Hartford Flood Program

WYO Federal Flood Insurance through Hartford Insurance Company of the Midwest and Hartford Fire Insurance Company





- **Program for Banks and Financial Institutions**
- Surplus Lines' Flood Coverage

Checklist - Please com	plete the following
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- 1. Complete the "Agent Enrollment Form".
- 2. Complete and sign the "Flood Insurance Producer Agreement".
- 3. Complete and sign the W-9 Tax Form. (See Link Below)
- 4. Provide a copy of <u>each</u> Producer's License and Agency License.

Please return all completed forms to	Ы	ease	returr	า all	comp	leted	forms	to:
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	5. Provide a copy of cui	rent E&O policy.		
eturn all completed forms to:				
Agency Services	Fax:	1-406-755-4403		
	Email:	agency.services@nfs.stoneriver.co	<u>m</u>	
complete the following:				
	Hartford Flood (i.e., trad	de show, conference, referral, etc.)?		
2. Are you currently appoir	ited as a Hartford Agen	1?	Yes 🗌	No 🗆
If YES, please provide pr	oducer agency number	(8 digits):		
If NO, please complete S	ection III of pg 2. – "Ag	ency Personnel Information".		
3. Are you part of an MGA?	,		Yes 🗌	No 🗆
If yes, please specify	the name of the Master	Agency:		
4. Are you a member of a s	pecial agency group?		Yes 🗌	No 🗆
If yes, please identify	y the name of that grou	0:		
☐ PIA ☐ SIA	A MAIA – (Mass	Agents Only) 🔲 Other:		
5. Do you currently write FI	ood?		Yes 🗌	No [
If yes, please answer the	e following questions:			
A. What is your ar	nnual flood written pren	nium?		
B. What % is Pers	onal vs. Commercial?		%PL:	%CL:
C. How many new	policies do you write v	vithin a year?		
D. Is Flood includ	ed in your marketing pl	an?	Yes 🗌	No [
E. Which carrier(s	s) do you write your floo	d business with?		
6. Is flood viewed as a reve	nue generating produc	t for the agency?	Yes 🗌	No [
7. Do you write flood only v	when a customer reque	sts coverage?	Yes 🗌	No [
8. Do you wish to transfer f	Tood business to Hartfo	ord Flood?	Yes 🗌	No 🗆
9. Please sign and complet	e the W-9 on pg 3. (You	may access the complete W-9 form by clicking	on the link located or	n the top of po

Hartford Flood Insurance Program Agent Enrollment Form





Are you currently licensed in

No

state?

Yes

DOB

Please complete requested information below: Section I: General Information Agency Name: Agency Code (If Applicable): Street Address: Mail Address (if different): **Business Phone:** Fax Number: Contact Name: E-Mail Address: IRS Tax ID: Section II: Agency Information Is the Agency licensed in this State? Yes No *Licensed Agents allowed access to Flood Program: - Please attach a copy of the Agency License and the licenses of all agents listed. If in excess of 5, please provide any additional agents info in a typewritten sheet. E-Mail Address Telephone Number Name of Agent 1. 2. 3. 4. 5. (This Section to be completed by Non Hartford Producers Only.) Section III: Agency Personnel Information Please attach a sheet if there are additional Agents. Are you currently licensed in Name of Agent: Resident address: SS #: state? DOB Yes No \boxtimes Are you currently licensed in Name of Agent: Resident address: state? SS #: DOB Yes No Are you currently licensed in Name of Agent: **Resident address:** SS #: **DOB** state? Yes No

*PLEASE ATTACH A COPY OF YOUR AGENCY LICENSE AND THE LICENSE(S) OF EACH PRODUCER WHO WILL BE UTILIZING THE HARTFORD FLOOD ON-LINE SYSTEM.

SS #:

Resident address:

Name of Agent:

Form (Rev. October 2007)

Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Internal	Revenue Service		iioatioii itai	ibei allu Celt	·······		3011	a to the IKS.
	Name (as shown on your	income tax return)						
5								
page	Business name, if differen	nt from above						
ğ		<u> </u>		,		,		Ţ
e ost	Check appropriate box:	Individual/So	le Proprietor	Corporation	Partner	ship		
Print or type Specific Instructions on	Limited liability comp	pany. Enter the tax classificati	on (D=disregarded entity	C=corporation, P=partnershi	(qi			Exempt
o ir	Other (see instruction	1	, ,	, , ,	. ,		 	payee
rint	Address (number, street,	·			Reque	ester's name and a	address (optional)
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)eci	City, state, and ZIP code							
Š								
See	List account number(s) he	ere (optional)						
Part I	Taxpa	yer Identification Nu	mber (TIN)					
						Social securi	ty numbe	r
		ate box. The TIN provided				-	- -	-
		duals, this is your social s garded entity, see the Par						
		umber (EIN). If you do not					or	
		e than one name, see the	chart on page 4 for g	uidelines on whose		Employer ide	ntificatio	n number
numbe	er to enter.						Intilication	
Dor4 I	Contiti	aatian						
Part I								
	penalties of perjury, I c	•					\	
		nis form is my correct taxp	•	`			, .	
		up withholding because: (hat I am subject to backu						
		longer subject to backup		•		, ,	,	
		ner U.S. person (defined b	,					
		ou must cross out item 2						
		e failed to report all interes						
arrang	ement (IRA), and gene	rally, payments other than	interest and dividend					
provide	e your correct TIN. See	the instructions on page	4.		1			
Sign Here	Signatu				Date ►			
	U.S. per	<u>5011</u> ►		Definition of a U.S. r		or fodoral tay a		
l l	eral Instructions	e Internal Revenue Cod	a unless otherwise	Definition of a U.S. p considered a U.S. pe			urposes	s you are
noted.		e internal Nevende Cod	e uniess otherwise	An individual who	•		esident	alien.
				A partnership, cor				
	ose of Form			organized in the Unite				
		file an information return t taxpayer identification		States,				
		ne paid to you, real esta		An estate (other the state)	nan a forei	gn estate), or		
transa	ctions, mortgage inter	est you paid, acquisition	n or	A domestic trust (a)	as defined	in Regulations	section	า
	onment of secured proutions you made to a	operty, cancellation of d	ebt, or	301.7701-7).				
	,	are a U.S. person (inclu	idina a recident	Special rules for par	tnerships	. Partnershins	that cor	nduct a
alien),	to provide your corre	ct TIN to the person requ	uesting it (the	trade or business in the	ne United S	States are gen	erally re	equired to
	ster) and, when applic		• (pay a withholding tax from such business. F	on any for Further, in	eign partners certain cases v	snare o vhere a	f income Form W-9
l l	, ,	e giving is correct (or yo	ou are waiting for a	has not been received	d, a partne	rship is require	d to pre	esume that
	er to be issued),			a partner is a foreign Therefore, if you are a	person, ar a U.S. pers	iu pay the with son that is a pa	nolaing Irtner in	ıax. a
	• •	bject to backup withhold	•	Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S.				
		n backup withholding if y , you are also certifying t		status and avoid with				
		e of any partnership inco		income.				
trade o	or business is not sub	ject to the withholding ta		The person who give purposes of establishing	ves Form \	W-9 to the part	nership oiding v	for vithholding
partne	rs' share of effectively	connected income.		on its allocable share	of net inco	ome from the p	artnersl	nip
Note:	If a requester gives w	ou a form other than For	m W-9 to request	conducting a trade or following cases:	business i	in the United S	tates is	in the
		requester's form if it is s		The U.S. owner of	a disregar	ded entity and	not the	entity,
	Form W-9.		•			,		•
						Quibe	titute For	m W-9 (Rev. 04-2006)

HARTFORD STANDARD FLOOD PROGRAM FLOOD INSURANCE PRODUCER AGREEMENT



BETWEEN		LOCATED AT	
	(Producer)		(Street)
(City/T	Town)	(State)	(Zip Code)
HEREAFTER REFER	RED TO AS "PRODUCER" A	ND HARTFORD FIRE INSURA	NCE COMPANY, INC., HEREAFTER
REFERRED TO AS "C	COMPANY" (ACTING BY A	ND THROUGH ITS AUTHORIZE	ED VENDOR, NATIONAL FLOOD
SERVICES).			

I. THE FOLLOWING TERMS AND CONDITIONS SHALL APPLY:

A. Producer is authorized to submit applications for insurance against loss by flood on dwellings and general property, subject to (a) the restrictions placed upon the Producer by laws of the state in which the Producer is authorized and licensed to write insurance; (b) the rules and regulations of the National Flood Insurance Program (NFIP) administered by the Federal Insurance Administration and the Flood Insurance Manual; (c) the terms and conditions of this Agreement; and (d) the written instructions and manuals issued by the Company.

II. THE PRODUCER AGREES

- A. Not to alter, amend, or waive any of the terms, rates, or conditions applicable to the policy contracts used by the Company, not to extend the time of any premium due Company, not to compromise, adjust or settle any claim against Company, and not to purport to take any actions on behalf of Company with respect to the binding of coverage except to communicate the company's decisions on the acceptance of applications, as specifically authorized in writing by the Company. To promptly send to the Company's authorized Vendor (National Flood Services) each application and the total policy premium due for insurance coverage, after the signature of the Producer is affixed to the application. To maintain a signed copy of all applications transmitted electronically to Company's authorized Vendor (National Flood Services). To promptly and accurately report all claims and claim related activity to the Company's authorized Vendor (National Flood Services).
- B. To comply with all laws affecting relating to this Agreement, including, but not limited to: (i) maintaining a valid resident property and casualty producer insurance license, as required by the NFIP; (ii) all laws requiring disclosure to insureds and prospects of the terms of this Agreement and all compensation payable by Hartford; and (iii) all commission sharing requirements when writing risks outside Producer's resident state.

