

MARKET
Handling the Unusual Risk...

Unusually Well

Correspondent at Lloyd's

Plus domestic markets!



FINDERS
Insurance Corp.[®]

P.O. Box 6549 • Louisville, Ky. 40206

502-423-1800

Kentucky WATS 1-800-292-1875

Nationwide WATS 1-800-828-5660

www.mfic.com

TO: ALL BROKERS

RE: BROKERAGE AGREEMENT

In order to afford proper protection to you our Broker, and to ourselves, we have executed a Brokerage Agreement. To better service your company, we are limiting the number of brokers from whom we can accept business. We require all producers to execute a BROKERAGE AGREEMENT. We feel this agreement fairly states the position of both parties.

Kindly read, sign, and have the Brokerage Agreement witnessed. Please return the following documents to us:

- 1) Signed Brokerage Agreement
- 2) Completed Agency Profile
- 3) Completed W-9 Form
- 4) Copy of your individual P&C license (or corporate license for corporations)
- 5) Copy of your E & O Dec Page

A Broker Code will be assigned once we bind the first account. The completed documents may be e-mailed to sdavis@mfic.com or faxed to 502-410-6700.

Sincerely,

Joseph F. Miller
President / CEO

sd



PO Box 6549 Louisville, KY 40206-0549

AGENCY PROFILE

FULL NAME of Agency/Broker _____

Corporation _____ Partnership _____ Individual _____
Year business established _____

Telephone Number _____ Fax Number _____

Street Address _____

City _____ State _____ Zip _____

PO Box _____ City _____ State _____ Zip _____

E-mail Address _____

Website _____

Name of Owners of the Agency and Percentage Owned

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is the agency engaged in any other business activity? _____ Yes _____ No

If yes, give details: _____

Do you require a 1099? _____ Yes _____ No

Annual premium volume \$ _____

Give a breakdown of total staff

Active Partners, Directors, Officers, Owners	_____
Employed Solicitors, Brokers	_____
Other Employees	_____
Total Staff	_____

Name of E & O Carrier _____

Policy # _____ Eff Date _____ Limits _____

Name and location of bank(s) that handle your business account(s)

_____	Acct # _____
_____	Acct # _____
_____	Acct # _____

Signature _____

Title _____

Return by e-mail (sdavis@mfic.com) or fax 502.410.6700

MARKET FINDERS INSURANCE CORPORATION
BROKERAGE AGREEMENT-STANDARD

No. _____

The agreement made and entered into this _____ day of _____, 20____, by and between Market Finders Insurance Corporation, hereinafter referred to as Market Finders and _____ (licensed by the State of _____ and /or as an Insurance Agency under License number _____ and Brokering Agent number _____), hereinafter referred to as BROKER.

WITNESSETH, In consideration of the mutual covenants herein contained; the parties agree as follows:

- 1. Market Finders shall use its best efforts in assisting the BROKER in finding appropriate markets for various risks.
2. BROKER hereby warrants that he or she has a valid insurance license, said number set forth hereinabove; that he or she is in good standing with the Department of Insurance in the State of _____, and that his or her license has never been revoked in any state.
3. BROKER shall maintain in full force and effect a professional liability policy with minimum single limits of \$1,000,000.00 and shall provide with this agreement a copy of the declaration page.
4. BROKER is an independent contractor and acknowledges that he or she is the agent of the insured, that there is not a sub-producer and BROKER is not the agent of, and has no authority to bind Market Finders or any of its principals or insurers.
5. BROKER shall be liable to Market Finders for the full earned amount of premium and applicable state taxes, less commission, including additional premium developed under audits or retrospective penalties on every insurance contract placed for BROKER, whether collected by BROKER or not.
6. No insurance contract may be returned to Market Finders by BROKER for flat cancellation unless it is returned prior to the inception, or effective date, of contract.
7. In consideration of commission allowed BROKER on all premiums, and additional premiums, BROKER agrees to pay Market Finders the commissions on all returned premiums at the same rate such commissions were originally retained.
8. In the event of non payment by the BROKER, Market Finders shall own the book of business and shall be entitled to reimbursement for the cost of collection, including reasonable attorney's fees, incurred in an effort to collect unpaid premium from any BROKER.
9. The furnishing of promotional materials including, but not limited to, Kits, applications, rate schedules, specimen policies, brochures, advertising or any other material by Market Finders to the BROKER does not create or imply an agency relationship or bidding authority between Market Finders and the BROKER.
10. This agreement shall apply to current policies already placed in force at the date hereof and all future policies which may be placed by Market Finders for BROKER.
11. This Agreement constitutes the full and complete contract between Market Finders and the BROKER.
12. Any amendment to this Agreement shall be made only with the written consent of both parties and attached hereto through an addendum.
13. This Agreement may be cancelled at any time by written notice either party to the other, but said cancellation shall not alter in any way the continued application of this Agreement to insurance policies affected prior to the dates of such cancellation.
14. This Agreement shall be governed by the laws of the Commonwealth of Kentucky and the BROKER hereby consents to the jurisdiction of the Kentucky courts.

BROKER _____
SIGNATURE: _____
TITLE: _____
PERSONAL GUARANTY _____
WITNESS: _____

MARKET FINDERS INSURANCE CORPORATION

BY: [Signature]
JOSEPH F MILLER
TITLE: President/Chief Executive Officer
WITNESS: [Signature]
CFO/Secretary Treasurer

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2	Business name/disregarded entity name, if different from above	
	3	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5	Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6	City, state, and ZIP code	
	7	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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
or									
Employer identification number									

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* 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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



IMPORTANT!! ALL MARKET FINDERS BROKERS

Please assist us with the following information to update our accounting records.

1. A W-9 "REQUEST FOR TAXPAYER IDENTIFICATION NUMBER" form is enclosed to supply us with a certified identification number. The following information is needed:
 - a) Your complete agency name, (including Inc. or Corp. if incorporated) and current mailing address.
 - b) Please advise us as to whether you operate as an individual, partnership, or corporation. (Indicate on Line 3 of W-9 form.)
 - c) Provide us with your current Taxpayer Identification Number (TIN) on the enclosed W-9 form. (For individuals, your TIN is your social security number. For corporations, it would be your Federal Tax ID Number. Partnerships would use individual social security numbers.)
 - d) Sign and date form.
2. Complete attached Agency Profile.
3. Enclose a current copy of your Individual P&C license. If a corporation, include a copy of your corporate license.
4. Provide a current copy of your E & O Insurance Declarations Page.
5. Return the W-9 form, copy of license and agency profile to
Market Finders Insurance Corp.
PO Box 6549
Louisville, KY 40206.
The completed documents may be faxed to 502-410-6700 or e-mailed to sdavis@mfic.com instead.

Thank you for your cooperation on this matter.