



FIRST INDEMNITY OF AMERICA INSURANCE COMPANY

119 Littleton Road
Parsippany, NJ 07054
Fax: (973) 402-0770
(973) 402-1200

BROKER QUESTIONNAIRE

NAME: _____

ADDRESS: _____

TELEPHONE () _____ CORPORATION FEDERAL I.D. #: _____

<u>PRINCIPALS</u>	<u>PERCENTAGE OF OWNERSHIP</u>	<u>YEARS IN BUSINESS</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

DO YOU HAVE POWER OF ATTORNEY FOR ANY COMPANY? PLEASE LIST BELOW.

HAVE YOU EVER HAD YOUR POWER OF ATTORNEY RESCINDED OR REVOKED? IF SO, PLEASE PROVIDE DETAILS BELOW.

<u>COMPANIES REPRESENTED</u>	<u>VOLUME</u>	<u>COMPANY CONTACT</u>	<u>TELEPHONE NO.</u>
1. _____	\$ _____	_____	() - _____
2. _____	\$ _____	_____	() - _____
3. _____	\$ _____	_____	() - _____
4. _____	\$ _____	_____	() - _____
5. _____	\$ _____	_____	() - _____

(Continue on reverse side)

PROVIDE VOLUME AMOUNTS AND PERCENTAGES FOR THE PAST THREE YEARS.

19 _____

DIVISION	% OF VOL.	AMOUNT	% OF VOL.	AMOUNT	% OF VOL.	AMOUNT
COMMERCIAL	%	\$	%	\$	%	\$
BOND	%	\$	%	\$	%	\$
PERSONAL	%	\$	%	\$	%	\$
LIFE	%	\$	%	\$	%	\$

BONDING COMPANIES REPRESENTED

SURETY VOLUME

1.	\$
2.	\$
3.	\$
4.	\$
5.	\$

PROVIDE VOLUME PERCENTAGES IN THE FOLLOWING BONDING CLASSES:

GEN. CONSTRUCTION	%
ELECTRIC	%
PLUMBING & HVAC	%
SITE/UTILITY	%

ENVIRONMENTAL	%
SUBDIVISION	%
LICENSE, PERMIT & MISC.	%
OTHER SPECIALTY TRADES	%

LIST ANY PROFESSIONAL ASSOCIATIONS TO WHICH YOU BELONG.

1. _____
2. _____
3. _____

ONCE THIS QUESTIONNAIRE IS COMPLETED, PLEASE RETURN TO US ALONG WITH COPIES OF ALL PRINCIPALS' LICENSES AND THE RESUME OF YOUR KEY SURETY INDIVIDUAL.

DATE _____

SIGNATURE OF PERSON COMPLETING THIS FORM.

NAME: _____

FIRST INDEMNITY OF AMERICA INSURANCE GROUP

119 Littleton Road
Parsippany, New Jersey 07054
FAX: (973) 402 - 0770
(973) 402 - 1200

BROKER AGREEMENT

BROKER AGREEMENT ("Agreement") made this _____ day of _____, 19 ____ by and between _____ (Broker), a _____ corporation with its principal place of business in _____, and FIRST INDEMNITY OF AMERICA INSURANCE GROUP ("F.I.A. Group" or "Surety").

WHEREAS, Broker is licensed and duly authorized to transact business; and

WHEREAS, Surety is duly authorized and licensed in the State of New York; and

WHEREAS, Surety wishes to appoint Broker for the purposes of soliciting and submitting surety business.

NOW, THEREFORE, the parties hereby agree to enter into a Broker Agreement to transact surety business subject to the following conditions:

JURISDICTION: F.I.A. Group and Broker concur that this Agreement applies only to business conducted in states where Broker is duly authorized and licensed.

SCOPE: F.I.A. Group and Broker acknowledge that this Agreement applies only to the solicitation submittal of proposals of surety.

LICENSE (S): Broker agrees to maintain proper license (s) in its state (s) of operation and agrees to submit to F.I.A. Group a copy of its current and in-force license (s).

COMMISSION: Commission will be determined by F.I.A. Group based on productivity and will be subject to change from time to time based on productivity.

PREMIUM: Broker agrees to be responsible for the collection and payment of all premiums.

PAYMENT: Broker agrees to pay premiums for new and renewal business as follows:

New Business: Payment of monthly statement to be made in full by the 30th day of the following month.

Renewal Business: Payment to be made no later than 30 days after renewal date.

TERMINATION OR SUSPENSION: Failure to adhere to the above payment schedule may result in suspension or termination of this Agreement. This Agreement may be canceled at any time by either party by written notice to the other.

MODIFICATION: This document represents the entire Agreement between both parties which may not be altered except by written agreement duly executed by both parties.

IN WITNESS WHEREOF, the parties above executed this agreement on the date set forth above for the purposes outlined in this contract.

Witness

Witness

Name of Broker

By: _____

Title:

F.I.A. INSURANCE GROUP

By: _____
Walter W. Foster
