



**Message to Licensed Insurance Agents in the States of
MN, MT, NE, ND, SD, WI, and WY**

For over 30 years, Erickson-Larsen, Inc. has offered a wide range of products, including Commercial Auto, Property, Casualty, Preferred Programs, Umbrella and Products Liability. We pride ourselves on our professional courteous service, experienced underwriting staff, and wide variety of well respected, financially strong markets.

Our goal is to provide the retail agent with the products they need. To help in reaching that goal we have implemented a small annual volume requirement of \$10,000 or 3 policies a year, whichever is less.

If you are able to make this commitment, please complete the following items and submit to our office:

1. A signed Producer Qualification Agreement
2. A completed and signed Broker Questionnaire
3. Evidence of Errors & Omissions Insurance
4. Copies of your Agent / Agency Insurance Licenses
5. Copies of your Resident Broker License (if required by the State)

Once the above items have been received and reviewed, we may then approve and sign the agreement. A copy will be returned to you for your files. We may also contact you for a personal interview to ensure we can meet your needs.

Please feel free to contact me at 763-257-1361 or 800-442-3168, ext. 361, should you have any questions. We look forward to building a strong and profitable relationship.

Sincerely,

Merwyn R. Larsen, CPCU
President

Producer Qualification Agreement



Please complete Agreement for the main office location. List additional branch offices/locations on the Broker Questionnaire branch office supplement.

Agency Name: _____

DBA: _____

Agency Location Address: _____ City: _____ State: ____ Zip: _____

Agency Mailing Address: _____ City: _____ State: ____ Zip: _____

Telephone: _____ Fax: _____

Federal Tax ID #: _____

Throughout this agreement the words “*Erickson-Larsen, Inc.*” refer to the offices of Erickson-Larsen, Inc. which include: Erickson-Larsen, Inc., Bjornson/Sentinel-E&L, Erickson-Larsen, Inc.-WI, ExceL Premium Finance and ELCO Managers.

The word “*Producer*” refers to the Agency as listed above and includes all principals, employees and/or representatives of such agency.

This Agreement is binding upon the parties and their respective heirs, successors and assigns. It is further understood that this Agreement replaces any prior agreement between the parties, and may not be changed or modified unless in writing and signed by the parties.

1. **Producer’s Duties**

- a) It is hereby understood that Producer is an independent contractor and not an agent or employee of Erickson-Larsen, Inc.
- b) Producer does not have binding authority and is not authorized to bind Erickson-Larsen, Inc or any insurance company or underwriter represented by Erickson-Larsen, Inc.
- c) Producer understands its responsibility to request proper coverage’s for its clients, review all quotes, binders, and policies for accuracy, and inform all clients of the terms, conditions, limitations, and exclusions of any insurance placed through Erickson-Larsen, Inc.

2. **Maintenance of Proper Licenses and Insurance Agents**

The above Producer warrants to Erickson-Larsen, Inc. that they are properly licensed to operate as an Insurance Agent, Agency and/or Broker in accordance with the applicable state insurance laws. Furthermore, Producer will act in compliance with the laws and regulations regarding placement of insurance with admitted and/or non-admitted insurance companies in each state.

3. **Errors & Omissions Coverage**

Producer will maintain during the life of this agreement valid Brokers Errors & Omissions insurance coverage for itself and its agents, employees, and representatives.

4. **Guarantee of Premium And Return Commissions**

In consideration of Erickson-Larsen, Inc. placing Producer's Insurance risk for good and valuable consideration, Producer agrees to guarantee payment to Erickson-Larsen, Inc. for all premiums and return commissions on policies of Insurance placed through Erickson-Larsen, Inc. The Producer is required to make good on such guarantee upon demand by Erickson-Larsen, Inc. for any amounts outstanding.

The Producer further agrees that such payments are due Erickson-Larsen, Inc. on the 15th day of the month following the month the policy or endorsement is effective. On certain types of business placed, the premiums are due on the policy or endorsements effective date. For these exception types of business, Erickson-Larsen, Inc. will notify the Producer that the premium is due on the effective date at the time of quoting or binding coverage. **ALL PREMIUMS ARE DUE ON BUSINESS ORDERED BY PRODUCER WHETHER OR NOT THE PRODUCER HAS COLLECTED PREMIUM FROM THE INSURED.**

Producer shall not be liable for premiums due on audits, provided Producer returns those uncollectible audits to Erickson-Larsen, Inc. within thirty (30) days after receipt.

It is further understood and agreed that the Producer is liable for and shall remit any return commissions at the same rate originally credited to them. This applies to all return premium transactions or cancellations.

Erickson-Larsen, Inc. reserves the right without limitation to other remedies, to cancel policies for failure to pay any sums due.

