

Agency Appointment Checklist

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

- Application for Brokerage Agreement.**
- Tax ID Number or Social Security Number if an individual (contained in application for brokerage agreement).**
- 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.**

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.

Mid Valley General Agency LLC
 4305 River Road N., Keizer, OR 97303
 Voice: 503-365-7001 Fax: 503-365-7354
www.midvalleyga.com
marketing@midvalleyga.com
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):** _____

Primary Agency E-Mail: _____ **Website:** _____

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

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: _____

Employee Information (Use additional sheet if needed):

Officers/Principles:

Name	License #	License Type	State	E-Mail Address

Agents/Producers:

Name	License #	License Type	State	E-Mail Address

CSR/Other Employees:

Name	License #	License Type	State	E-Mail Address

Mid Valley General Agency LLC

BANK INFORMATION:

Name of Bank: _____

Bank Address: _____

Bank Officer to Contact: _____

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

Agency Licenses:

Name: _____ **Number:** _____ **State:** _____ **Type:** _____

Name: _____ **Number:** _____ **State:** _____ **Type:** _____

Total Agency Volume (Previous Year): _____

Approximate Percentage of Volume:

_____ % Commercial Property & Casualty _____ % Personal Lines

_____ % Transportation _____ % Other

Major Markets:

Company	Type of Business	Volume	Date Appointed

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: _____

Has the Agency or one of its Principals been subject to a State’s Disciplinary Authority?

Yes No

If “Yes” Please Describe: _____

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:** _____

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 _____ (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 or any of its principals.
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. 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.

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: _____
By: _____
Print Name: _____
Title: _____
Witness: _____

Mid Valley General Agency LLC
By: _____
Print Name: _____
Title: _____
Witness: _____