I. AGENCY/ BROKER AGREEMENT

Proposed Date of Contract: __________________________________________

1. Agency Name (DBA): ______________________________________________________________________________________________________
   Location: ____________________________________________________________________________________________________________
   Mailing Address: ______________________________________________________________________________________________________
   Phone Number: ____________________________________________________ Fax Number: __________________________________________

2. Agency Ownership: Individual _______________________________ Partnership ______________________ Corporation ______________
   License Numbers: Agent’s ____________________________________________ Broker’s ______________________________________________
   States where licensed: ____________________________________________________________________________________________________

3. Key Personnel:
   ____________________________________________________________________________________________________________________
   ____________________________________________________________________________________________________________________
   ____________________________________________________________________________________________________________________
   ____________________________________________________________________________________________________________________

4. Does Agency maintain separate trust account? Yes _______________________ ___________________ No ________________________________________
   Bank Name and Branch: ____________________________________________________________________________________________________

5. E & O Insurance Carrier and Limits: ________________________________________________________________________________________________

   Distribution: Property/Casualty _________________________________ ; Personal/Commercial
   Lead Companies Approx. Volume Loss Ratio/Year
   ____________________________________________________________________________________________________________________
   ____________________________________________________________________________________________________________________
   ____________________________________________________________________________________________________________________
   ____________________________________________________________________________________________________________________
   ____________________________________________________________________________________________________________________

Brief History of Agency:
   ____________________________________________________________________________________________________________________
   ____________________________________________________________________________________________________________________
   ____________________________________________________________________________________________________________________

Do you operate a wholesale division or broker business for other retail Agents? __________________________________________________________________
   List Jumbo Accounts: ______________________________________________________________________________________________________
   ____________________________________________________________________________________________________________________
   ____________________________________________________________________________________________________________________
   Marketing Affiliations (e.g. Assurex; ISU; etc.):
   ____________________________________________________________________________________________________________________
   ____________________________________________________________________________________________________________________
   Association/ Affiliations:
   ____________________________________________________________________________________________________________________
   ____________________________________________________________________________________________________________________

7. SPFM/ SIA Potential: $ ________________________ Year 1 $ __________________ Year 2 $ __________________ Year 3 $ __________________
   Source of Growth:
   ____________________________________________________________________________________________________________________
   ____________________________________________________________________________________________________________________

8. Co-Broker Arrangements:
   ____________________________________________________________________________________________________________________
   ____________________________________________________________________________________________________________________
   ____________________________________________________________________________________________________________________

Agent or Broker Signature __________________________ Date __________________________

Please attach copy of Agency/ Broker license and copy of E&O declarations page.
Profile and Mission Statement
Founded in 1997, Specialty Programs & Facilities Managers, Inc. (SPFM) an AMWINS Group, Inc. company, located in Pasadena, California. It conducts business throughout the state of California with emphasis in administering insurance programs for Specialty Insurance Advantage. Business is developed solely through leading retail insurance agents and brokers.

SPFM seeks long term, productive relationships with high caliber agents and brokers and promises to reduce frustration and improve your productivity with prompt and reasonable response. At the same time, we will enhance your reputation by providing only the highest level of insurance protection for your clients.

Program Features
SPFM specializes in package insurance programs by providing the most comprehensive property and liability coverage available to Specialty Insurance Advantage members. Program Features include:

- Blanket Property Limits with many built in coverages and sublimits designed for property owners & managers.
- Primary General Liability written first dollar per occurrence, per location and in the aggregate.
- Environmental Coverage built in. Including remediation, first and third Party Liability.
- Umbrella Coverage also available.

Functions Performed
SPFM is the exclusive program administrator for Specialty Insurance Advantage.

Functions performed by SPFM for Specialty Insurance Advantage:

- Coordinating master insurance placements
- Underwriting
- Production
- Coordinating Property Engineering Surveys
- Premium Audit
- Accounting
- Data Processing
- Statistical Reporting
- Coordinating Claims Adjustment and Settlement with insurers

SPFM Proposal Agreement
To maintain consistency in presenting Specialty Insurance Advantage programs and coverages provided, SPFM requires that the agent/broker use SPFM’s original premium indication when presenting formal proposals to prospective insured members. All SPFM premium indications are subject to the following warranty/disclaimer:

Any proposal of insurance is subject to the attached coverage specifications. This information is not to be altered or changed in any way. This proposal must be presented intact to any prospective insured member along with any other proposal of insurance, if presented by your office on our behalf. Agent/Broker understands that he is not an authorized agent for Specialty Insurance Advantage or SPFM, but acting in advisory capacity solely on behalf of his client.

Formal Premium Indications include the following:
1. Annual Premiums are quoted NET of commission
2. Enrollment fees
3. Administration fees
4. Inspection fees, if applicable
5. Exposure basis for premiums
6. Copy of proposed program specifications
7. Conditions of premium indications, if applicable (e.g. loss runs, inspections, etc.)

Property Limits Disclosure (Group Purchasing)
The specific purpose of Specialty Insurance Advantage, Inc., is to provide insurance funds to purchase property and other insurance coverage on behalf of its members.

The property limits provided in Specialty Insurance Advantage programs are blanket limits with all risk special form for all insured properties written in this program. The blanket limit for the group is $500 million per occurrence with no annual aggregate; property limits are automatically reinstated.

This group purchasing facility obtains property and liability insurance from insurers, some of which are not admitted in the state of California. With respect to any such insurance:

- The risk is not protected by an insurance insolvency guaranty fund in this state; and
- The risk retention group or such insurer may not be subject to all insurance laws and regulations of this state.

Binding Procedures
When binding an account, written notice must be given by your office to SPFM on or before the effective date. Coverage cannot be backdated unless SPFM is provided with a no loss letter and satisfactory explanation.

Evidence of Insurance
Individual policies are not issued to Specialty Insurance Advantage Insured members. However, individual evidences of insurance are issued by SPFM listing the insured member and any additional interests related to the specific property. The evidence of insurance is issued off the master policy placements. Evidences of insurance are to be issued only by SPFM. Copies of the master policies are available for you and the insured member to review upon request.

Payment Terms
Payment is due in full within (10) days of the binding effective date. If payment terms cannot be met, we encourage premium financing.

Cancellations
All Specialty Insurance Advantage programs have an annual effective date of December 31. Any prospective client can become an Insured member mid term subject to pro-rated or minimum premiums. The Insured member can elect to depart the program mid year for any reason and the unearned premium would be returned on a pro-rata basis, except where a minimum premium applies. However, enrollment, administration and inspection fees are all fully earned and non-refundable.

If coverage is canceled for non-payment of premium after ten (10) days written notice, coverage will be canceled on a pro-rata basis, except where a minimum premium applies. However, enrollment, administration and inspection fees are all fully earned and non-refundable. Coverage will not be reinstated if the (10) days has lapsed and membership is terminated. No Flat Cancellations Allowed.

Termination of Contract
The agreement shall continue in force until terminated by either party giving one hundred and twenty (120) days written notice.