

Instructions:

- 1) Carefully review this entire document for correctness/completeness (if any errors are discovered you will need to click “Reset” and complete the form again.)
- 2) Electronically sign this document wherever prompted and follow the prompts to submit the signed document package.
- 3) Ensure any other sub-producers for your Agency complete and electronically sign the “New Producer” form via the link provided by your Marketing Rep.
- 4) Ensure the licenses for ALL producers are sent to your Marketing Rep.

Upon receipt of your completed forms and licenses, your Marketing Rep will review the information and advise you of next steps.



ASSURANT FLOOD PROGRAM REQUEST TRANSMITTAL

Product(s): Primary Flood-Private RCBAP-Private (Exclusive Partners) WYO-NFIP Commercial-Private (Exclusive Partners)
 Agency Type: Managing General Agent General Agent Sub-Producing Agency Direct Agent

GENERAL AGENT or DIRECT AGENT SECTION

WYO Agent/Branch #	PMS Agent/Client #	Agency Name Test	FEIN 88-8888888
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AGENCY OR SUB-PRODUCER INFORMATION – COMPLETE ALL SECTIONS & INCLUDE A COPY OF THE AGENCY LICENSE

Sub Agent #	Is the Sub-Producer a Corporation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sole Proprietor? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<input type="checkbox"/> Agency Legal Name (Corporation)	<input type="checkbox"/> Sole Proprietor (Include Trade or DBA Name)	
FEIN	Sole Proprietor SS# (required if no FEIN)	
Address, City, State & Zip test test, TN 88888	Telephone # (999) 999-9999	Fax # (888) 888-8888
Email Address test@test.com	National Producer Number (NPN)	
Principal/Contract Signee Name		
Email for Principal/Contract Signee sudhakar.palamreddy@assurant.com		

STATES WHERE FLOOD IS WRITTEN

- | | | | | | | |
|---|---|--|--|--|--|--|
| <input checked="" type="checkbox"/> Alabama | <input checked="" type="checkbox"/> Alaska | <input checked="" type="checkbox"/> Arizona | <input checked="" type="checkbox"/> Arkansas | <input checked="" type="checkbox"/> California | <input checked="" type="checkbox"/> Colorado | <input checked="" type="checkbox"/> Connecticut |
| <input checked="" type="checkbox"/> Delaware | <input checked="" type="checkbox"/> DC | <input checked="" type="checkbox"/> Florida | <input checked="" type="checkbox"/> Georgia | <input checked="" type="checkbox"/> Hawaii | <input checked="" type="checkbox"/> Idaho | <input checked="" type="checkbox"/> Illinois |
| <input checked="" type="checkbox"/> Indiana | <input checked="" type="checkbox"/> Iowa | <input checked="" type="checkbox"/> Kansas | <input checked="" type="checkbox"/> Kentucky | <input checked="" type="checkbox"/> Louisiana | <input checked="" type="checkbox"/> Maryland | <input checked="" type="checkbox"/> Maine |
| <input checked="" type="checkbox"/> Massachusetts | <input checked="" type="checkbox"/> Michigan | <input checked="" type="checkbox"/> Minnesota | <input checked="" type="checkbox"/> Mississippi | <input checked="" type="checkbox"/> Missouri | <input checked="" type="checkbox"/> Montana | <input checked="" type="checkbox"/> Nebraska |
| <input checked="" type="checkbox"/> Nevada | <input checked="" type="checkbox"/> New Hampshire | <input checked="" type="checkbox"/> New Jersey | <input checked="" type="checkbox"/> New Mexico | <input checked="" type="checkbox"/> New York | <input checked="" type="checkbox"/> North Carolina | <input checked="" type="checkbox"/> North Dakota |
| <input checked="" type="checkbox"/> Ohio | <input checked="" type="checkbox"/> Oklahoma | <input checked="" type="checkbox"/> Oregon | <input checked="" type="checkbox"/> Pennsylvania | <input checked="" type="checkbox"/> Rhode Island | <input checked="" type="checkbox"/> South Carolina | <input checked="" type="checkbox"/> South Dakota |
| <input checked="" type="checkbox"/> Tennessee | <input checked="" type="checkbox"/> Texas | <input checked="" type="checkbox"/> Utah | <input checked="" type="checkbox"/> Virginia | <input checked="" type="checkbox"/> Vermont | <input checked="" type="checkbox"/> Washington | <input checked="" type="checkbox"/> Wisconsin |
| <input checked="" type="checkbox"/> West Virginia | <input checked="" type="checkbox"/> Wyoming | <input type="checkbox"/> Other: _____ | | | | |

