

J.R. OLSEN BONDS & INSURANCE BROKERS, INC.

Broker/Agent License No. 0680914

7407 Topanga Canyon Blvd., Canoga Park, CA 91303

Tel: (800) 452-7121 * (818) 227-2620

Fax (818) 227-2628

This information must be provided before or with your first submission.
No business can be processed until you supply the following information.

Please type or print clearly

Name (and/or DBA): _____

Physical Address: _____

Mailing Address: _____

Phone: _____ Taxpayer ID number: _____

Fax Number: _____ E-mail address: _____

Trust Account at (Bank/Branch) _____

I / We are licensed in the following states (check all applicable)

ATTACH PHOTOCOPY OF ALL CURRENT INSURANCE LICENSES [and Broker Bond(s)]

AL <input type="checkbox"/>	AK <input type="checkbox"/>	AZ <input type="checkbox"/>	AR <input type="checkbox"/>	CA <input type="checkbox"/>	CO <input type="checkbox"/>	CT <input type="checkbox"/>	DE <input type="checkbox"/>	DC <input type="checkbox"/>	FL <input type="checkbox"/>
GA <input type="checkbox"/>	HI <input type="checkbox"/>	ID <input type="checkbox"/>	IL <input type="checkbox"/>	IN <input type="checkbox"/>	IA <input type="checkbox"/>	KS <input type="checkbox"/>	KY <input type="checkbox"/>	LA <input type="checkbox"/>	ME <input type="checkbox"/>
MD <input type="checkbox"/>	MA <input type="checkbox"/>	MI <input type="checkbox"/>	MN <input type="checkbox"/>	MS <input type="checkbox"/>	MO <input type="checkbox"/>	MT <input type="checkbox"/>	NE <input type="checkbox"/>	NV <input type="checkbox"/>	NH <input type="checkbox"/>
NJ <input type="checkbox"/>	NM <input type="checkbox"/>	NY <input type="checkbox"/>	NC <input type="checkbox"/>	ND <input type="checkbox"/>	OH <input type="checkbox"/>	OK <input type="checkbox"/>	OR <input type="checkbox"/>	PA <input type="checkbox"/>	RI <input type="checkbox"/>
SC <input type="checkbox"/>	SD <input type="checkbox"/>	TN <input type="checkbox"/>	TX <input type="checkbox"/>	UT <input type="checkbox"/>	VT <input type="checkbox"/>	VA <input type="checkbox"/>	WA <input type="checkbox"/>	WV <input type="checkbox"/>	WI <input type="checkbox"/>
WY <input type="checkbox"/>	Other: _____								

Type of License: Agent ☐ Broker ☐ Solicitor ☐

Type of Entity: Individual ☐ Partnership ☐ Corporation ☐ LLC ☐

I/We have read and agree to the terms and conditions as defined on page 2 of this Agreement. I/We understand that this Agreement does not carry any underwriting or binding authority and all applications must be submitted through J.R. Olsen Bonds & Insurance Brokers, Inc.

Signature of Owner, Partner or Officer

Date

Print Name of Owner, Partner or Officer

BROKERS AND/OR AGENTS AGREEMENT

(Continuing from Page 1)

Authorities

1. The Broker/Agent may solicit and submit applications for classes of Insurance, Fidelity, and Surety Bonds for which a commission shall be paid.
2. The Broker/Agent will collect premiums and retain commissions as full compensation on business placed with the Company (Company is J.R. Olsen & Insurance Brokers, Inc.) by or through the Broker/Agent. Commission will be quoted to Broker/Agent prior to issuance of Bonds or Policies.
3. The Broker/Agent is an independent contractor, not an employee of the Company, which shall have no right within the authority granted.
4. The Broker/Agent is not authorized to bind the Company or to issue any bonds or policies unless such bonds are first signed by the Company.
5. If fees are charged, either by the Company or by the Broker/Agent or both, the Broker/Agent must comply with all insurance regulations regarding fee(s) for their state (For example to inform their client of the fees charged prior to issuance of policy/bond).

