

U.S. INSURANCE BROKERS, INC.

Park Place
13394 SW 128 Street, Miami, FL 33186
Office: (305) 234-4700
Fax: (305) 234-4701

PRODUCER AGREEMENT INTRODUCTION

U.S. INSURANCE BROKERS is structured to provide you with fast service, beyond what is usually expected from an MGA. We wish to become your primary source for the placement of homeowners, as well as other lines.

In this vein, we are also doing our due diligence that the insurance companies we utilize on your behalf are financially sound and able to provide good service in all areas, including expedited claims handling. We have an Agency Agreement between you and us, which clearly outlines our roles, and states that you own your business. Please read this agreement in full, sign and date both copies, and return them to us, with a copy of your Errors and Omissions Policy Declaration page, a copy of the principal agent's license and the Agency Profile. We will be appointing you upon receipt of these fully completed documents.

U.S. INSURANCE BROKERS reserves the right to run credit and other checks on your business, with all information so developed being held as confidential and privileged. In some instances, we may request additional information from you.

In summary, please return the following to our office:

- Fully Completed, signed and dated Agency Profile
- Fully Completed, signed and dated Agency Agreement
- Copy of the principal agent's Florida license
- Copy of the Declaration page of your Agency E & O policy

If the Agency Name is not a Filed Florida Corporation, then the Agreement will be between the principal licensee and U.S. Insurance Brokers, Inc.

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AGENCY PROFILE

1. Legal Name of Agency: _____
Address of Agency: _____
Name of Principal Agent: _____
Telephone Number: (____) _____
Facsimile Number: (____) _____
Email Address: _____
2. Other locations: Address: _____
Name of Principal Agent: _____
Address: _____
Name of Principal Agent: _____
3. Agency is: An individual [] A Partnership [] A Corporation []
Name of Agency Owner(s) & percentage owned:
a) _____ %
b) _____ %
c) _____ %
Year Agency established: _____
Federal ID Number: _____ **OR**
Social Security Number (if individual): ____ - ____ - ____
4. States Agents License number and States licensed:

| Agent Name | Agent/Broker Lic. # | Surplus Lines Lic. # | State |
|------------|---------------------|----------------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
5. Is the Agency engaged in any other business? Yes [] No []
If yes, give details: _____
6. List all insurance companies that write more than 20% of your business:

| Insurance Company Name | % | Binding Authority | |
|------------------------|------|-------------------|--------|
| a) _____ | ____ | Yes [] | No [] |
| b) _____ | ____ | Yes [] | No [] |
| c) _____ | ____ | Yes [] | No [] |
| d) _____ | ____ | Yes [] | No [] |

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AGENCY PROFILE (continued)

7. Total Annual Premium Volume: \$ _____
- | | |
|-------------------------------|--------------------------------|
| Automobile (personal) _____% | Automobile (commercial) _____% |
| Property (personal) _____% | Property (commercial) _____% |
| Homeowners _____% | Business Owners Package _____% |
| Marine (personal) _____% | Marine (commercial) _____% |
| Professional Liability _____% | School Buses _____% |
| Umbrellas _____% | Physical Damage Auto _____% |
| Trucking _____% | General Liability _____% |
| Other _____% | Other _____% |

8. Professional "E & O" Liability Limits (Attach copy of Declaration Page):
Minimum limits required \$500,000

| Name of Insurance Carrier | Policy Number | Limit | Expiration |
|---------------------------|---------------|----------|------------|
| _____ | _____ | \$ _____ | _____ |

9. Office Staff who will be submitting business to us:

| Name | Position | Telephone (Ext.) |
|-------|----------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

10. Insurance Co. References (3):

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

11. Bank, Address & Officer (2) References:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

12. Print Name of the person who signs Profile: _____

Position of person: _____

13. Signature: _____

Date this Profile completed: _____

U.S. INSURANCE BROKERS reserves the right to run a credit and other checks on the applicant. We shall assign an Agency number to be used on all transactions for record-keeping and accounting matters. If there is not sufficient room to complete the above, attach separate sheets, indicating the questions being answered.

This profile does not obligate U.S. INSURANCE BROKERS to appoint the applicant, nor the applicant to accept an Agency Appointment. The attached Agency Contract should be signed and dated where indicated and returned to U.S. INSURANCE BROKERS with this Profile. Upon our signature and appointment of your Agency as a Contracted Agent, we shall return one copy of the signed Contract for your file.