



About Us!

Stonewood Insurance specializes in Personal Lines Automobile coverage. Our philosophy is to provide a *select* group of agents an exclusive opportunity to do business with an organization that values the company-agent relationship. We offer quality programs with the innovation and personalized service you need to be successful.

Stonewood Insurance is a general agency, formed in March 2005, specializing in writing California Non-Standard Personal Automobile coverage. Stonewood Insurance is developing systems and processes that are state of the art for the industry in order to provide competitive products and services to brokers and policyholders.

The senior management of Stonewood bring with them many years of insurance company experience and a strong background in Non-Standard Personal Automobile Insurance.

Stonewood Insurance has an exclusive agreements with financially sound, insurance carriers. Our programs will not be offered through other general agencies and will be exclusive in the marketplace. Our systems, technology, operating platform and unique marketing strategy will provide our brokers with the ease of use, customer support and dedication you would expect from a first class insurance organization. Claim service will be provided by our A rated carriers, so you can be assured that your clients will receive first class service when they need it most.

Stonewood Insurance is committed to providing superior service to our brokers and policyholders.

“Bringing Valu to your Auto Insurance Needs.”



New Appointment Checklist

<u>Date</u> _____	<u>Check</u>
1) Producer Application	_____
2) Producer's Agreement	_____
3) W-9 Form	_____
4) EFT Authorization Form with a voided check	_____
5) Direct Deposit Authorization Form	_____
6) License-Expiration Date _____	_____
7) E & O Dec. Page (Min. limit \$300,000)-Expiration Date _____	_____
8) Agency Management System (if applicable) _____	_____

(If you have multiple offices, please provide the customer number for each location)

Please submit these documents to Stonewood Insurance

PO Box 2528 Rancho Cordova,
CA 95741 PH: (800) 396-1485
FX: (916) 636-0143
License No. 0E52060

marketing@stonewoodinsurance.com



P.O. Box 2528 Rancho Cordova, CA
 95741-2528 PH: (800) 396-1485
 FX: (916) 503-4845
 CA License No. 0E52060
 AZ License No. 985097
 marketing@stonewoodinsurance.com

PRODUCER INFORMATION

New Applicant

Merger Buyout

Update

Territory _____

BUSINESS NAME		TELEPHONE # - INCLUDE AREA CODE		FAX # - INCLUDE AREA CODE	
STREET ADDRESS		CITY		STATE	ZIP
MAILING ADDRESS		CITY		STATE	ZIP
YEARS ESTABLISHED	COMPANY STATUS (Check One)				YRS. IN INSURANCE BUSINESS
	<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> OTHER				
NUMBER OF PRODUCERS?	NUMBER OF LOCATIONS	ARE YOU LICENSED IN ANY OTHER STATE?		TAX ID #	
NUMBER OF EMPLOYEES?		(attach copy of nonresident license) <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF E & O CARRIER (attach copy)		ARE YOU A MEMBER OF (check)		E-MAIL ADDRESS	
		<input type="checkbox"/> PIA <input type="checkbox"/> IIA <input type="checkbox"/> AGENTS ALLIANCE			

OWNERSHIP AND GENERAL INFORMATION

NAME			SS #		
TITLE	HOME PHONE	LICENSE #		% OWNERSHIP	
HOME ADDRESS		CITY - STATE - ZIP		YRS. IN INSURANCE BUSINESS	
NAME			SS #		
TITLE	HOME PHONE	LICENSE #		% OWNERSHIP	
HOME ADDRESS		CITY - STATE - ZIP		YRS. IN INSURANCE BUSINESS	

Number of DOI Complaints or BBB Complaints in last 5 years. _____

Have you or your firm ever denied by a prior carrier? YES NO

If Yes, please explain. _____

BANK INFORMATION

BANK	CONTACT		PHONE	
ADDRESS	CITY		STATE	ZIP
ACCT. #	TYPE OF ACCOUNT			

COMPANIES YOU CURRENTLY REPRESENT

COMPANY NAME	YEAR APPOINTED	APPROXIMATE ANNUAL VOLUME	COMPANY NAME	YEAR APPOINTED	APPROXIMATE ANNUAL VOLUME
①			①		
①			①		
①			①		
①			①		

