

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

Including: Background Information Sheets for both Individual & Business Entity

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

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.

Individual Producer Background Report

Producers seeking to place business with our exclusive programs must submit to an Individual Producer Background Report. Form must be signed and dated.

NOTE: *The McGowan Companies and their affiliates may use a consumer reporting agency to obtain a consumer report or investigative consumer report as part of its retention processes. Further please be advised that if you are appointed, to the extent permitted by law, The McGowan Companies and their affiliates may obtain further reports from a consumer reporting agency so as to update, renew, or extend your appointment.*

Reports provided by a consumer reporting agency may include information regarding your character, general reputation, personal characteristics, mode of living, and credit standing.

If an investigative consumer report is requested, you may request a copy of the federal Fair Credit Reporting Act Summary of rights as well as information regarding the nature and scope of any requested investigative consumer 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 Limited Liability Corp.

Broker is: Wholesaler Retailer Both

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/Compliance Contact: _____

Licensing Contact's Email Address: _____

Broker Specializes in which LOB(s): _____

(Main Office or Administrative Office)

ADDRESS

| | | | | | |
|-------|------------|-----|-----|---|-------|
| _____ | Toll Free: | () | ___ | — | _____ |
| _____ | Phone: | () | ___ | — | _____ |
| _____ | Fax: | () | ___ | — | _____ |

STAFF

| | | | | | | | | | | |
|---|------------------------------|-------|-----------|--------|-------|-------------|-----|-----|---|-------|
| (1) | Head of Organization: | _____ | Title: | _____ | | | | | | |
| | Direct Line: | () | ___ | — | _____ | Direct Fax: | () | ___ | — | _____ |
| | Extension: | x | _____ | Email: | _____ | | | | | |
| HEAD OF THE ORGANIZATION SHOULD BE THE PRESIDENT AND/OR A MANAGING PARTNER | | | | | | | | | | |
| (2) | Marketing Manager: | _____ | | | | | | | | |
| | Direct Line: | () | ___ | — | _____ | Direct Fax: | () | ___ | — | _____ |
| | Extension: | x | _____ | Email: | _____ | | | | | |
| (3) | Commercial Lines Mngr: | _____ | | | | | | | | |
| | Direct Line: | () | ___ | — | _____ | Direct Fax: | () | ___ | — | _____ |
| | Extension: | x | _____ | Email: | _____ | | | | | |
| (4) | Accounting Contact: | _____ | Position: | _____ | | | | | | |
| | Direct Line: | () | ___ | — | _____ | Direct Fax: | () | ___ | — | _____ |
| | Extension: | x | _____ | Email: | _____ | | | | | |
| (5) | Producer (#1) | _____ | Position: | _____ | | | | | | |
| | Direct Line: | () | ___ | — | _____ | Direct Fax: | () | ___ | — | _____ |
| | Extension: | x | _____ | Email: | _____ | | | | | |
| (6) | Producer (#2) | _____ | Position: | _____ | | | | | | |
| | Direct Line: | () | ___ | — | _____ | Direct Fax: | () | ___ | — | _____ |
| | Extension: | x | _____ | Email: | _____ | | | | | |
| (7) | Producer (#3) | _____ | Position: | _____ | | | | | | |
| | Direct Line: | () | ___ | — | _____ | Direct Fax: | () | ___ | — | _____ |
| | Extension: | x | _____ | Email: | _____ | | | | | |
| (8) | CSR (#1): | _____ | Position: | _____ | | | | | | |
| | Direct Line: | () | ___ | — | _____ | Direct Fax: | () | ___ | — | _____ |
| | Extension: | x | _____ | Email: | _____ | | | | | |
| (9) | CSR (#2): | _____ | Position: | _____ | | | | | | |
| | Direct Line: | () | ___ | — | _____ | Direct Fax: | () | ___ | — | _____ |
| | Extension: | x | _____ | Email: | _____ | | | | | |
| (10) | CSR (#3): | _____ | Position: | _____ | | | | | | |
| | Direct Line: | () | ___ | — | _____ | Direct Fax: | () | ___ | — | _____ |
| | Extension: | x | _____ | Email: | _____ | | | | | |

*** PLEASE PROVIDE A LISTING OF ANY ADDITIONAL BRANCH OFFICE INCLUDING ADDITIONAL CONTACTS ***

| 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 | | | | | | | | |

THE MCGOWAN COMPANIES BACKGROUND INFORMATION

INDIVIDUAL PRODUCER SECTION

The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.
Enter Y for a "YES" response. Enter N for a "NO" response (unless stated otherwise).

