



## Producer Appointment Application Package

Please complete the attached application in its entirety to be considered for an appointment with Bluefire Insurance. Email the documents to [stephen.williams@bluefireins.com](mailto:stephen.williams@bluefireins.com).

Please make sure to include copies of all the following (as applicable):

- Producer Appointment Questionnaire**
- Completed and Signed Producer Appointment Application**
- Completed Branch Location Supplement (if applicable)**
- Monthly Volume and Premium**
- Three Loss Ratio Reports**
- License**
- Copy of E & O Declaration page**
- W-9 (Completed with name as shown on license)**
- Authorization Agreement for Electronic Funds Transfer (EFT)**
- Direct Deposit Authorization Agreement for Commission**
- Bond**
- Producer Agreement**



## Producer Appointment Questionnaire

Please complete the following questions so that we can get to know your agency

How did you hear about Bluefire Insurance?

How many years of Insurance experience do you have?

Where do you advertise?

How do you obtain and retain your clients?

Number of Non Standard Auto policies written a month:

How many new business applications do you expect to write a month with Bluefire Insurance?

Have you or your agency ever been denied by a carrier?  Yes  No

If yes, please explain:

Does your agency offer any other services?

Does your agency have any DOI Complaints or BBB complaints in the last 5 years?  Yes  No

If yes, please explain:

Has your agency had any issues with NSF's?  Yes  No

If yes, please explain:

Is there any other information that you will like to tell us about your agency?



## Producer Appointment Application Package

General Information			
<b>Agency Name:</b>		<b>Name(s) on License</b>	
	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor		
<b>Principal(s):</b>		<b>License Number:</b>	
<b>Mailing Address:</b>		<b>Licensed As:</b> <input type="checkbox"/> Agent/Broker <input type="checkbox"/> Agency	
		<b>Tax ID:</b>	
<b>Physical Address:</b>		<b>SSN:</b>	
		<b>DBA*:</b>	
<b>Phone Number:</b>		*Has the DBA been filed and approved by the Department of Insurance?	
<b>Fax Number:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Agency Principal e-mail:</b>		<b>Date Agency Established:</b>	____/____/____
<b>Underwriting/CSR e-mail:</b>		<b>Errors &amp; Omissions (E &amp; O) Information</b>	
<b>Additional Branch Locations?</b>	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<b>Carrier:</b>	
If "Yes", complete attached <b>Branch Location Supplement</b>		<b>Limits:</b>	
<b>Comparative Rater Used (if applicable):</b>		<b>Policy Number:</b>	
		<b>Expiration Date:</b>	

### Licensed Producers

Name	License Number
Are any agents in your office conversant in a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what language(s)?	



**PRODUCER APPOINTMENT APPLICATION**  
Branch Location Supplement

Agency Name: \_\_\_\_\_

LOCATION 2	LOCATION 6
<b>Street Address:</b> _____  <b>Mailing Address:</b> _____  <b>Phone Number:</b> _____ <b>Email Address:</b> _____ <b>Contact:</b> _____	<b>Street Address:</b> _____  <b>Mailing Address:</b> _____  <b>Phone Number:</b> _____ <b>Fax Number:</b> _____ <b>Contact:</b> _____
LOCATION 3	LOCATION 7
<b>Street Address:</b> _____  <b>Mailing Address:</b> _____  <b>Phone Number:</b> _____ <b>Fax Number:</b> _____ <b>Contact:</b> _____	<b>Street Address:</b> _____  <b>Mailing Address:</b> _____  <b>Phone Number:</b> _____ <b>Fax Number:</b> _____ <b>Contact:</b> _____
LOCATION 4	LOCATION 8
<b>Street Address:</b> _____  <b>Mailing Address:</b> _____  <b>Phone Number:</b> _____ <b>Fax Number:</b> _____ <b>Contact:</b> _____	<b>Street Address:</b> _____  <b>Mailing Address:</b> _____  <b>Phone Number:</b> _____ <b>Fax Number:</b> _____ <b>Contact:</b> _____
LOCATION 5	LOCATION 9
<b>Street Address:</b> _____  <b>Mailing Address:</b> _____  <b>Phone Number:</b> _____ <b>Fax Number:</b> _____ <b>Contact:</b> _____	<b>Street Address:</b> _____  <b>Mailing Address:</b> _____  <b>Phone Number:</b> _____ <b>Fax Number:</b> _____ <b>Contact:</b> _____