LICENSED PERSONNEL- Attach copy of License

Name: _____ SS #: _____ License #: _____ Yrs. Lic: _____

Home Address: _____ City: _____ St: _____ Zip Code: _____

Name: _____ SS #: _____ License #: _____ Yrs. Lic: _____

Home Address: _____ City: _____ St: _____ Zip Code: _____

Name: _____ SS #: _____ License #: _____ Yrs. Lic: _____

Home Address: _____ City: _____ St: _____ Zip Code: _____

Name: _____ SS #: _____ License #: _____ Yrs. Lic: _____

Home Address: _____ City: _____ St: _____ Zip Code: _____

IF THERE ARE ADDITIONAL PERSONNEL. PLEASE ATTACH A SEPARATE PAGE

ADDITIONAL COMMENTS / INFORMATION

Comments: _____

Additional Locations:

Address: _____ City: _____ St: _____ Zip Code: _____

Phone#: _____ Fax# _____ Manager: _____

Address: _____ City: _____ St: _____ Zip Code: _____

Phone#: _____ Fax# _____ Manager: _____

Address: _____ City: _____ St: _____ Zip Code: _____

Phone#: _____ Fax# _____ Manager: _____

IF THERE ARE ADDITIONAL PERSONNEL. PLEASE ATTACH A SEPARATE PAGE

CREDIT / REFERENCE CHECK AUTHORIZATION

I Hereby acknowledge that the Stonewood Insurance Services and/or it's representatives, may from time to time, conduct personal, business, or financial credit or reference checks of the applicant, it's owners, officers, or licensed employees. I also certify that the information herein is true and accurate.

Producer Signature _____ Date _____

Attachments:

_____ Producer Licenses (Corporate, Individual, Employee)

_____ Current E & O Declarations Page

_____ Signed W-9

_____ Company Production / Loss Ratio Reports



Top Carriers Represented

Company Name	YTD Written Premium	PIF
1.		
2.		
3.		
4.		
5.		

License Information

Complete for all licensed producers that will be writing business for Stonewood Insurance.

Please include a copy of a Producer's license for each branch location:

Producer Name: _____ Title or Position: _____
 Home Address: _____ City: _____ State: ___ Zip: _____
 Social Security Number: _____ Date of Birth: _____ Home Phone # _____
 Resident License Number: _____ Exp Date: _____

***I HEREBY AUTHORIZE STONEWOOD INSURANCE TO OBTAIN A BACKGROUND CHECK REPORT AND I UNDERSTAND IT MAY CONTAIN INFORMATION ABOUT MY CREDIT WORTHINESS, CHARACTER, AND CRIMINAL HISTORY.

x Producer Signature: _____

I hereby acknowledge that the Stonewood Insurance Services and/or its representatives, may from time to time, conduct personal, business, or financial credit or reference checks of the applicant, its owners, officers or licensed employees. I also certify that the information herein is true and accurate.

Principal Signature _____ Date _____



Arizona

Producer's Agreement

This agreement made this _____ day of _____, _____ by Stonewood Insurance Services, "Stonewood" and _____ a retail insurance agency, "Producer".

I. PRODUCER'S AUTHORITY

A. Producer is an independent contractor who will exercise its own judgment in the conduct of its business. Producer is not an employee of Stonewood and is free to represent such other companies as Producer shall consider appropriate. Producer has exclusive control of its time and of the conduct of its business and is responsible for all expenses incurred in the operation of its business. Producer agrees to be bound by all underwriting guidelines, rate guides, rules, regulations, commission schedules, procedures and other written policies or instructions provided to Producer by Stonewood "Stonewood Underwriting Guidelines".

B. Producer has no authority hereunder to bind insurance risks, only to submit applications for such risks. No coverage shall be in effect on any such application unless specific binding authority is given Producer by written addendum to this Agreement. Any specific binding authority given to Producer shall be subject to the terms of Stonewood's Underwriting Guidelines.

