for the purposes outlined in this contract.

Name of Broker

Witness

By: _____
Title:

Witness

F.I.A. INSURANCE GROUP

By: _____
Patrick Lynch, Jr., Vice President