PRODUCING AGENT INFORMATION – COMPLETE ALL SECTIONS & SUBMIT ONE FORM PER AGENT

DISCLOSURE: TO PROCESS THIS REQUEST, THE DISCLOSURE BELOW MUST BE **READ AND SIGNED** BY THE PRODUCING AGENT.

First Name test	Last Name tets	Last Four of Social Security # XXX-XX-8888	Date of Birth 10-10-1981
Resident Address, City, State & Zip test test, TN 88888		Telephone # (999) 999-9999	
Email Address sudhakar.palamreddy@assurant.com		National Producer Number (NPN) 464665	

Is the producing agent an employee of the General Agent?
 Yes No

SELECT CONTRACTED STATES ONLY & PROVIDE COPY OF LICENSE(S) – AGENT & AGENCY

- | | | | | | | |
|---|---|--|--|--|--|--|
| <input checked="" type="checkbox"/> Alabama | <input checked="" type="checkbox"/> Alaska | <input checked="" type="checkbox"/> Arizona | <input checked="" type="checkbox"/> Arkansas | <input checked="" type="checkbox"/> California | <input checked="" type="checkbox"/> Colorado | <input checked="" type="checkbox"/> Connecticut |
| <input checked="" type="checkbox"/> Delaware | <input checked="" type="checkbox"/> DC | <input checked="" type="checkbox"/> Florida | <input checked="" type="checkbox"/> Georgia | <input checked="" type="checkbox"/> Hawaii | <input checked="" type="checkbox"/> Idaho | <input checked="" type="checkbox"/> Illinois |
| <input checked="" type="checkbox"/> Indiana | <input checked="" type="checkbox"/> Iowa | <input checked="" type="checkbox"/> Kansas | <input checked="" type="checkbox"/> Kentucky | <input checked="" type="checkbox"/> Louisiana | <input checked="" type="checkbox"/> Maryland | <input checked="" type="checkbox"/> Maine |
| <input checked="" type="checkbox"/> Massachusetts | <input checked="" type="checkbox"/> Michigan | <input checked="" type="checkbox"/> Minnesota | <input checked="" type="checkbox"/> Mississippi | <input checked="" type="checkbox"/> Missouri | <input checked="" type="checkbox"/> Montana | <input checked="" type="checkbox"/> Nebraska |
| <input checked="" type="checkbox"/> Nevada | <input checked="" type="checkbox"/> New Hampshire | <input checked="" type="checkbox"/> New Jersey | <input checked="" type="checkbox"/> New Mexico | <input checked="" type="checkbox"/> New York | <input checked="" type="checkbox"/> North Carolina | <input checked="" type="checkbox"/> North Dakota |
| <input checked="" type="checkbox"/> Ohio | <input checked="" type="checkbox"/> Oklahoma | <input checked="" type="checkbox"/> Oregon | <input checked="" type="checkbox"/> Pennsylvania | <input checked="" type="checkbox"/> Rhode Island | <input checked="" type="checkbox"/> South Carolina | <input checked="" type="checkbox"/> South Dakota |
| <input checked="" type="checkbox"/> Tennessee | <input checked="" type="checkbox"/> Texas | <input checked="" type="checkbox"/> Utah | <input checked="" type="checkbox"/> Virginia | <input checked="" type="checkbox"/> Vermont | <input checked="" type="checkbox"/> Washington | <input checked="" type="checkbox"/> Wisconsin |
| <input checked="" type="checkbox"/> West Virginia | <input checked="" type="checkbox"/> Wyoming | <input type="checkbox"/> Other: _____ | | | | |

SELECT LINES OF INSURANCE & UNDERWRITING COMPANIES

Appointing entity retains sole authority to terminate any appointments subject to applicable laws and regulations.