C. During the term of this Agreement, Producer is authorized on behalf of Stonewood:

1. To solicit, receive and submit applications for classes of insurance that Stonewood may make available subject to Stonewood's Underwriting Guidelines.
2. To deliver policies, certificates, endorsements and binders.

D. Producer agrees that all supplies furnished to Producer by Stonewood shall remain the property of Stonewood and shall be returned upon request.

E. Producer hereby grants to Stonewood access and review of Producer's books, records and files during normal business hours, for the purpose of determining any fact relating to money due Stonewood or any other fact relating to business placed with Stonewood by Producer.

F. Producer shall not publish or distribute any advertisements, circulars or other materials referring to Stonewood or containing Stonewood's name without first securing written approval from Stonewood.

II. UNDERWRITING CONTROL OF THE COMPANY

Stonewood reserves the right to refuse any policy at any time or to cancel any policy subject to the provisions of Section VI.

III. COMMISSIONS

A. Commissions may be revised by mutual agreement of Producer and Stonewood or by Stonewood giving Producer at least 30 days advance notice of the proposed revisions and the effective date. Producer acknowledges such right to amend and waives any longer notice period that may be available under applicable statutes, rules or regulations. Producer agrees that undistributed commissions in the hands of Stonewood at any time may be offset against any monies due Stonewood.



- B. In the event that Stonewood shall either during the term of this Agreement or after its termination refund premiums under any policy by reason of cancellation or otherwise, the Producer shall immediately return to Stonewood the commission received on the premium refund.

IV. EXPIRATIONS AND RENEWALS

- A. Producer and Stonewood expressly recognize Producer's independent ownership of the policy expirations covered by this Agreement and Producer shall retain ownership of these expirations during and after the termination of this Agreement so long as Producer has fulfilled its obligations under this Agreement. Producer hereby assigns to Stonewood as security for its obligation to pay Stonewood, but not in payment, all sums due or to become due to Producer from the insured or insureds for whom such Policies were produced by Producer for Stonewood and with full authority in Stonewood to demand and collect these sums. On premiums so collected by Stonewood, Producer shall be entitled to no commission.
- B. To further secure the payment, when due, of any and all sums which may become due Stonewood hereunder, Producer grants to Stonewood a security interest in the expirations and renewals of Policies procured through Stonewood, including the ownership, exclusive use of same, and to have the rights of the holder of a security interest granted by law including but not limited to the right of foreclosure to effectuate this security interest; and Producer agrees to surrender peaceable possession of same to Stonewood on demand.
- C. Producer agrees that this Agreement or any copy thereof may be filed as a financing statement if Stonewood so elects. Producer hereby agrees to sign a UCC-1 Form and any other documents required to secure Stonewood's interest in the expirations and renewals.

V. BILLING PROCEDURES

- A. Producer shall submit promptly to Stonewood all applications for policies and remit the gross premiums without deduction of commissions) for or payable on such policies, in accordance with the provisions of Stonewood's Underwriting Guidelines. Producer shall be responsible for remitting all collected premiums to Stonewood. If Producer fails to remit premiums or earned commissions or any other amount due Stonewood, Producer agrees to pay the reasonable costs of collection, including attorney fees.
- B. Stonewood shall mail or deliver to Producer a copy of underwriting requests for cancellation or nonrenewal notices.
- C. Subject to the rights of Company under Section IV, Stonewood shall upon request of Producer following termination of this Agreement, supply Producer with a list of all policyholders, policy numbers and the expiration dates of the policies.

VI. POLICY CANCELLATIONS

Any Policy may be cancelled by Stonewood, subject to any limitation or restrictions contained within the policy. A policy may be cancelled by Stonewood in accordance with all statutory and regulatory provisions.

VII. INDEMNIFICATION OF AGENT

- A. Stonewood shall indemnify and hold Producer harmless:
 - 1. Against any claims, liabilities or costs of defense which Producer may become obligated to pay as a result of loss to policyholders caused by an error of Stonewood in the processing of policies under this Agreement unless Producer has caused, contributed to or compounded such error.