(Y/N)

1a. Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor?
** You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.*
** You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)*

1b. Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony?
** You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)*

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? (If this question is not applicable, enter N/A)

If so, was consent granted? (Attach copy of 1033 consent approved by home state.) (If this question is not applicable, enter N/A)

1c. Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense?

NOTE: For Questions 1a, 1b and 1c, "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine.

If you answer "YES" to any of these questions, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document,
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration?

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license, or registration. "Involved" also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer "YES" to any of these questions, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others.

If you answer "YES", submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?

If you answer "YES", identify the jurisdiction(s): _____

5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

If you answer "YES" to any of these questions, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and
- c) a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?

If you answer "YES" to any of these questions, you must attach to this application:

- a) an insurance license, and
- b) copies of all relevant documents.

7. Do you have a child support obligation in arrears?

If you answer "YES",

- a) by how many months are you in arrears? # of MONTHS: _____
- b) are you currently subject to and in compliance with any repayment agreement? _____
- c) are you the subject of a child support related subpoena / warrant? _____
child support agency.)

BUSINESS ENTITY SECTION

The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature. Enter Y for a "YES" response. Enter N for a "NO" response (unless stated otherwise).

(Y/N)

1a. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of a misdemeanor, had a judgment withheld or deferred or is the business entity or any owner, partner, officer or director of the business entity, or member or manager currently charged with, committing a misdemeanor? _____

* You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license

* You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

1b. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of a felony, had a judgment withheld or deferred or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company currently charged with, committing a felony? _____

* You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? (If this question is not applicable, enter N/A) _____

If so, was consent granted? (Attach copy of 1033 consent approved by home state.) (If this question is not applicable, enter N/A) _____

1c. Has the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, ever been convicted of a military offense, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, currently charged with committing a military offense? _____

NOTE: For Questions 1a, 1b and 1c, "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine.

If you answer "YES" to any of these questions, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document,
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Has the business entity or any owner, partner, officer or director of the business entity, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license, or registration? _____

Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license or registration. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer "YES" to any of these questions, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others. _____

If you answer "YES", submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? _____

If you answer "YES", identify the jurisdiction(s): _____

5. Is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? _____

If you answer "YES" to any of these questions, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit arbitrations, or mediation proceedings and
- c) a copy of the official documents which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? _____

If you answer "YES" to any of these questions, you must attach to this application:

- a) an insurance license, and
- b) copies of all relevant documents.

SIGNATURE SECTION

FOR BUSINESS ENTITY THE ATTESTATION MUST BE SIGNED BY THE DESIGNATED AGENT. PARTNER, DIRECTOR OR OFFICER OF THE APPLICANT AGENCY

INDIVIDUAL PRODUCER (if applicable)

SIGNATURE: _____

FULL LEGAL NAME: _____

(PLEASE PRINT OR TYPE)

OFFICIAL TITLE: _____

BUSINESS ENTITY REPRESENTATIVE (if applicable)

SIGNATURE: _____

FULL LEGAL NAME: _____

(PLEASE PRINT OR TYPE)

OFFICIAL TITLE: _____

*** BY SIGNING ABOVE YOU HEREBY CERTIFY THAT ALL OF THE INFORMATION SUBMITTED IN THIS APPLICATION AND ATTACHMENTS ARE COMPLETE AND TRUE ***

The McGowan Companies

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

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)

By signing above I hereby authorize The McGowan Companies and its authorized agents/affiliates to investigate through or without a consumer reporting agency 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. As such I hereby consent to The McGowan Companies and their affiliates, including but not limited to the below noted authorized agent, obtaining such information from time to time, as the Company, in its sole discretion, deems necessary.

Business Information Group
1105 Industrial Highway, Suite 300
Southampton, PA 18966