III. THE COMPANY AGREES

- A. To compensate the Producer for acts performed under this Agreement with a percentage of premiums per new policy, a percentage of premiums per each renewal and each policy transferred to the Company and issued by the Company. The exact percentage of compensation due the Producer will be in accordance with the Compensation Schedule, as determined by Company from time to time.
- B. To pay compensation due the Producer monthly based upon premium recorded the previous month by the Company.
- C. To provide direct bill renewal premium notice to the designated payor of the flood insurance policy prior to the expiration date of the policy and to send a listing of the notices to the Producer.
- D. To be responsible for collecting renewal premiums billed directly to policyholders by the Company.

IV. GENERAL AGREEMENTS

- A. Producer is not an authorized agent or representative of the Company, and shall not commit any act purported to be on behalf of the Company, including but not limited to binding coverage. In using any materials or systems of the Company with the Company's name or logo, as may be permitted by the Company, Producer shall disclose to the insured or prospect that Producer is not an authorized agent of the Company.
- B. The Producer shall be liable for timely payment to the Company of all policy premiums for new flood insurance coverages written by the Producer pursuant to this Agreement. This provision shall not apply to renewal or transfer business. The Producer shall refund promptly to the Company compensations on cancelled policies and on reductions in premiums at the rate at which such compensation was originally paid. If the Producer should collect any premiums on direct-billed business, Producer shall immediately remit such sums to the Company without deducting any commission therefrom.

- C. Producer shall maintain the confidentiality of Confidential Information, as defined herein, shall use it only for purposes of this Agreement, and shall not disclose it to any other person except to employees, agents and other persons who need to know such Confidential Information to further the objectives of this Agreement and who agree in writing to maintain the confidentiality of the information as provided herein. In connection with its sales and service activities, Producer is permitted to disclose to insureds and to prospects the terms of this Agreement and all compensation payable by Hartford. If the Gramm-Leach-Bliley Act (GLB), including the regulations promulgated thereunder, or other applicable law, now or hereafter in effect, imposes a higher standard of confidentiality with respect to Confidential Information, such standard shall prevail over the provisions of this Agreement. As used herein, "Confidential Information" means all of Company's confidential, proprietary or trade secret information, including, but not limited to, underwriting criteria and guidelines, procedures and processes, studies, reports, and any other data or information developed by Company and provided to Producer or which is subject to protection under any federal or state privacy law, including customer personal information as protected under GLB. Notwithstanding the foregoing, the following shall not constitute "Confidential Information for purposes of this Agreement: information which is obtained or was previously obtained by Producer from a third person who was not prohibited from transmitting the information by a contractual, legal or fiduciary obligation to Company, or information which is or becomes generally available to the public, other than as a result of a breach of this Agreement by Producer or a disclosure by Producer to another person. Notwithstanding, Producer is permitted to disclose the terms of this agreement and any compensation payable to Producer by Hartford to insureds and prospects in connection with its sales and service activities, and other Confidential Information to its attorneys, consultants and other advisors in connection with this Agreement, and when otherwise required by law.
- D. Any supplies furnished by the Company to the Producer remain the property of the Company and shall be accounted for and returned by the Producer to the Company upon termination or upon demand.
- E. Company may inspect and audit, at any time, with advance notice, the Producer's records pertaining to business placed with the Company.
- F. If a conflict exists as to which Producer is authorized to represent an existing or prospective customer with respect to any insurance matter subject to this Agreement, the policyholder's written statement designating his Producer shall control, subject to the Company's producer of record procedures.
- G. The delay or failure by either party to enforce compliance with any term or condition of this Agreement shall not constitute a waiver of such term or condition. No waiver of any term, condition or breach hereunder shall be deemed valid unless in writing signed by the party giving such waiver, and no waiver in one instance shall be deemed a waiver of any subsequent event of the same nature.
- H. Any compensation payable to Producer under this Agreement may be applied to any outstanding balances and other monies that are due from Producer or any of its affiliates or subsidiaries, and against any damages incurred by Hartford based on any breach by Producer or any of its affiliates or subsidiaries of any agreement between Hartford and any such party.
- This Agreement between the Company and the Producer applies to the Company Flood Insurance Program only and shall remain in full force and effect until terminated by either party by written notice of such termination given by one party to the other. Termination shall not affect the rights, duties, obligations, and liabilities of either party to the other that were created prior to the effective date of termination.
- J. This Agreement and any addendum to this Agreement shall constitute the entire Agreement and shall supersede any and all

	TNESS WHERE		, the parties have	caused 1	his Agreemer	nt to be	executed b	y their a	uthori	zed	_
	NEW	_%	RENEWAL	%	ROLLOVER _		%				
K.	Commissions payabl	le to p	producer are as follows	:							
	prior Agreements.		_						-	·	

AGENCY NAME:

HARTFORD OF THE MIDWEST							
By:		By:					
Name:	Rachael Gonzalez	Name:					
Title:	A.V.P. Hartford Fire Insurance	Title:					
Date		Date:					

HARTFORD FIRE INSURANCE COMPANY