## Monthly Volume and Premium

Company Name and Year Appointed	Written Premium	Loss Ratio %
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
Number of monthly Non Standard Auto applications written:	_____	
Number of monthly Preferred Auto applications written:	_____	
Please attached three Loss Ratio reports		
Producer Signature	Date	
_____	_____	

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	(Applies to accounts maintained outside the U.S.)
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>																		
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## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



## Authorization Agreement for Electronic Funds Transfer (EFT)

### FOR SWEEPING YOUR ACCOUNT:

This agreement authorizes **Bluefire Insurance Services** to automatically debit the bank account as designated below. Furthermore, if any such electronic debit(s) should be returned as "non-sufficient funds," I authorize Bluefire Insurance Services to collect an NSF fee per item by electronic debit from my trust account.

**Producer Code(s):** \_\_\_\_\_  Check here for all Producer Codes  
**Bank Name:** \_\_\_\_\_  
**Account Name:** \_\_\_\_\_  
**Branch Location (City, State):** \_\_\_\_\_  
**Account Number:** \_\_\_\_\_  
**ABA (Routing) Number:** \_\_\_\_\_

*I understand that this authorization will remain in effect until I notify **Bluefire Insurance Services** that I no longer desire this service, allowing reasonable time to act upon my notification. Notification will be given in writing. I also understand that if corrections to the debit amount are necessary, it may involve an adjustment (credit/debit) to my account.*

*I understand and authorize the above agreement by my signature below.*

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK FOR THE ABOVE ACCOUNT HERE**

Bluefire Insurance Services License CA #0H45142  
Bluefire Insurance Services License CA #0D08447  
Bluefire Insurance Services License AZ #1800015946  
Bluefire Insurance Services License WA #984486



Authorization Agreement for Commission Direct Deposit

FOR ELECTRONIC COMMISSION DEPOSIT INTO YOUR ACCOUNT:

This agreement authorizes Bluefire Insurance Services to automatically credit the bank account as designated below.

Producer Code(s): \_\_\_\_\_
Bank Name: \_\_\_\_\_
Account Name: \_\_\_\_\_
Branch Location (City, State): \_\_\_\_\_
Account Number: \_\_\_\_\_
ABA (Routing) Number: \_\_\_\_\_

Check here for all Producer Codes

AVOID MAILING DELAYS...
SIGN UP FOR COMMISSION
DIRECT DEPOSIT!!!!

I understand that this authorization will remain in effect until I notify Bluefire Insurance Services that I no longer desire this service, allowing reasonable time to act upon my notification. Notification will be given in writing. I also understand that if corrections are necessary, it may involve an adjustment (credit/debit) to my account.

I understand and authorize the above agreement by my signature below.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP FOR THE ABOVE ACCOUNT HERE



# Producer Agreement



## PRODUCER AGREEMENT

**THIS PRODUCER AGREEMENT** (hereinafter, "Agreement") is entered into by and between **ALL STAR GENERAL INSURANCE AGENCY, INC.**, as the General Agent for various insurance companies (hereinafter, "GA") and \_\_\_\_\_ (hereinafter, "Producer"), with reference to the following facts:

### RECITALS

**WHEREAS**, Producer is an insurance agent licensed by the relevant Departments of Insurance in the states authorized in the Addendum-Commission Schedule; and

**WHEREAS**, Producer's agency is domiciled in I; and

**WHEREAS**, Producer desires to place applications for insurance with the insurers represented by the GA on behalf of Producer's client insured's; and

**WHEREAS**, GA, on behalf of its principal insurers, desires to accept such applications from Producer through an electronic binding system or as otherwise designated by GA.

