



Agency Appointment Checklist

Please be sure to provide the following items when applying for an appointment with MVGA.

- Application for Brokerage Agreement.
- W-9 Form Completed
- Personnel listing (contained in application for brokerage agreement).
- Brokerage agreement – completed and signed.
- Copy of agency license(s).
- Copy of agency errors and omissions declarations pages (showing carrier, effective/expiration dates and limits) or certificate showing current coverage. Note: If with Farmers Insurance, you will need to carry level 3 E&O coverage.

Once the above items are received, we will review all of the information provided and make a determination on whether appointment will be granted. Once a determination is made, we will contact your agency letting you know the results. We thank you in advance for your application and look forward to hearing from you.

Application for Brokerage Appointment

Agency Name: _____

DBA: _____

Mailing Address: _____

Physical Address: _____

Telephone: _____ Fax: _____

Date Firm Established: _____

Agency Is: Individual Partnership Corporation Other (Describe): _____

Tax ID Number: _____ Social Security Number (If no tax ID): _____

Names and Addresses of insurance parent and/or any insurance related subsidiaries: _____

Primary Agency E-Mail: _____ Website: _____

Agency Accounting Contact: _____ Email: _____

Have there been any amalgamations or mergers in the past 5 years? Yes No

If "Yes" Please Describe: _____

Has the name of the firm been changed? Yes No

If "Yes" Please State Prior Name(s): _____

Do you specialize in any class or type of business? Yes No

If "Yes" Please Describe: _____

Approximate Percentage of Volume:

_____ % Commercial Property & Casualty _____ % Personal Lines
_____ % Transportation _____ % Other

Major Markets:

Company	Type of Business	Volume	Date Appointed

LICENSING (**Please Provide Copies of Licenses**):

List the state(s) where agency is licensed: _____

Has the Agency or any member of the agency been subject to disciplinary action from any state insurance department or other regulatory authority? Yes No

If "Yes" Please Describe: _____

Mid Valley General Agency LLC

AGENCY INSURANCE INFORMATION:

Agency E & O Insurance Information (Please Provide Copy Of Declarations Pages**):**

Carrier: _____ **Expiration Date:** _____

Limits: _____ **Deductible:** _____

During the past 5 years,

Have any E & O claims been made against the Agency?

Yes **No**

Against the Agency's Principals or Officers or Personnel?

Yes **No**

If "Yes" Please Describe: _____

Employee Information (Use additional sheet if needed):

Name	Licensed	Position	E-Mail Address

I/We declare that the statements made are true and no material facts have been suppressed or misstated.

I/We agree that this application shall be the basis of a contract with Mid Valley General Agency, LLC.

Signature(s): _____ **Title:** _____ **Date:** _____

_____ **Title:** _____ **Date:** _____

**If you maintain other branch offices, please complete the branch office supplement. [Click here](#) to obtain a copy.

Mid Valley General Agency LLC

THIS AGREEMENT, made and entered into this _____ day of _____ 20____ by and between Mid Valley General Agency LLC, hereinafter referred to as MVGA, and _____ (residing in and licensed by the state of _____ as _____ under license #____), hereinafter referred to as BROKER/PRODUCER.

IN CONSIDERATION of MVGA placing risks from time to time for BROKER/PRODUCER with an insurer(s), and for the mutual promises and covenants hereinafter set out:

- 1. It is understood and agreed that BROKER/PRODUCER is the agent of the insured and is not the agent of, and has no expressed or implied authority to bind, MVGA, its principals, or its carriers.
- 2. BROKER/PRODUCER shall be primarily liable to MVGA for the full amount of premium and applicable state taxes, less commission, including additional premiums developed under audits or retrospective penalties on every insurance contract place for BROKER/PRODUCER or any entity acquired by BROKER/PRODUCER to MVGA from the date that liability is assumed by the insurer and to be remitted to MVGA as follows:
 - A. MVGA shall bill BROKER/PRODUCER for each insurance contract placed. Statements will be issued at the beginning of each month showing the previous month's transactions. The net premium, taxes and fees are due 30 days after the monthly statement date.
 - B. Reporting policies: Gross receipts, mileage, values, etc. must be mailed to MVGA by the 20th of the month following the period covered by the reports. Payment shall be in accord with 2A above.
 - C. BROKER/PRODUCER shall pay in advance the net premium, taxes and fees for any policy MVGA is required to pay in advance to insurer(s) to bind coverage.
- 3. No insurance contract may be returned to MVGA by BROKER/PRODUCER for flat cancellation unless it is returned prior to the inception, or effective date, of the contract. Such requests must be approved by MVGA. Earned premium shall be computed and charged on every contract canceled after inception in accordance with the cancellation provisions of such contract.
- 4. MVGA shall allow BROKER/PRODUCER, as commission, a percentage of the premium on each policy written and paid for under this agreement at a rate mutually agreed upon by MVGA and BROKER/PRODUCER. BROKER/PRODUCER shall be obligated to pay return commission at the same rate on any return premiums, including but not limited to, return premiums on cancellations or reductions ordered and return premiums payable as a result of amended policy terms.
- 5. MVGA shall be entitled to reimbursement for the costs of collection, including reasonable attorney's fees, incurred in an effort to collect from BROKER/PRODUCER, or any other person(s) responsible for payment of the same, and obligation of BROKER/PRODUCER under this agreement and that the State of Oregon shall have exclusive jurisdiction of any litigation on this agreement.
- 6. BROKER/PRODUCER shall defend, indemnify and hold MVGA, its offices, employees, and volunteers harmless from any and all claims, injuries, damages, losses or suits including attorney fees, arising out of or in connection with the performance of this agreement, except for injuries and damages caused by the sole negligence of MVGA.

This agreement shall apply to current policies already placed and in force at the date hereof, to all future policies which may be placed by MVGA for BROKER/PRODUCER and to any outstanding debt on policies which were placed by MVGA for any entity acquired by BROKER/PRODUCER. This agreement may be canceled at any time by written notice of either party to the other, but said cancellation shall not alter in any way the continued application of this agreement to insurance policies effected prior to the date of such cancellation.

BROKER/PRODUCER:

Mid Valley General Agency LLC

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Title: _____

Title: _____

Witness: _____

Date Accepted: _____