5. **Fiduciary Responsibilities Of The Producer**

The Producer understands and agrees that the Producer on behalf of Erickson-Larsen, Inc. shall hold all monies collected, while acting in the capacity of a Producer for Erickson-Larsen, Inc. The Producer further agrees to remit to Erickson-Larsen, Inc. the net premium due on each invoice on or before due date specified by Erickson-Larsen, Inc.

6. **Cancellation Of This Agreement**

Either party to this agreement can cancel this agreement at any time upon written notice to the other party. Some reasons that Erickson-Larsen, Inc. may cancel this agreement would be for non-payment of premiums due; the Producer not maintaining the minimum volume requirement of \$10,000; termination or suspension of Producer's Insurance Agents license by the State; fraud or failure of the Producer to maintain appropriate Errors & Omissions coverage as required by Erickson-Larsen, Inc.

7. **Other Provisions**

Erickson-Larsen, Inc. assumes no responsibility toward any policyholder with regards to the adequacy, amount or form of coverage obtained through Erickson-Larsen, Inc. The Producer agrees to hold Erickson-Larsen, Inc. harmless from any demand or claim advanced against Erickson-Larsen, Inc. based upon or arising out of any act, error or omission of the Producer, unless such act, error or omission was caused by or contributed to by Erickson-Larsen, Inc.

Producer

By signing this agreement, I have agreed and accepted the terms and conditions set forth.

By: _____ Date: _____

Title: _____
(Must be signed by the Owner, Partner or Authorized Officer of the Producer)

Erickson-Larsen, Inc.

By: _____ Date: _____

Title: _____
(Authorized Representative of Erickson-Larsen, Inc.)

**Please return completed forms via fax or e-mail to:
763-257-0162 or cajohnson@ericksonlarseninc.com**

Erickson-Larsen, Inc.
6425 Sycamore Court North
Maple Grove, MN 55369
Phone: 763-535-0055
Fax: 763-535-4051

Bjornson/Sentinel – E&L
PO Box 2827
Fargo, ND 58108-2827
Phone: 701-232-2444
Fax: 701-232-2529

Erickson-Larsen, Inc. - WI
PO Box 8156
Madison, WI 53708-8156
Phone: 608-249-6050
Fax: 608-249-5874

www.ericksonlarseninc.com



Broker Questionnaire

Agency Name: _____

Type of business: Corporation Partnership LLC Individual

E-Mail Address: _____ Website: _____

Agency Principal(s): _____

Agency Chief Bookkeeper/Accounting Person: _____

Marketing Manager: _____ Main CSR: _____

1. Does your agency belong to any affiliate, franchise, association, parent company, etc.? If yes, please list:

2. Name of computerized agency management system (for accounting): _____
3. Banking Reference: Name of Bank: _____ Phone #: _____
4. List of Companies for whom you are now a licensed agent:

Phone # _____ Contact: _____

Phone # _____ Contact: _____
5. List other Specialty MGA or Wholesalers you now use: _____
6. List Professional Insurance Organization's of which you are a member: _____
7. E&L does not offer a Direct Bill program. Is your agency familiar with Company/Agency Billing Statements that may require your agency to pay premium due to E&L before the insured has paid you? Yes No
8. What is your Agencies total premium volume? _____ What % is Commercial Lines? _____
9. Years your Agency has been in business _____
10. Do you feel that your Agency can place a minimum of \$10,000 in premium with Erickson-Larsen, Inc. / Bjornson/Sentinel – E&L? Yes No
11. Have you or any partner of your firm:
 - a. Had a complaint filed against you by the Department of Insurance or other government agency?
 - b. Yes No
 - c. Filed bankruptcy? Yes No
 - d. Had an E&O claim charged against you? Yes NoProvide complete details to any "Yes" answers. Attached separate page if needed.

12. Please list branch offices/additional locations on the Broker Questionnaire branch office supplement.

13. Attach:

- a. Errors & Omissions Insurance – *Provide a copy of the declarations page of your policy or a Certificate of Insurance*
- b. Agency / Broker / Agent Licenses – *Please attach copies*

Signature of Agency Principal

Date

Return completed forms to:

Erickson-Larsen, Inc. / Bjornson/Sentinel – E&L

Fax: 763-257-0162 / E-mail: cajohnson@ericksonlarseninc.com

Broker Questionnaire

Branch Office Supplement

Agency Name (if different from main office): _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Location Address: _____ City: _____ State: _____ Zip: _____

E-mail address: _____ Tax ID#: _____

Contact Person: _____ Title: _____

Phone Number: _____ Fax Number: _____

Accounting Statements go to: This Office Main Office as Shown on Contract

Agency Name (if different from main office): _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Location Address: _____ City: _____ State: _____ Zip: _____

E-mail address: _____ Tax ID#: _____

Contact Person: _____ Title: _____

Phone Number: _____ Fax Number: _____

Accounting Statements go to: This Office Main Office as Shown on Contract

PLEASE MAKE ADDITIONAL COPIES AS NEEDED