

The McGowan Companies

Home Office: Old Forge Centre - 20595 Lorain Rd. - Fairview Park, OH 44126 - P: (440) 333-6300 - F: (440) 333-3214

Brokerage Appointment Checklist

- The McGowan Companies Brokerage Questionnaire**
- The McGowan Companies Brokerage Agreement**
A licensed producer must sign and date the attached Brokerage Agreement.
- Errors & Omissions Declarations Page**
We require all of our appointed brokers to maintain current E&O Coverage with a minimum limit of \$1,000,000.00. Requests for updated versions of your Declarations Page will be sent upon expiration.
- W-9 Taxpayer Identification Number and Certification**
- Individual Producer Background Report**
Producers seeking to place business with our exclusive programs must submit to an Individual Background Report. Form must be signed and dated.
- License Copies and/or License Verification Spreadsheet**
All producers, individuals and agencies, seeking appointment must provide a current copy of their Property & Casualty license for each state in which they intend to sell/solicit insurance policies written through our agency. For your convenience we've attached a spreadsheet to be used to provide this information. We will accept agency prepared spreadsheets provided they include all information requested on our agency form.
- Signatures**
Verify that all appropriate forms are signed and dated. Forms that require a signature include: W-9, Broker Agreement & Individual Producer Background Report.

Please Fax or E-Mail All Documents Noted To:

Broker Compliance

Fax: (440) 333-3214

E-Mail: brokercompliance@mcgowancompanies.com

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Brokerage Questionnaire

Please complete this "Broker Questionnaire" and fax or e-mail it back to us. We require this form in order to begin working with your firm (or, if you are a current broker, to update our records and continue working with your firm).

Brokerage Name: _____

Brokerage Mailing Address: _____ (Main Office)

Brokerage Physical Address: _____ (Main Office)

Brokerage Phone: (____) ____ - _____ (Main Office)

Brokerage Fax: (____) ____ - _____ (Main Office)

Corporate Structure: Individual / Sole Proprietor S-Corp. C-Corp.

Partnership Trust/Estate

Tax ID Number (FEIN): _____ - _____

Agency NPN: (National Producer Number) _____

E&O Carrier: _____

E&O Policy Term: ____/____/20__ - ____/____/20__

E&O Limits: \$_____ Per Occurrence / \$_____ Annual Aggregate

Fidelity Carrier: _____

Fidelity Policy Term: ____/____/20__ - ____/____/20__

Fidelity Limits: \$_____ Per Occurrence / \$_____ Annual Aggregate

Resident P&C License Number: _____ (Brokerage Firm)

Licensing Contact: _____

Licensing Contact's Email Address: _____

Line of Business in Which Brokerage Specializes: _____

Office Location #1 (Main Office or Administrative Office)

Address: _____ Phone: () _____ - _____
_____ Fax: () _____ - _____

Staff:

(1) **Head of Organization:** _____ Title: _____
(Ex.- President or Mg. Partner)

Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(2) **Marketing Manager:** _____

Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(3) **Commercial Lines Manager:** _____

Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(4) **Accounting Contact:** _____ Position: _____

Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(5) **Producer #1:** _____ Position: _____

Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(6) **Producer #2:** _____ Position: _____

Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(7) **Producer #3:** _____ Position: _____

Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(8) **CSR #1:** _____ Position: _____

Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(9) **CSR #2:** _____ Position: _____

Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(10) **CSR #3:** _____ Position: _____

Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

Office Location #: _____ (Satellite Office)

Address: _____

Phone: () _____ - _____
Fax: () _____ - _____

Staff:

(1) Branch Manager: _____ Title: _____
Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(3) Marketing Manager: _____
Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(3) Commercial Lines Manager: _____
Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(4) Accounting Contact: _____ Position: _____
Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(5) Producer #1: _____ Position: _____
Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(6) Producer #2: _____ Position: _____
Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(7) Producer #3: _____ Position: _____
Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(8) CSR #1: _____ Position: _____
Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(9) CSR #2: _____ Position: _____
Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

(10) CSR #3: _____ Position: _____
Direct Line: () _____ - _____ Direct Fax: () _____ - _____
Phone Extension: x _____ E-Mail: _____

Brokerage P&C			Individual P&C Licenses			Surplus Licensee		
STATE	EXP. DATE	LICENSE NUMBER	EXP. DATE	PRODUCER NAME	LICENSE NUMBER	EXP. DATE	AGENT/AGENCY NAME	LICENSE NUMBER
Alabama								
Alaska								
Arizona								
Arkansas								
California								
Colorado								
Connecticut								
Delaware								
District of Columbia								
Florida								
Georgia								
Hawaii								
Idaho								
Illinois								
Indiana								
Iowa								
Kansas								
Kentucky								
Louisiana								
Maine								
Maryland								
Massachusetts								
Michigan								
Minnesota								
Mississippi								
Missouri								
Montana								
Nebraska								
Nevada								
New Hampshire								
New Jersey								
New Mexico								
New York								
North Carolina								
North Dakota								
Ohio								
Oklahoma								
Oregon								
Pennsylvania								
Rhode Island								
South Carolina								
South Dakota								
Tennessee								
Texas								
Utah								
Vermont								
Virginia								
Washington								
West Virginia								
Wisconsin								
Wyoming								

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Individual Producer Background Report DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(Separate forms must be completed for each licensed producer)

This notice is being provided to you by the Company pursuant to the Fair Credit Reporting Act ("FCRA"). As used herein, "the Company" means the identified insurer (the insurer identified on this form) and its subsidiaries, affiliates, officers, employees, agents and representatives.

In connection with determining your eligibility for an insurance agent or producer license and/or your eligibility to be appointed or sponsored as an agent of the Company, and to maintain such license and appointment, in one or more states, the Company will from time to time conduct background checks. Such background checks may include the ordering of "consumer reports" from a "consumer reporting agency" containing information on your criminal history. These terms are defined in the FCRA. Additional information concerning the FCRA, 15 U.S.C. § 1681 et seq., is available at the Federal Trade Commission's web site (<http://www.ftc.gov>).

I acknowledge and agree that this Disclosure and Authorization of Background Reports does not constitute a contract of any kind. I hereby authorize the Company and its authorized agents to investigate my background, references, character, past employment, education, criminal or police reports, including those mandated by both public and private organizations and all public records for the purpose of confirming the information contained on this application and/or obtaining other information which may be material to my qualifications for my appointment. I hereby consent to the Company obtaining such information from time to time, as the Company, in its sole discretion, deems necessary. I further consent to the disclosure of this form and the resulting background information to government or regulatory agencies

I hereby release the Company, its authorized agents and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits relating to the information obtained from any and all of the above referenced sources, or from the furnishing of the same. Subject to applicable state laws, this is a continuing authorization.

I understand that I am obligated to immediately report any event that changes any of the information, in any manner, which I have provided on this application.

I hereby certify that all of the information herein is accurate and complete. Finally, I acknowledge and agree that my appointment will, in part, be based on this Disclosure and Authorization of Background Reports, and any falsification, misrepresentation or omission of information from this form may result in the withholding or withdrawal of any offer of appointment or the revocation of appointment by the Company whenever discovered.

If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law.+

(Signature of Individual)

(Social Security Number/Date of Birth)

(Printed Name of Individual)

(Date)

(Residence Address/City/State/County/Zip Code)

(Residence Telephone Number)

(Current Business Address/City/State/County/Zip Code)

(Business Telephone Number)