

GLOBAL CENTURY INSURANCE BROKERS, INC APPLICATION FOR APPOINTMENT

2575 COLLIER CANYON RD., LIVERMORE, CA 94551
PHONE: 925 493-7525 FAX: 925 493-7526 EMAIL: INFO@GCIB.NET

| | | | | |
|----------------|---------|-----|--|--|
| Brokerage Name | DBA | | | |
| Address | | | | |
| City | State | ZIP | | |
| Phone | Fax | | | |
| Email | Website | | | |

1. How is Brokerage Licensed? Proprietorship _____ Partnership _____ Corp _____ Other _____

2. How many years has the entity been in business? _____

3. List all owners of the entity (Partners, Corp officers, etc.)

| Name | Title | SSN | Lic # | |
|------|-------|-----|-------|--|
| | | | | |
| | | | | |
| | | | | |

4. Has any brokerage principal ever filed bankruptcy?
Yes ___ **No** ___ (explain details on separate sheet, if required)

5. Are any of the above people engaged in any other business or occupation outside of this brokerage?
Yes ___ **No** ___ (if yes, please give full details)

6. Brief History of your firm (date established, Marketing, branches, etc.)

7. List all the Lawsuits in which you or your company has been a Plaintiff or Defendant in the last (5) five years. Give the state, Case number, and the result.

8. Have you done business under any other name?
Yes ___ **No** ___ (if yes, please give full details including names and reasons)

9. List all brokers, solicitors, producers, sales persons, etc. placing business through the brokerage.

| | | | |
|-----------|--------------------|-------------|--|
| Name | | Lic # | |
| Specialty | Years in Brokerage | In Industry | |
| | | | |
| | | | |
| | | | |
| | | | |

10. List the names of General Agencies and Insurance Carriers you place business with.

Attach production runs and loss reports for your top three carriers.

| | | | |
|--------------------|--|-----------|------------|
| General Agent Name | | Ins Co. | |
| Lines | | \$ Volume | Loss Ratio |

| | | | |
|--------------------|--|-----------|------------|
| General Agent Name | | Ins Co. | |
| Lines | | \$ Volume | Loss Ratio |

| | | | |
|--------------------|--|-----------|------------|
| General Agent Name | | Ins Co. | |
| Lines | | \$ Volume | Loss Ratio |

11. Total volume you placed through the Assigned Risk (Pool) Plan? _____

12. How much of your business is: Direct Bill _____% Premium Financed _____%

13. Does your Brokerage specialize in any certain lines or classes of business?

Yes ___ No ___ (if yes, explain what classes and lines. Give full details)

14. Percentage of the gross income originates from lines of business:

| | | | | | |
|---------------------------------|--|---|------------------|--|---|
| Commercial Fire & Inland Marine | | % | Life | | % |
| Comm. Umbrella Excess Liability | | % | Accident/Health | | % |
| Garage Dealers | | % | Homeowners | | % |
| Commercial Auto | | % | Personal Auto | | % |
| Workers Comp. | | % | Personal Floater | | % |
| Other | | % | Other | | % |

15. If you have more than one office, please list the information below:

| | | | | | |
|----------------|-------|-----|-------|--|--|
| Address | | | | | |
| City | State | Zip | Phone | | |
| Contact Person | Title | Fax | | | |

| | | | | | |
|----------------|-------|-----|-------|--|--|
| Address | | | | | |
| City | State | Zip | Phone | | |
| Contact Person | Title | Fax | | | |

| | | | | | |
|----------------|-------|-----|-------|--|--|
| Address | | | | | |
| City | State | Zip | Phone | | |
| Contact Person | Title | Fax | | | |

16. Bank References:

| | | |
|-----------|--------------|-----------------|
| Bank Name | Contact Name | Trust Account # |
| Address | City | State |

| | | |
|-----------|--------------|-----------------|
| Bank Name | Contact Name | Trust Account # |
| Address | City | State |

| | | |
|-----------|--------------|-----------------|
| Bank Name | Contact Name | Trust Account # |
| Address | City | State |

17. Program Commission is 10%.

18. If a risk is materially misrepresented or is unacceptable the binder/certs will be rescinded. The policies will be flat cancelled, there will be no coverage. GCIB will not be liable for any coverage and coverage will not remain in effect.