	ABIC Appt Needed	No Appt Needed
Property & Casualty		
Other (Specify)		

Agency Contact Name / Representative

Are You a Licensed Agent?

Yes No

Agent License Number

64646

*Agent License Attached?

Yes No

*License Data Transmittal Attached?

Yes No

Commission Mailing Address

test test TN 88888

Additional Comments

test

Contact Name for Training

test

Contact Phone Number for Training

(888) 888-8888



AMENDMENT No. 123456789 To
MGA AGREEMENT FOR FLOOD INSURANCE
SCHEDULE A

This Amendment to Schedule A is attached to and by reference made a part of the applicable Managing General Agency Agreement for Flood Insurance (the "Agreement") between Voyager Indemnity Insurance Company, American Bankers Insurance Company of Florida, Reliable Lloyds Insurance Company (collectively "Company"), Tracksure Insurance Agency, Inc. ("Broker") and Jaime Bannatyne TEST the Managing General Agency ("MGA"), dated 03/06/2017. This Amendment is effective as of 03/15/2017.

1. This Schedule A replaces in its entirety the previously executed version of Schedule A, to the above-referenced Agreement.
2. All other terms and conditions of the Agreement remain unchanged and in full force and effect.

NOW, THEREFORE, for and in consideration of the premises and other good and valuable consideration, the receipt of which is hereby acknowledged, the parties hereby mutually agrees as follows:

Pursuant to the Agreement, Company and/or Broker hereby grant authority to Agent to solicit, on Company's/Broker's behalf, flood Insurance shown below in the states listed with limits as shown and for the Compensation Rate shown which is a computed as a percent of net premiums written: All States where approved and Agent is licensed.

Commission Maximums Allowed

<u>Company*</u>	<u>Types of Insurance</u>	<u>State</u>	<u>Volume*</u>	<u>New**</u>	<u>Renewal**</u>	<u>Rollover**</u>	<u>Term</u>
VIIC RLIC	RCBAP	(1)	N/A	N/A	N/A	N/A	Monthly
VIIC RLIC	PCFIP	(1)	N/A	N/A	N/A	N/A	Monthly
VIIC RLIC	Primary Flood	(1)					Monthly
ABIC	WYO	(1)	N/A	N/A	N/A	N/A	Monthly

(1) All States where approved and Agent is licensed.

*If applicable, otherwise it is N/A

**If left blank or marked "N/A", then Agent will not and is not obligated to solicit policies for the adjacent product

*Initials designate the following companies:

VIIC-Voyager Indemnity Insurance Company ABIC-American Bankers Insurance Company of Florida

RLIC-Reliable Lloyds Insurance Company

IN WITNESS WHEREOF, the parties have executed this Agreement, by their duly authorized officers or representatives.

COMPANY
VOYAGER INDEMNITY INSURANCE COMPANY

MANAGING GENERAL AGENCY
Jaime Bannatyne TEST

By: _____
Patricia A Mulvania

By: _____
Jaime Bannatyne

Title: Vice President Flood Operations

Title:

COMPANY
AMERICAN BANKERS INSURANCE COMPANY
OF FLORIDA

By: _____
Patricia A Mulvania

Title: Vice President Flood Operations

COMPANY
RELIABLE LLOYDS INSURANCE COMPANY

By: _____
Patricia A Mulvania

Title: Vice President Flood Operations

Executed by or on behalf of Broker at Santa Ana, CA,
this _____ day of
_____, 201_.

BROKER
TRACKSURE INSURANCE AGENCY, INC.

By: _____
Laurie J. Potter

Title: