



Ramsgate Insurance
Program Underwriting Managers



**Welcome To Ramsgate Insurance/Program Underwriting Managers
(Ramsgate/PUM)**

To get appointed with Ramsgate/PUM, simply complete the attached application and W9, sign the Agency Agreement and attach proof of your Error & Omissions policy and producer licenses (Agent P&C)

**Please Fax to: 800-441-2667 or
Email information to: Info@RamsgateInsurance.com or
Mail to:
Ramsgate/PUM
Agency Appointment
250 East Park Avenue
Lake Wales, FL 33853**

**If you have any questions, please call 800-394-2767
and ask for your Account Manager or
Email: Info@RamsgateInsurance.com**



RAMSGATE/PUM

AGENCY QUESTIONNAIRE



Agency Name: _____

Street Address: _____

Mailing Address (if different): _____

Branches (if any, please list on separate page): _____

Phone: _____ Fax: _____

Primary E-Mail: _____ Website: _____

Date Established: _____ Agency License Number: _____

(Please attach copy of all agents' licenses)

Fed. Tax #: _____ Or Social Security #: _____

Business Status: Sole Proprietor Partnership Corporation LLC

Agency Ownership Names:

Title/Duties:

E-mail:

Key Personnel/Contacts:

Estimated Annual Premiums: \$ _____ Admitted: _____% Non-Admitted: _____%

Non-Admitted Markets Using Now: _____

Admitted Markets Using Now: _____

What is your premium book balance? Personal Lines _____% Commercial Lines: _____%

Workers Compensation: _____% Other: _____%

E&O Carrier: _____ Limits: _____

Expiration Date: _____ (Please attach copy of dec. page)

Bank Reference: _____

I understand that the information provided herein is essential and material to the agency/broker relationship and hereby certify the above answers are truthful and accurate, to the best of my knowledge.

Signed: _____ **Printed Name:** _____

Title: _____ **Date:** _____

Please sign, copy for your records, and return original with all attachments to the attention of:

RAMSGATE/PUM Agency Appointment, 250 East Park Avenue, Lake Wales, FL 33853

If you have any questions, please call (800) 394-2767, or fax "ATTN: Agency Appointment" (800) 441-2667

AGENCY AGREEMENT



This Agreement is made between _____ located in _____ hereinafter referred to as Agent and **Ramsgate Insurance, Inc.** and **Program Underwriting Managers (PUM)**, hereinafter referred to as Ramsgate/PUM.

The effective date of this Agreement is _____ (Effective Date).

The Agent acknowledges responsibility to the insured, but Agent does not have authority to represent Ramsgate/PUM. The Agent has no authority to bind coverage with, for, or on behalf of Ramsgate/PUM, including extending the time for payment of premium, or to change, alter, vary or waive any of the terms, requirements, or conditions contained in any application or policy. No coverage shall be in effect on any such application until accepted by Ramsgate/PUM. The Agent will indemnify and hold Ramsgate/PUM harmless for any violation of this provision.

Authority and Responsibility of Agent when utilizing Ramsgate/PUM Non-Admitted Contracts: The Agent is responsible to Ramsgate/PUM for all premiums, fees and taxes bound with Ramsgate/PUM. Ramsgate/PUM will furnish the agent an invoice on each separate transaction. The Agent is responsible to Ramsgate/PUM for payment of all monies shown thereon and will pay Ramsgate/PUM upon receipt, whether or not the Agent has collected from the insured(s) and whether or not the policy has been received by the Agent.

Ramsgate/PUM allows Agent the following payment terms: Full payment prior to binding or 25% down with the balance of the account being premium financed. Omission of an item from an invoice shall not affect the responsibility of either party to account for and pay the other the same as if the item has been included on the invoice.

The Agent agrees that Ramsgate/PUM may from time to time send informational faxes and/or emails on any additional product offerings, changes in coverages, announcements or any promotions that are pending and/or ongoing, newsletters, and any other item that Ramsgate/PUM feels the Agency would potentially benefit from.

Ramsgate/PUM shall have the right to offset any amounts due Agent from Ramsgate/PUM against amounts due Ramsgate/PUM from Agent. All special fees, policy fees or charges or expense constants charged in addition to premium on policies or endorsements are to be regarded as fully earned at the time of the inception of the policy or endorsement. The obligation of the Agent to pay such amounts shall be the same as if they were premiums, except that no commission will be allowed upon such amounts.

In the event of cancellation or reduction in premium, the Agent agrees to return all unearned commissions to Ramsgate/PUM immediately upon demand. Flat cancellations are not allowed. Cancellation cannot be effected until Ramsgate/PUM has received the original policy or a lost policy release.