19. All Certificates of Insurance, PUC, ICC, State or other Filings and Endorsements, Etc. will be issued by GCIB only.

20. There will be no flat cancellation allowed except: Where duplicate coverage can be shown with a declaration page from another company and we must receive a Hold Harmless letter from the other Carrier or in the case where the insured's deposit check to the broker is NSF and a copy thereof is presented to GCIB; however GCIB will retain the policy fee in the latter case.

Initials _____ Date _____

21. Brokerage is responsible for all earned premium.
22. All cancellations at the insured's request will be Short Rate, 25% earned or as otherwise stated in the policy.
23. Beginning with the first policy expiration, brokers will receive a direct renewal offer from GCIB. If not received, GCIB is not obligated or responsible. You must contact GCIB.
24. There will be Monthly Policy premium statements. The statement will show debit and credit balances. We require 25% down payment. Brokers can retain 10% commission to bind the coverage. The remainder is due within 20 days from the binding date. On the statement, GCIB will report all outstanding balances. Premium must be worked on a policy basis. All positive balances due to GCIB. All negative balances will be remitted to your brokerage by check from GCIB or to the finance company, if financed. The broker cannot take credits from the statements or request to apply to another account.
25. All endorsements must be paid in a timely manner. The finance agreement should be submitted at the time your agency requests the endorsements.
26. Policies will only be reinstated in cases where GCIB has made an error. The reinstatement will be without lapse. All other reinstatements will be made at GCIB discretion. There will be a fee for reinstatement even if GCIB makes a mistake.
27. All claims are to be reported immediately, but within 24 hours of the accident, to GCIB at our toll free number which is available 24 hours a day, 7 days a week and via fax or mail on a standard ACORD II claims form with the full details of the accident. If the client needs an Interpreter, please indicate this.
28. Submitting Applications from anyone other than agents or solicitors listed on the Producer Transaction List are prohibited. This Broker Agreement is null and void in the event of any loss or losses arising out of the non-disclosure of any sub-broker or sub-producer agreement and/or relationship by or on behalf of the Broker and any sub-broker or sub-producer, and Broker hereby agrees to defend, indemnify and otherwise hold Global Century Insurance Brokers, Inc and Global Hawk Insurance Company harmless from and against any and all such loss or losses.
29. Current MVRs (within 30 days) for new and renewal business are required for all drivers and vehicle owners and must be submitted with the applications. If any drivers are added after the policy inception, a current MVR must be submitted with the endorsement request.
30. You must fax us the entire and completed application along with MVR, copy of down payment check, finance agreement and other supporting documents.
31. No coverage is bound until you have a written or faxed confirmation with a policy number, binder number and coverage information from GCIB.
32. The following must be attached to each application. Failure to do so may result in the application being returned NOT BOUND from our office.
 - A. Copy of the vehicle registration and driver for all covered vehicles.
 - B. Picture of the vehicles if Physical Damage coverage is selected.
 - C. Down payment and the finance agreement if this is financed.
 - D. All supporting documents such as MVR, lease docket, etc.
 - E. Police report or proof for all non-fault accidents.
33. The broker or producer must mail the original application and all other supporting documents to GCIB within 5 working days from the date of the binding request or policy will be canceled.
34. All changes in drivers must be approved by GCIB before hiring. All vehicles must be approved by GCIB before purchasing. Confirmation must be in writing by fax or mail.

I have read and understand the above policies and procedures and authorize GCIB to verify my listed bank accounts and request that the listed financial institution cooperate fully with GCIB.

GLOBAL CENTURY INSURANCE COMPANY RESERVES THE RIGHT TO AMEND THE AGREEMENT FROM TIME TO TIME. BROKER WILL BE NOTIFIED IN WRITING OR ANY CHANGES.

| | | | |
|-------------------|--|--------------|--|
| Signature | | Date | |
| Print Name | | Title | |

Along with this Agreement, please attach your Broker license, Broker bond and the Dec page of your E&O insurance policy.