NOW, THEREFORE, in consideration of the mutual promises contained in this Agreement, Producer agrees to:

- 1) **Applicable Business.** This Agreement shall govern all business that Producer places with GA in the States authorized in the Addendum – Commission Schedule.
- 2) **Licensing and Affiliations.** Keep in effect the required insurance licenses and affiliations for you, your Producers and employees and will not solicit any lines of insurance unless properly licensed and affiliated to do so. Producer will comply with all laws relating to the sale of insurance covered by this Agreement. Commission shall not be paid if the necessary license is not in place at the time any commission payment is due to the Producer.
- 3) **E&O Policy.** The Producer agrees to maintain and keep in force an Errors and Omissions Policy with a minimum liability limit of \$300,000 to insure the Producer against liability resulting from the conduct of the Producer's business under this Agreement. The Producer shall notify the GA in writing of the cancellation or termination of the policy or otherwise, of any changes to the insurer or liability limits.
- 4) **Representation.** Producer acknowledges that in the placement of business with the GA under this Agreement, Producer shall act on behalf of its client insureds and not on behalf of the GA.
- 5) **Placement of Business.** Producer will submit to GA requests for coverage and insurance applications, and GA will accept such applications from Producer in accordance with any applicable underwriting guidelines. The Producer is responsible for accurate and thorough completion of all insurance applications submitted, including ensuring that the customer is made aware of any and all disclosures listed in such applications. Producer will submit any requests for coverage through the GA electronic application and underwriting system. Only individuals who are properly licensed and affiliated and/or appointed as required by law will be authorized to submit electronic applications to the GA. To the extent applicable, the Producer shall immediately notify the GA in writing of the termination of any individual producer so that the GA may terminate the log-in credentials for such individual producer within 72 hours from the date of termination of the individual producer.

The Producer shall obtain a completed, signed application along with the correct deposit premium and fees from each applicant. The Producer shall retain in an orderly fashion and for the period of the greater of three (3) years or such time as required by law, each of the following, to the extent applicable, with respect to policies and renewals: all original signed applications, driver exclusions, selections and rejections of optional coverage, documents required by us in support of premium discounts, vehicle inspection reports, and powers of attorney. The Producer may retain electronically scanned documents in lieu of hard copy, provided that they are retrievable, durable, legible, unalterable and compatible with the GA systems. Upon expiration or termination of this Agreement, or at any time upon our request, you agree to send to us all such documents or copies.

The Producer shall remit the full gross premium deposit on all policies of insurance submitted to GA or as outlined in Addendum – Commission Statement. If Producer fails to submit the correct premium as described above, the purported binder issued by Producer shall be deemed null and void and of no force or effect whatsoever.

The GA reserves the right to reject any application or to adjust the initial quoted rate in accordance with its underwriting guidelines. Producer warrants that all information submitted to GA shall be accurate and complete to the best of Producer's knowledge.

- 6) **Premiums.** Any premiums received by Producer as payment for insurance placed with GA shall be held in a fiduciary capacity on the GA's behalf. Producer shall immediately remit to GA any premiums for policies placed with GA either at GA's payment mailing address or by posting to GA's website. Should Producer fail to pay the GA any premium when due, the Producer agrees to bear any collection or other expense, including reasonable attorney's fees and costs, expended by the GA to enforce collection from Producer.
- 7) **Fees.** GA shall have no responsibility for, or control over, any fees charged by Producer in excess of the premium provided that any such fees shall be reasonable and charged in conformance with applicable law.
- 8) **GA's Inspections/Audits.** Producer agrees to allow GA to inspect/audit Producer's books and records related to business placed with GA.
- 9) **Limitations on Authority.** GA reserves the right to limit Producer's authority to specific coverage's or to restrict any part or all of Producer's authority, but the exercise of that right shall not cancel this Agreement nor relieve Producer of Producer's obligations and duties to GA. Producer shall have no authority:
- a) to bind, make, alter, vary or discharge any policy contract;
  - b) to extend time for payment of premiums;
  - c) to backdate the inception date of any policy or endorsement;
  - d) to authorize any claim settlement. Any inquiry concerning a claim shall be referred to GA immediately;
  - e) to waive or extend any policy obligation or condition;
  - f) to incur any liability on behalf of GA; or
  - g) To produce, issue or distribute any advertisement, circular, brochure or any other promotional material on behalf of or mentioning the name of the GA without GA's prior written consent.
- 10) **GA Duties.** The GA, directly, or its Companies agree to:
- a) Issue all policies, renewals, endorsements and cancellation notices;
  - b) Adjust all claims.
  - c) Accept risk bound that meet GA underwriting guidelines.
- 11) **Commissions.** As sole and full compensation from GA for all business placed with and accepted by the GA under this agreement:
- a) Producer shall be entitled to receive a commission for insurance policies written under this Agreement based on the Addendum - Commission Schedules in effect for each Company represented and each product line of business written at the time such business is written;
  - b) GA reserves the right to unilaterally change our commission schedules at any time during the term of this Agreement. If GA continues to offer renewals after termination of this Agreement, Producer will be paid in accordance with the commission structure in force at the time that each policy is renewed;
  - c) Provided that if, upon expiration, Producer does not pay GA all amounts that are due and owing to GA, GA may continue to offer renewals to existing policyholders; however, GA's obligation to pay Producer commissions shall cease;
  - d) GA agrees to pay Producer commissions on collected premium within thirty (30) days after the end of the month in which the premium is collected.
  - e) GA may offset any commissions due Producer from GA against any other balances owed by Producer to GA;
  - f) Producer agrees to refund unearned commission within thirty (30) days to GA at the same rate that commissions were paid to Producer.
- 12) **ACH Premium Sweep. Unless agency billed,** Producer hereby gives the GA authorization to withdraw any premium due the company for policies written by Producer on behalf of GA. The Producer further gives the GA the authorization to direct deposit any premium due the Producer for policies written by the Producer on behalf of GA. This authority remains in effect until GA has received advance written notice of termination from Producer in time to allow GA a reasonable opportunity to act on it.
- 13) **Term and Termination.**
- a) **Term.** This Agreement shall commence on the Effective Date and shall continue in full force and effect until terminated pursuant to this section.
  - b) **Termination Without Cause.** Either party may terminate this Agreement without cause immediately upon mutual agreement between GA and Producer.
  - c) **Termination For Cause.** Either party may terminate this Agreement immediately for cause upon written notification to the other party of such termination. Such written notice shall state the "cause" with specificity. As used in this section, the term "cause" shall include, without limitation, any one or more of the following events:
    - i) A party's indictment for or conviction of any felony, fraud or any crime involving dishonesty;
    - ii) The intentional misappropriation by a party of funds or property of the other party or funds received for it or policyholders by such other party, including but not limited to the intentional failure by Producer to remit to GA or any policyholder funds due promptly after written demand by GA;
    - iii) The filing by or on behalf of a party of any voluntary or involuntary petition seeking the conservation, rehabilitation or protection from creditors of that party under applicable insurer insolvency or bankruptcy statutes, rules or regulations;
    - iv) The cancellation or refusal to renew by the issuing insurance regulatory authority of any license, certificate or other regulatory approval required in order for a party to perform its duties under this Agreement;
    - v) Any change in ownership or control of Producer;
    - vi) Producer's failure to comply with GA's Underwriting Guidelines or procedures.

