



**AGENCY APPOINTMENT CONTRACT**

**Name of Agency**

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**For Company Use Only**

**Agency Code No.** \_\_\_\_\_

**Marketing Representative** \_\_\_\_\_

**United Automobile Insurance Services  
3101 E. President George Bush Turnpike, Suite 250, Richardson, TX 75082-3548  
P.O. Box 940927, Plano, TX 75094-0927**

**Toll Free: 1-866-223-0668  
Marketing Email: [TXMarketing@uaig.net](mailto:TXMarketing@uaig.net)  
Marketing Fax: 1-866-875-2858**



## **AGENCY APPOINTMENT CONTRACT**

**Thank you for your prior submission of the Agency Appointment Application for an agency appointment with United Automobile Insurance Services. Please find attached the Agency Appointment Contract.**

**Upon Completion of the Agency Appointment Contract, please also provide the following:**

- **A \$13.50 Check or Money Order payable to Old American (If not already appointed with them)**
- **A Copy of the Agent of Record's Current TDI License**
- **A Copy of the Current TDI Licenses for All Agents/Employees for Each Location**
- **A Copy of the Confirmation Letter from the TDI regarding LDTL Assumed Name (Mandatory if Applicable)**
- **A Copy of the Agencies Errors and Omissions Policy (E&O) (Copy of Declarations Page)**
- **W-9 (Request for Taxpayer Identification Number and Certification)**

**Please Scan and Attach all of the above to [TXMarketing@uaig.net](mailto:TXMarketing@uaig.net)**

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## **AGENCY APPOINTMENT CHECK LIST**

**Please be sure the following information has been completed and enclosed:**

- \_\_\_\_\_ **\$13.50 Check Payable to Old American (If not already appointed with them)**
- \_\_\_\_\_ **Copy of Agent of Record's Current TDI License**
- \_\_\_\_\_ **Copy of Current TDI Licenses for All Agents/Employees for Each Location**
- \_\_\_\_\_ **Copy of Confirmation Letter from TDI Regarding LDTL Assumed Name  
(Mandatory if Applicable)**
- \_\_\_\_\_ **Copy of Agencies E & O (Copy of Dec Page)**
- \_\_\_\_\_ **W-9 (Request for Taxpayer Identification Number and Certification)**
- \_\_\_\_\_ **Signed Brokering Agent Agreement**
- \_\_\_\_\_ **Completed and Signed Debit ACH & EFT Commission Authorization**

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## BROKERING AGENT AGREEMENT

UNITED AUTOMOBILE INSURANCE SERVICES (referred to as "MGA" or "Company", "We" or "Our"), and \_\_\_\_\_, (referred to as "Agent", "You" or "Your") of \_\_\_\_\_ (Address), agree as follows.

### YOUR AUTHORITY AND RESPONSIBILITY

You may receive application and/or premium for insurance on the types of risks we permit. You may bind motor vehicle insurance for risk classifications and vehicle types which we normally write as defined in our current Underwriting Manual. New, Renewal and Endorsement Coverage may not be bound until entered into our system, the system generated application has been signed by the Named Insured, Agent and the appropriate premium has been collected by the Agent. With appropriate premium collected, coverage is bound as of the date and time indicated on the executed application. You must promptly fax the bound business no later than the next business day.

You agree to adhere to our underwriting and rating rules as stated in the rate guide. You will be liable for any loss we suffer because of a risk bound beyond our guidelines.

You agree that all Company forms or supplies we furnish to you remain our property and must be returned promptly upon demand. You must not assign this Agreement in whole or in part without our prior written consent. Any assignment without our consent will terminate this Agreement.

Maintain Errors and Omission coverage with a minimum coverage limit of \$300,000 aggregate.

### OUR RESPONSIBILITY

We will pay you 15% commission on New and Renewal business.

### AGENT AS INDEPENDENT CONTRACTOR

Your status will be that of an independent contractor in all relations with the MGA.

### TERMINATION

The agreement may be terminated by either party upon 30 days written notice. The date the notice is mailed or hand delivered is the first day of the notice period. Breach of contract can result in immediate termination.

Your authority to solicit or bind new business contracts ceases at the time notice of termination is given.

You must pay all premiums to the Company for which you are liable. Outstanding policies will be permitted to run until expiration or until proper notification on non-renewal has been issued but we have the right to cancel for cause any time. All records, use and control of expirations will remain your property.

This Agreement will terminate automatically upon cancellation or non-renewal of your agent license or upon your insolvency or filing for bankruptcy. The Agreement will also terminate automatically upon sale of your business, consolidation with a successor firm or change of principal, unless we consent to substitute the purchaser, successor firm or new principal in writing on our company letterhead.

Two (2) NSF checks or sweeps within a six (6) month period or three (3) NSF's within twelve (12) months of each other.

Our obligation to pay commissions ceases upon termination of this agreement.

### ARBITRATION

Any dispute between the Agent and the Company, if not resolved, will be submitted to arbitration in accordance with the rules of the American Arbitration Association.

The Company and the Agent make this agreement on \_\_\_\_/\_\_\_\_/\_\_\_\_ Date

United Automobile Insurance Services

Agency

By \_\_\_\_\_

By \_\_\_\_\_

Witness \_\_\_\_\_

Witness \_\_\_\_\_



DEBIT (ACH SWEEPS)\* and EFT (COMMISSIONS) AUTHORIZATION

I (we) hereby authorize U.A.I.S., called COMPANY, to initiate debit and credit entries to my (our) account indicated below and the financial institution named below, hereafter called DEPOSITORY, to debit the same to such account. This authorization is for the purpose of     (Application)     and I (we) understand that amounts may vary and authorize payments.

Agency Name (Print) \_\_\_\_\_  
Financial Institution (Print) \_\_\_\_\_  
ABA Routing Number \_\_\_\_\_  
Account Number \_\_\_\_\_

This Authority is to remain in full force and effect until COMPANY has received written notification from me (us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.  
**\*If changing Financial Institutions, old account must remain funded for any ACH already generated until new account has been set up.**

**PLEASE SCAN AND ATTACH YOUR VOIDED CHECK**

To have your EFT (Commissions) deposited into a separate account, please complete the below:

Agency Name (Print) \_\_\_\_\_  
Financial Institution (Print) \_\_\_\_\_  
ABA Routing Number \_\_\_\_\_  
Account Number \_\_\_\_\_

\_\_\_\_\_  
Producer Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE RETURN THIS FORM BY EMAIL TO [TXMarketing@uaig.net](mailto:TXMarketing@uaig.net) UAIS (3/09)**

**Marketing Fax: 1-866-875-2858**