



Family Values, Independence & Innovation!

Request For Appointment:

STEP 1: Complete [Agency Profile](#) & [ACH Form](#)

STEP 2: Submit forms along with your:

- W-9
- Licenses
- E&O Dec. or Cert.

To: GetAppointed@jimcor.com

STEP 3: E-Sign Producer Agreement [HERE](#)

THIS PACKET INCLUDES USEFUL INFO FOR YOUR CLAIMS &
ACCOUNTING TEAM. PLEASE DOWNLOAD & DISTRIBUTE.



Producer Profile

Applicant Information

Agency Full Name: _____ Date: _____

Address: _____
Street Address P.O. Box
City State ZIP Code

Telephone: _____ Fax: _____ Website: _____

Federal Tax ID# _____ Agency ☐ P ☐ _____ Principal's ☐ P ☐ _____

E&O Carrier: _____

E&O Limits: \$ _____ E&O Deductible: \$ _____ E&O Exp Date: _____

How did you hear about Jimcor? _____ If Other ☐ Please List ☐

Referring Jimcor Associate (If Applicable): _____

Primary Contact Information

Agency Principal: _____ Email: _____ Phone: _____

Claims Contact: _____ Email: _____ Phone: _____

Accounting Contact: _____ Email: _____ Phone: _____

Marketing Contact: _____ Email: _____ Phone: _____

*See page 3 for additional office contacts ie: complete list of producers, account representatives, etc.

Do you have multiple locations?

If yes, please list? _____

What Agency Management System do you use? _____

What is your agency's premium volume? \$ _____

What is your agency's total number of employees? _____

What type of business classifications or lines of coverage does your agency primarily handle? Example: Restaurants, Contractors, Habitational, specific niche or program, etc:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |



Producer Profile

Book of Business

What are the percentages for your mix of business? Personal _____ .% Commercial _____ %

Check the boxes for Jimcor divisions you are interested in: _____

- ☐ Professional
☐ Transportation
☐ Workers Compensation

Current Carrier Partners

Name of Insurance Carriers with Direct Appointment:

Years of Representation"

1.

2.

3.

4.

What other Wholesalers do you currently use?

What type of business do you use them for?

1.

2.

3.

1.

2.

3.

Which of the following associations are you currently a member of?

☐ PIA ☐ CIB ☐ IIA ☐ MAIA ☐ IIAB Other: _____

Are You Part of an Aggregator or Agency Group? Yes No If Yes, Please List:

Please attach a copy of your current licenses, E&O policy DEC sheet or certificate of insurance.

In accordance with FCC Regulations we are not allowed to send you valuable marketing information from Jimcor via fax and email without your permission. By signing below it is understood that you have given Jimcor permission to send you information via fax and email.

Signature of agency owner, principal, partner or officer

Date

Please return this document via e-mail to GetAppointed@jimcor.com

Reviewed and Approved By:

Jimcor Representative

Date

Correspondent's Agreement Sent: ☐ YES ☐ NO

Date



Producer Profile

Policy Delivery Options

Name

Email

OPTION ONE:

1. Send **All** policies to: _____

OPTION TWO:

1. Send **Personal Lines** policies to: _____

2. Send **Commercial Lines** policies to: _____

Accounting Statement Online Access

I hereby authorize the following agency personnel to have online agency statement access for our firm, via Jimcor's Online Agency Service and Information System, OASIS, at www.jimcor.com

Name

Email

1.

2.

3.

4.

5.

6.

Print Name and Title (**Must be Principal/Officer of Agency**)

Signature and Date

Additional Contacts

Name

Email

ACH Request Form

Direct Bill Commission & Refunds



If you would like to start receiving Direct Bill Commission and agency refund checks via ACH payments from Jimcor Agencies please complete the form below and return it to JimcorAcctStatements@jimcor.com.

Agency Name:

Agency AGT Code (if known):

Name of Person Submitting Request:

Complete Agency Mailing Address:

Agency Phone Number:

Required Information:

Account Number:

Routing Number:

ACH Email contact(s):

Authorized individual completing this form:

Name _____ Signature _____

Title (must be principal or officer) _____ Date _____

Retail Agency State Licensing

Please review Jimcor's requirements for client licensing and contact us with any questions.

Agency Licenses are required for all except four states listed below. Three additional states have specific requirements (California, Florida & New York).

