

American Surplus Lines Agency, Inc.

PO Box 26882. Overland Park, KS 66225
Phone: 913-888-8400 Fax: 913-888-8984
www.aslainc.net

BROKER'S AGREEMENT

The undersigned, a duly licensed Property/Casualty Agency and/or Brokerage firm in the State of _____, herein referred to as the "Producer", desiring to submit to American Surplus Lines Agency, Inc. otherwise referred to as ASLA, applications for insurance, agrees as follows:

1. That the Producer is acting as Agent and/or Broker for the applicant and in the applicant's Behalf, not as an Agent of ASLA, and that no binding authority is granted or delegated by this agreement.
2. That, without exception, if coverage is bound by ASLA, a charge is made in accordance with the policy terms and that flat cancellations are not allowed.
3. That the Producer accepts full and entire responsibility to ASLA for the collection and payment of all premiums due on those accounts whereby the Producer has requested ASLA to bind coverage and ASLA has agreed to provide coverage.
4. In the event of any dispute under this agreement, we mutually agree that the proper venue for any legal action will be Johnson County in the State of Kansas.
5. ASLA agrees to pay or allow the Producer commissions as may be negotiated; and provided that all premiums or unearned commissions are fully paid as herein agreed; the Producer shall retain full ownership and control of all expirations.
6. In order to comply with certain state resident agent countersignature laws, ASLA may request Producer to obtain a license with the carrier(s) for which ASLA places Producer's accounts. Producer agrees that such license, when procured, shall be used by Producer for countersigning purposes only and that no binding authority is extended to the Producer as a result of such license.
7. Producer warrants and represents that he has Error & Omissions Insurance in effect throughout said term of this agreement:

E&O Carrier _____
Limit of Liability _____
Signed this _____ day of _____, 20_____

Producer's Business Name _____
Address _____
Telephone: (_____) _____ Fax: (_____) _____ Federal Tax I.D. #: _____
Website: _____ Or Social Security #: _____

****PLEASE ATTACH A COPY OF CURRENT AGENT AND/OR BROKERS LICENSE****

By _____
Signature of Principal of Agency Title Date

By _____
Signature of American Surplus Lines Agency, Inc. Title Date

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OVERLAND PARK, KS 66225

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