2. Against any and all civil liability for damages and expenses, including the cost of defense, that Producer may be obligated to pay as a direct result of the failure of Stonewood to comply with the requirements of the Fair Credit Reporting Act, Federal Truth in Lending Law and Fair Credit Billing Act, unless that such failure to comply has been caused or contributed to by any act or omission of Producer.

VIII. INDEMNIFICATION OF STONEWOOD

Producer agrees to fully indemnify and hold harmless Stonewood, its successors and assigns from any and all judgments, losses, damages, costs and expenses, including attorney's fees which Stonewood may at any time sustain because of the failure of Producer to comply fully with the terms, provisions and obligations of this Agreement, including, but not limited to the payment to Stonewood of all sums of money which may become due Stonewood from Producer thereunder and any agreement to indemnify Stonewood. This Agreement to indemnify and hold Stonewood harmless shall include the reasonable attorney's fees and related expenses incurred to prosecute or defend any lawsuit, administrative proceeding or arbitration; shall extend to any claim or assertion that Producer breached or waived any provision of any policy, endorsement or application; and shall include any claims or assertions of bad faith, breach of covenant of fair dealing, unfair claims or insurance practices, deceptive trade practices, extracontractual or exemplary damages arising wholly, or in part, from the action or inaction of Producer.

IX. TERMINATION AND AMENDMENT

- A. The agreement shall terminate:
 1. Automatically if any public authority cancels or declines renewal of Producer's license or Certificate of Authority.
 2. Automatically on the effective date of sale, transfer, assignment or merger of Producer's business provided, however, that Stonewood, at its option, may offer a Producer's Agreement to any successor who meets the Company's requirements for appointment.
 3. Upon either party giving at least thirty (30) days advance written notice to the other. The provider acknowledges Stonewood's right to terminate and waives any longer notice period which may be available under applicable statutes, rules or regulations.
 4. Immediately upon either party giving written notice to the other in the event of abandonment, fraud, insolvency, or gross and willful misconduct on the part of such party.
- B. If this Agreement is terminated as provided in Sub-Section A3, above;
 1. The Producer's authority to solicit, bind or execute contracts of insurance for new business will cease at the same time notice of termination of this Agreement is given.
 2. All provisions of this Agreement shall remain in full force and effect including Section III, COMMISSIONS except that Producer agrees that after termination Stonewood may pay a commission rate less than the prevailing commission rate paid its active producers.
 3. Stonewood shall continue to provide to the policyholders all normal and appropriate services on all in force insurance contracts without interruption until said contracts may lawfully be terminated.
- C. Stonewood may amend this Agreement, including any addendum attached hereto, upon thirty (30) days prior written notice to Producer. Producer acknowledges such right to amend and waives any longer notice period which may be available under applicable statutes, rules or regulations.



X. GENERAL PROVISIONS

- A. Producer agrees to purchase and maintain a policy of errors and omissions insurance in limits no less than \$300,000 with an insurance carrier which is rated no less than "B" by A.M. Best. Producer will provide Stonewood with a copy of the declarations page for said policy, and upon each renewal of said policy. Producer agrees that failure on the part of Producer to maintain said errors and omissions policy will be grounds for immediate termination of this contract.
- B. Stonewood shall include all credits for salvage and subrogation recoveries on agency loss exhibits.
- C. Should a conflict exist as to which producer is authorized to represent an insured with respect to any insurance policy, Producer shall supply Stonewood with a written Agent of Record Letter from the insured.
- D. Producer shall have no authority to admit liability or compromise claims or accept proof of loss on the part of Stonewood in any manner except in accordance with specific claim settlement authority extended to the Producer in writing.
- E. Producer agrees to comply with all laws affecting its operation and to maintain its qualifications for licensing by appropriate authorities.
- F. If any provision of this Agreement should be invalid the remainder of this Agreement shall not be affected.
- G. If Producer attempts to assign this Agreement in violation of Section IX, Producer remains liable to Stonewood for all obligations to Stonewood arising before and after the attempted assignment. Moreover, Producer shall remain liable to Stonewood for all obligations to Stonewood arising before a permitted assignment, unless Stonewood has consented, in a written agreement, to the assumption of any obligation of Producer to Stonewood by an assignee.

In connection with your application for a Producer's Agreement (1) an investigation may be made including, applicable, information as to character, occupation, general reputation, personal habits, health, financial condition, mode of living, and (2) additional information as to the nature and scope of investigation request will be furnished you, upon your written request made within a reasonable time after you receive this notice.



In witness whereof, Producer and Stonewood have caused this Agreement to be executed this _____ day of _____, 20____.

Producer: _____

Stonewood Insurance Services :

By:	By:
Print:	Print:
Title:	Title:
Date:	Date:
Witness:	Witness:

XI. COMMISSION PERCENTAGES

Stonewood Insurance shall pay Producer commissions calculated as follows:

* See Addendum A



Schedule A – Addendum

Attached to and forming a part of the Arizona Producer Agreement between
Stonewood Insurance Services, Inc. (General Agent) and

producer, dated, _____.

- I. Business to be Written:
Personal Lines Automobile Coverage as defined in Company filings for the state of Arizona.
- II. Territory:
Coverage to be written for vehicles garaged in the state of Arizona.
- III. Policy Terms:
Six (6) Months Terms
- IV. Rates and Forms:
All premium rates and policy forms used by producers must be in accordance with Company filings for the State of Arizona.
- V. Underwriting Manuals, Rules and Guidelines:
At all times, the Producer must adhere to Company's terms and procedures as specified in this Agreement as well as, but not limited to the Company's Underwriting Manual, Rules and Guidelines.
- VI. Authorized Carrier(s): Nevada General Insurance Company
- VII. Commission Rates:

New Business	-	Private Passenger Auto	12 % As Earned
Renewal Business	-	Private Passenger Auto	12 % As Earned

Agreed to this _____ day of _____, 20____.

Producer:

By: _____

Title: _____

Stonewood Insurance Services, Inc.

_____ Initials



STONEWOOD

INSURANCE SERVICES

W-9

Form
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

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:

- 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
- 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
- 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 ▶

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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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,



ELECTRONIC FUNDS TRANSFER (EFT)
AND CHECK AUTHORIZATION AGREEMENT

Stonewood Insurance Services ("Stonewood") is hereby authorized to present EFT items on the broker's account indicated below and the depository name below for payment and settlements due to Stonewood by the broker's or for payment of settlements due to the broker by Stonewood.

This arrangement does not affect broker's primary obligation for payment. This authorization is to remain in effect until Stonewood is notified to the contrary in writing.

Bank Name Bank Phone Number

Bank Name and Branch (or Main Office) (Street, City, State and Zip)

Name/Title on Bank Account

Checking Account Number ABA Routing Number

Broker Name Stonewood Producer Number

Broker Contact Person and Telephone Number

Authorized Signature on Account Date

Broker Contact Person

Broker Fax Number

ATTACH VOIDED CHECK HERE



ELECTRONIC FUNDS TRANSFER (EFT)
AND CHECK AUTHORIZATION AGREEMENT

Stonewood Insurance Services ("Stonewood") is hereby authorized to present EFT items on the broker's account indicated below and the depository name below for payment and settlements due to Stonewood by the broker's or for payment of settlements due to the broker by Stonewood.

This arrangement does not affect broker's primary obligation for payment. This authorization is to remain in effect until Stonewood is notified to the contrary in writing.