- d) **Effect of Termination.** Upon termination of this Agreement:
- i) Producer's authority given by this Agreement ends;
  - ii) GA shall have no obligation to accept new insurance applications from Producer. Producer shall not submit any new risk or renew any policies inception dates on or after the date of termination of this Agreement nor shall Producer increase limits on existing policies without prior approval except as permitted under the policy provisions;
  - iii) In the event this Agreement is terminated and a public authority has revoked Producer's license, GA may appoint another Producer to take Producer's place to service policies Producer has written with GA under this Agreement;
  - iv) GA retains the right to notify policyholders of the termination of this Agreement;
  - v) GA shall pay all commission amounts owing within thirty (30) days, subject to the right of offset. Producer shall pay any amounts owing to GA within thirty (30) days following receipt of a statement from the GA. Producer's failure to pay such amounts when due shall result in transfer of the expirations to GA.
  - vi) Unless and until this Agreement is terminated and only for so long as Producer is not in breach of this Agreement or any other obligations owing to GA, Producer's records, business, book of business and use and control of expirations shall remain with Producer and left in Producer's possession.
- 14) **Indemnification.** Producer shall indemnify, defend and hold harmless GA and its affiliates, as well as their directors, officers, Producers, employees and shareholders against any and all claims, suits, hearings, actions, damages, liabilities, fines, penalties, costs, losses or expenses, including reasonable attorney's fees, caused by or resulting from any breach of this Agreement, misconduct, error or omission by Producer or by Producer's officers, directors, shareholders, employees, Producers, or representatives. This indemnification provision shall survive the termination of this Agreement.
- 15) **Cooperation.** Upon request by the GA or authorized claims representative, Producer shall cooperate fully to facilitate the investigation or adjustment of any claim under an insurance policy placed with GA by Producer.
- 16) **Arbitration.** Any dispute between the parties arising out this Agreement shall be administered and finally settled by a panel of three arbitrators in accordance with the Arbitration Rules of the American Arbitration Association ("AAA") in Orange County, California. Each party shall have the right of discovery as set forth in the Federal Rules of Civil Procedure.
- 17) **Independent Contractors.** Nothing in this Agreement shall be construed to create the relationship of agency, joint venture, partnership or employment between GA and Producer. Each party, although affiliated, is an independent contractor and shall be free, subject to the terms and conditions of this Agreement, to exercise judgment and discretion with regard to the conduct of its business. GA shall have no authority to control Producer's methods of conducting business, except as otherwise expressly stated herein. Producer shall be free to exercise its own judgment as to the solicitation of business, including but not limited to the persons solicited and the time, manner and place of solicitation.
- 18) **Expenses.** The GA shall not be responsible for any expenses of Producer, including but not limited to license fees, marketing expenses, taxes, etc. The GA reserves the right to seek reimbursement from Producer for point of sale reports as further outlined in the Commission Schedule.
- 19) **GA Property.** Any supplies furnished to Producer by GA shall remain the property of GA and shall be returned to GA promptly upon demand.
- 20) **Ownership of Expirations.** Upon termination of this Agreement by either party hereto, if Producer's account is not then delinquent and if Producer shall thereafter remit to the GA within fifteen (15) days from the end of the month in which business is charged to Producer, all monies due the GA, the Producer's records, use and control of expiration shall be deemed the property of Producer; otherwise the records, use and control of expirations shall be vested in the GA.
- 21) **Waiver.** All waivers must be in writing. A waiver of any term or condition in one instance shall not be a waiver of such term or condition in the future.
- 22) **Severability.** If any term, covenant or condition of the Agreement or the application thereof to any person or circumstance shall to any extent be invalid or unenforceable, the remainder of this Agreement of the application of such term, covenant or condition to persons or circumstances other than those as to which is held invalid or unenforceable shall not be affected thereby and all other terms, covenants and conditions of this Agreement shall be valid and enforceable to the fullest extent permitted by law.
- 23) **Entire Agreement, Amendments and Assignments.** This Agreement represents the entire agreement between the parties and supersedes all previous contracts or agreements whether oral or written between GA and Producer. Any change or amendment to this Agreement shall be in writing and executed by an officer of the GA. Producer shall not assign this Agreement in whole or in part.
- 24) **Governing Law.** This Agreement shall be governed by and interpreted under Texas law. Any provision in this Agreement which is contrary to the controlling law is hereby deemed to bring it in compliance with that law. The judicial determination that any section of the Agreement is unenforceable shall in no way impair or affect the validity or enforceability of any other provision of this Agreement.

25) IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, with the intent that it becomes effective as of the \_\_\_\_ day of \_\_\_\_\_ 20\_\_ (the "Effective Date").

Producer Name \_\_\_\_\_

**All Star General Insurance Agency, Inc.**

X \_\_\_\_\_

X \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_