Duties

1. The Broker/Agent shall comply with all the rules and regulations of the Company.
2. The Broker/Agent must immediately notify the Company if the Broker/Agent has any knowledge of a possible claim in accordance with the new California Unfair Claims Practice Regulation.
3. Any unused Company supplies furnished by the Company to the Broker/Agent shall always remain property of the Company and shall be accounted for and returned by the Broker/Agent to the Company on demand.
4. The Broker/Agent shall be responsible for any acts or omission to include their sub broker/agent or employee of the Broker/Agent.
5. In the event the Company shall, either during the continuance of the Agreement or after its termination, refund of premiums under any policy or bond by reason of cancellation or otherwise, the Broker/Agent shall immediately return to the Company the commission retained by him on the amount of the premium so refunded. All accounting records of the Broker/Agent pertaining to business of the Company shall be subject to inspection at any time by accredited Company representatives.
6. It is the Brokers/Agents responsibility to insure that the bond and or policy is correct and fully fills their client's needs, to hold the Company harmless and to defend the company in all matters relating to the issuance of the bond/policy on behalf of their client.
7. The Broker/Agent will, during continuance of the Agreement or after it's termination remit all premiums collected.
8. The Broker/Agent agrees to non-circumvent the Company to include contacting the Insurance Company for any reason or for placement of business or to use a Broker of Record or any other means on any accounts.

Premium Reporting & Accounting

1. The balances shown by invoice due to the Company shall be paid normally prior to issuance of bond. On renewals, or where credit is extended, the Company reserves the right to collect delinquent premiums directly from the principal and the Broker/Agent waives his/her right to any commission thereon.
2. The Broker/Agent, will, during continuance of the Agreement or after it's termination remit all premiums collected.

Bond Cancellation

The Company reserves the right to cancel, direct or decline to renew, any contract of insurance or suretyship at any time.

Principal's (Insured's) Designation of Broker

The written statement of existing prospective Principal or Insured designating his broker/agent shall be binding upon the Broker/Agent and Company as to all aspects of the Bond or Policy including subsequent commissions.

Termination

1. This agreement may be terminated by either party at any time upon written notice to the other.
2. The Broker's/Agent's authority under this agreement shall only be effective during such times as the Broker/Agent is duly licensed according to law. Agents must be appointed to receive commission.
3. Upon termination of this agreement it is the Broker's/Agent's responsibility to render timely accounts and pay all premiums for which he may be liable, otherwise, the Company may contact the broker's/agent's client to collect any unpaid premium.

Conditions

1. Any Policies, Bonds, Forms, Applications or Manuals, Powers of Attorney, Seals, or other records furnished by the Company for use of the Broker/Agent shall remain the property of the Company and shall be returned to the Company automatically upon termination of this agreement. All such documents shall be returned to the Company within ten (10) working days.
2. This agreement supersedes all previous agency agreements whether written or oral between the Company and the Broker/Agent and shall be effective on the date it is signed, and shall remain in full force and effect until it is suspended or terminated as provided herein.

Signature / Initial

CONSUMER AUTHORIZATION

- I. I understand that an investigated report may be generated on me that may include information as to my character character, work habits, performance and experience, along with reasons for termination of past employment/ professional license or credentials; financial/ **credit history**; or criminal/civil/driving record history. I hereby authorize and consent to the Insurance Co., procurement of such a report from public and private sources about any of the information noted in this paragraph.
- II. According to the **Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI)**, which was revised effective September 30, 1997, I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer-reporting agency. If so, I will be notified and given the name of the agency providing that report.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. **Minnesota/California applicants only** If you would like to obtain a copy of the report, check this box ☐ The report will be sent by the consumer - reporting agency to the requested address list below my signature.
- IV. I hereby authorize, without reservations, any financial institution, law enforcement agency, information bureau, school, employer or insurance company contacted by the Insurance Co. to furnish the information described in Section I.

APPLICANT COMPLETE THE FOLLOWING:

Signature

Today's Date

Please Print Full Name

The following information is required by law enforcement agencies and other entities for positive identification when checking public records. It is confidential and will not be used for any other purposes.

Please print any other names you have used

Social Security Number & Date of Birth

Home Address

City

State

Zip

Driver's License Number and State

Name as it appears on License

Have you ever been convicted of a crime? ☐ NO ☐ YES
conviction and details of conviction

If yes, Please provide City and State of

FAIR CREDIT REPORTING ACT NOTICE:

In accordance with fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), **revised effective September 30, 1997**, this information may only be used to verify statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available upon request. Although every effort has been made to assure accuracy, the reporting agencies cannot act as a guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. The reporting agency's policy requires purchasers of these reports to have signed a Service Agreement. This assures the reporting agency that the users are familiar with and will abide by their obligations, as stated in the **FCRA, revised effective September 30, 1997**, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or denial of an application, the name and telephone number of the reporting agency will be provided in writing to contact them directly and request copies of such reports.