Bank Name

Bank Phone Number

Bank Name and Branch (or Main Office) (Street, City, State and Zip)

Name/Title on Bank Account

Checking Account Number

ABA Routing Number

Broker Name

Stonewood Producer Number

Broker Contact Person and Telephone Number

Authorized Signature on Account

Date

Broker Contact Person

Broker Fax Number

ATTACH VOIDED CHECK HERE



ELECTRONIC FUNDS TRANSFER (EFT)
AND CHECK AUTHORIZATION AGREEMENT

Stonewood Insurance Services, ("Stonewood") is hereby authorized to preset EFT items on the broker's account indicated below and the depository name below for payment and settlements due to Stonewood by the broker's or for payment of the settlements due to the broker by Stonewood.

This arrangement does not affect producer's primary obligation for payment. This authorization is to remain in effect until Stonewood is notified to the contrary in writing.

Bank Name

Bank Phone Number

Bank Name and Branch (or Main Office) (Street, City, State and Zip)

Name/Title on Bank Account

Checking Account Number

ABA Routing Number

Producer Name (DBA)

Stonewood Producer Code

Contact Person and Telephone Number

Fax Number

Authorized Signature on Account

Date

ATTACH VOIDED CHECK HERE



Instructions for Direct Deposit of Producer Commission Agreement Form

Enrollment Instructions

Your Brokerage can enjoy the benefits of receiving your commission quicker by completing the Direct Deposit of Producer Commission Agreement Form. **This enrollment form is for your brokerage's accounting and not for your insured's premium payment.**

Direct Deposit – Stonewood will electronically deposit your monthly commissions into your account.

Direct deposit will be the 4th workday of each month.

When completing the Direct Deposit of Producer Commission Agreement Form:

- Verify that the bank account name bank/credit union routing and account numbers are correctly entered.
- Principal must sign the form. Other persons signing the form must be authorized by which the individual's name must appear on the bank signature card for the accounts named on the authorization agreement. Signature stamps will not be accepted.
- Include preprinted voided check. Counter checks or blank deposit slips will not be accepted.
- If you have multiple locations please be sure to list all the producer codes that will be deposited into the account provided. If you want to deposit the commission for your other locations into separate accounts you will need to complete separate forms.

After completing the Direct Deposit of Producer Commission Agreement Form:

Fax or mail your completed Direct Deposit of Producer Commission Agreement Form and preprinted voided check directly to Stonewood – Accounting Department for immediate attention.

Fax to: 1-916-636-0143

Or

**Mail to: Marketing Department
Stonewood Insurance Services
PO Box 2528
Rancho Cordova, CA 95741**

Notification:

The Direct Deposit amounts can be easily obtained from your Commission Statement. You will receive an automated monthly email notification when the statement is available for review through stonewoodinsurance.com.

If you should need further assistance feel free to contact our Accounting Department between the hours of 8:00 am to 5:00 pm at 800-396-1485.

Direct Deposit of Producer Commission Agreement Form



Brokerage Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax# _____

Email Address _____

I (we) hereby authorize Stonewood Insurance Services, INC, and its subsidiaries and affiliates ("Stonewood Insurance"), to electronically make deposits and/or withdrawals, and to initiate debit entries in the event of errors to the account named on this form. I (we) hereby authorize the Financial Institution indicated below to accept and post these transactions to my (our) account.

Brokerage Financial Institution

Name of Checking Account Holder _____

Bank Name _____

Bank Address _____ City _____ State _____ Zip _____

ABA Routing Number (9 digits) _____

Checking Account Number _____

This authorization will remain in effect until I (we) provide written notification to Stonewood Insurance of its termination in such time and in such manner as to afford Stonewood Insurance and the Financial Institution reasonable time to act on it. In the event that my (our) Financial Institution or account number changes, I (we) acknowledge that five (5) business days advanced notice must be given to Stonewood Insurance before the changes takes effect.

(Print Name) (Title)

x _____

(Signature of Authorized Producer) (Date)

After completing this form:

Fax or mail your completed Direct Deposit of Producer Commission Agreement Form and preprinted voided check directly to Stonewood Insurance Services – Marketing Department for immediate attention.

Fax to: 1-909-583-0090

Or

Mail to: Marketing

Stonewood Insurance Services

PO Box 2528

Rancho Cordova, CA 95741

***Please attach a sample check marked as VOID.**