Agent shall immediately refer to insurance carrier all claims involving policies issued by Ramsgate Insurance (unless otherwise instructed) hereunder with appropriate notification to Ramsgate/PUM.

Authority and Responsibility of Agent when utilizing Ramsgate/PUM Admitted Programs sponsored by the ACBOA Insurance Center: When an Agent utilizes Ramsgate/PUM admitted markets, the payments are direct billed by the carrier. In most cases, the carrier takes direct responsibility to handle service, claims, and other issues directly with the insured.

Specific binding authority may be granted for certain on-line programs in writing. However, unless Agency has been granted specific written authority, the Agency will not have binding authority for any program.

Only Agent and their employees shall have access to the Insure E Quote website. Agent shall set up separate login's for each user of the Insure E Quote website and shall not allow any person who is not a direct employee of the Agency access to the Insure E Quote website.

All requests for an application/quote to be bound must be received by Ramsgate/PUM prior to the effective date requested. A quote will be provided based upon the information provided or entered into Ramsgate/PUM website. No coverage shall be in effect on any such application until accepted by Ramsgate/PUM. The Agent will indemnify and hold Ramsgate/PUM harmless for any violation of this provision.

An agent must remain in good standing as an associate or active member of the American Consolidated Business Owners Alliance (ACBOA) through the duration of this agreement to participate and receive compensation for all admitted programs, including the on-line rating platform "Insure E Quote". Programs offered through the ACBOA Insurance Center are managed exclusively by Ramsgate/PUM. ACBOA is a Washington DC based small business trade association operating as a not for profit organization.

Premium Volume Requirements: Agent must write a minimum of \$50,000 in premium by the end of the first twelve (12) months to maintain a contract with Ramsgate/PUM. The minimum requirements increase to \$100,000 by the end of the second year and must be maintained each year thereafter. Exceptions and / or extensions of time to meet requirements can only be made with written approval.

Administrative Provisions: The Agent will provide Ramsgate/PUM a properly completed application for each risk written as requested, will promptly report all pertinent information to Ramsgate/PUM and will cooperate with Ramsgate/PUM in securing all information needed by Ramsgate to bind the account. The Agent will indemnify and hold Ramsgate/PUM harmless for any violation of this provision.

The Agent shall have undisputed ownership of all policies written with Ramsgate/PUM so long as the Agent is in compliance with the payment terms of this agreement. Otherwise, the ownership reverts to Ramsgate/PUM who shall have the right to enter the Agent's office and remove it. The Agent shall remain liable to Ramsgate/PUM for the full indebtedness thereof.

As a condition to the contract, Agent will maintain proper licenses required by law, and will maintain Insurance Agents Errors and Omissions Professional Liability coverage through the term of this Agency Agreement and will provide evidence of same to Ramsgate/PUM upon request and notification upon renewal. Violation of this provision will result in automatic termination of this agreement.

In the event Ramsgate/PUM shall have to institute any legal action to enforce the obligation assumed by Agent under this agreement, or must defend any lawsuit brought against Ramsgate/PUM because of its having entered into this agreement, Ramsgate/PUM is entitled to recover from Agent all costs, expenses, judgments and attorney's fees incurred by Ramsgate/PUM in connection with such action. The obligations and undertaking of each of the parties of the Agreement shall be performable in Lake Wales, Polk County, Florida.

The rights, privileges, interest, powers or claims of Agent arising under this Agreement are not assignable (by sale or otherwise) by Agent, and no assignee shall acquire any rights thereto, without the written consent of Ramsgate/PUM. The rights of any assignee under any assignment to which consent has been or may be given shall be subject to the lien given to Ramsgate/PUM in this agreement. No waiver of any breach or violation of any provision of this Agreement by either party shall be deemed made unless made in writing. This writing represents the entire Agreement and understanding of the parties with respect to the subject matter hereof and may not be altered or amended except by a subsequent written Agreement duly executed by all parties. All terms of this Agreement, which by their nature extend beyond its termination, remain in effect until fulfilled, and apply to respective successors and assigns.

This Agreement supersedes all previous agreements and does constitute the entire agreement between the Agent and Ramsgate/PUM.

AGENCY: _____

RAMSGATE INSURANCE, INC.
PROGRAM UNDERWRITING MANAGERS

BY: _____

BY: _____

TITLE: _____

TITLE: Corporate Officer

DATE: _____

DATE: _____

Request for Taxpayer Identification Number and Certification

**Give form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,