



**PROFESSIONAL PROGRAM
INSURANCE BROKERAGE**

Division of SPG Insurance Solutions, LLC

Dear Broker:

We appreciate your interest in what our insurance brokerage offers. Many classes of business available through our agency are proprietary programs for unique, fast growing industries. The business you submit can usually be quoted in 48 hours or less.

The industries we offer insurance for include the following:

Medical Directors

Labs

**Translators/
Interpreters**

E-Cig Products

Products Liability

MediSpa

Cannabis

**Wellness/Anti-
Aging**

Day Spa

Beauty

Tattoo Shops

Body Piercing

Cosmetic Laser

Allied Health

**Permanent
Cosmetics**

**Teaching
Programs**

Smoke Shops

Pyrotechnics

We can also seek out more difficult classes of business that you might be having problems finding a market for. We are always adding new classes, so check our website for updates at: ppibcorp.com.

To set up a relationship with our agency, complete the attached broker contract and return it to us along with a copy of your agency's license(s) and errors and omissions declarations page. This contract outlines the terms and conditions of our program. In the meantime, feel free to submit any of the appropriate applications from our websites.

Thank you for your response and your support of our program. It is our goal to make doing business with us as smooth and quick as possible as it is our goal to be your first choice when placing these classes of business.

Sincerely,
Susan Preston, President

**PROFESSIONAL PROGRAM INSURANCE BROKERAGE
DIVISION OF SPG INSURANCE SOLUTIONS LLC
BROKER AGREEMENT**

This agreement is By and Between:

Name of Brokerage/Agency:			
Address:			
Phone Number:			
Contact Name:			
Main Contact Email:			
State(s) Brokerage currently holds an insurance license(s):			
<input type="checkbox"/> Retail Agent	<input type="checkbox"/> Wholesaler – if yes, do you wish to file your own taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC

Hereinafter referred to as “Broker” and Professional Program Insurance Brokerage, Division of SPG Insurance Solutions LLC, hereinafter referred to as “PPIB”

Purpose of this Agreement:

Broker desires access to the insurance facilities offered by PPIB, and PPIB agrees to accept submissions from Broker for the purpose of placement into said facilities under the following stipulations:

1. Broker shall be licensed as a Property and Casualty Broker for the sale of insurance in the domiciled state and any states for which the Broker submits business. Such licensing shall be maintained by the Broker during the entire term of this agreement. A copy of the domicile state license(s) shall be on file with PPIB. If Broker breaches this requirement, Broker shall return all commissions paid during the period which licensing was not maintained and indemnify PPIB for all other damages and costs sustained by PPIB as a result of the breach. If Broker files surplus lines taxes in any state(s) on PPIB business, a copy of said license(s) shall be on file with PPIB.
2. Broker agrees to continuously maintain Errors & Omissions insurance of at least \$1,000,000 and provide a current copy to PPIB yearly.
3. Broker agrees to indemnify and hold PPIB harmless for all liabilities, damages, costs and expenses resulting from unauthorized acts or transactions by Broker, or if Broker is a Wholesaler/MGA by their Retail Brokers. PPIB agrees to indemnify and hold Broker harmless from all liability, damages, costs and expenses resulting from unauthorized acts or transactions by PPIB.
4. Broker agrees that no employment or agency relationship exists between Broker and PPIB, and Broker is strictly prohibited from acting in any way which could cause a third party to believe that Broker is an employee or agent of PPIB.
5. Broker shall obtain authority **and a deposit of premium** from any of Broker’s insureds before placing their insurance through the insurance facilities of PPIB. Wholesalers/MGAs will confirm their retail broker has a deposit. If Wholesaler/MGA does not confirm a deposit from their retail Broker, the Wholesaler/ MGA is still responsible for payments to PPIB. Due to the unique nature of PPIB’s program, Broker cannot sign any application for insurance on behalf of any insured.
6. Broker agrees to pay PPIB on any open accounts, endorsements, return commissions, or other valid indebtedness rising out of or relating to this agreement by the 10th of the following month for all current billed premiums, taxes and fees. Checks to PPIB must be postmarked no later than the 10th of the following month to PPIB. Broker further guarantees to pay earned premiums, minimum premiums, endorsement premiums, taxes and all other charges for the time coverage is in effect on any insurance written through the facilities of PPIB, including

return commissions, whether or not insured(s) has paid such premiums or if Broker is a Wholesaler/MGA, their retail Brokers have paid Broker such premiums. Broker agrees that no flat cancellations shall be allowed. Broker agrees that consistent failure to send payments as outlined will result in termination of ANY binding consideration by PPIB on behalf of the broker, until the account is brought current.

7. Broker agrees to keep complete and accurate records of all account transactions, copies of licenses from retail brokers (if applicable), and copies of Errors and Omissions from retail brokers (if applicable). Broker shall provide PPIB access to records as they relate to business placed with PPIB.
8. Broker shall not have authority to bind any coverage with any of PPIB's insurance facilities, or make any changes in the terms or conditions of any coverage placed through PPIB until approved in writing by PPIB. Broker shall not have authority to issue binders for coverages placed through PPIB. However, once coverage has been bound, Broker may issue certificates of insurance reflecting coverages bound.
9. Broker shall promptly notify PPIB in writing of any claim, demand, lawsuit or other action or report of such known to Broker in which PPIB or any of its underwriting or servicing companies are named.
10. Broker understands that in the event Broker or any of Broker's sub-producers, retail producers, retail brokers or affiliate companies or representatives are named in litigation arising out of or related to the performance by the Broker of the terms and provisions of this agreement, neither PPIB nor any of its insurance facilities shall be obligated to defend, indemnify, or hold Broker harmless from such litigation.
11. In the event of litigation between Broker and PPIB, the prevailing party shall be entitled to an award of reasonable attorneys' fees and court costs in addition to any and all other damages to which the prevailing party may be legally entitled.
12. PPIB shall have no responsibility for any Broker expenses
13. This agreement shall be effective as of the date hereinafter written and shall remain in force and effect until cancellation, which may be effected by either party giving to the other a written notice of cancellation. The cancellation will not absolve the Broker from paying any earned premiums, commissions, taxes and fees that are currently due.
14. Following thirty days from the cancellation of this Agreement, in the event the Broker has accounted for and paid all premiums for which it is liable, the Broker's records, customer lists and expirations shall remain the property of the Broker. Otherwise, PPIB shall have the right to use the records, customer lists and expirations of the Broker.
15. If Broker is a partnership or individual, the person(s) signing this agreement for and on behalf of Broker agree that they assume individual responsibility for the obligations of the Broker to be performed in accordance with the terms and provisions of this agreement, and that the individual liability of the signers of this agreement for and on behalf of the broker shall be joint and several.

If Owner or Officer is also licensed Broker, sign on Line #1:

1. _____
(Broker Signature: Owner/Office) *Date*

If Owner/ Officer is not the licensed broker, both Owner and Broker Contact shall sign below:

2. _____
(Owner/Officer Signature) *Date*

3. _____
(Broker Contact Signature) *Date*

Susan Preston, President
Professional Program Insurance Brokerage
Division of SPG Insurance Solutions, LLC

Date