➤ **Four (4) States That DO NOT Require Agencies Be Licensed (must provide Individual licenses):**

1. RI – Rhode Island
2. TN – Tennessee
3. VT – Vermont
4. WI – Wisconsin

➤ **Three (3) States with Specific Licensing Requirements:**

1. **CALIFORNIA (CA):**

Regarding California, State law requires that a business entity shall not solicit, negotiate, or effect contracts of insurance unless the entity holds a valid California license authorizing the entity to act in that capacity. In addition, an individual producer conducting business on behalf of a California licensed business entity must be added as an endorsed agent on the business entity license in order to transact insurance business on the entity's behalf.

2. **FLORIDA (FL):**

- a. The Agency must be licensed.
- b. Filing is done under the Individual licensee and the Individual must have Assignments.
- c. To write business in the State of Florida, we must obtain both the Agency license and the Individual license.

3. **New York (NY):**

- a. The Agency must have a NY BR (Broker) license.

➤ **All Other States We Require an Agency License**

For the most up to date licensing information, go to the state websites. Click the link below for NAIC map of state resources: https://content.naic.org/state_web_map.htm

The above information was provided by an independent licensing management entity.

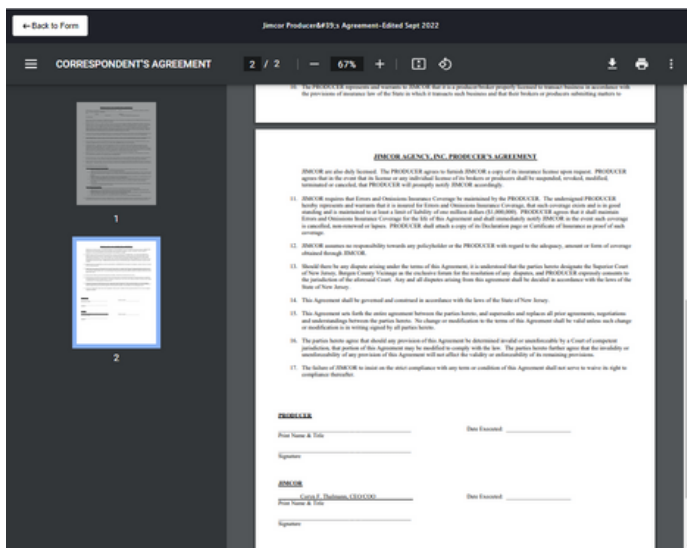


Preview & Sign Jimcor's Producer Agreement!

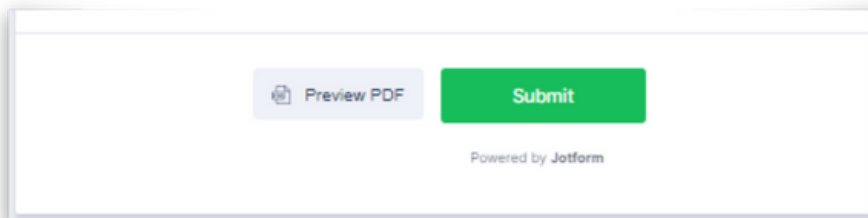
E-SIGN PRODUCER AGREEMENT [HERE!](#)

INSTRUCTIONS: New window will open with JotForm to enter the information on your sample Producer Agreement. Please select "Preview PDF" at the bottom to review the agreement & save a copy for your files.

Sample of Preview PDF:



Once you have reviewed, submit the agreement signed by your agency Principal/Officer electronically.
Example below of the preview & submit options:



Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer
Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.

See Specific Instructions on page 3.

1

Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2

Business name/disregarded entity name, if different from above.

3a

Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor

☐ C corporation

☐ S corporation

☐ Partnership

☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b

If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐

4

Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5

Address (number, street, and apt. or suite no.). See instructions.

6

City, state, and ZIP code

7

List account number(s) here (optional)

Requester's name and address (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. See also *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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Cat. No. 10231X

Form **W-9** (Rev. 3-2024)



MESSAGE FROM ACCOUNTING

Statements are available online on OASIS to view, print & download

- View your open items online on OASIS.
- Once payment is processed, the system sends an email to you & our Accounting Team with payment remittance for E-Check, Credit Card & ACH payments.
- Please be mindful of due dates: Most are due the 30th of the month.
 - Brokered policies have special payment terms & may be due prior to the 30th. IMPORTANT: Check the due dates on invoices.

Returned Premiums

Returned to the party that paid Jimcor (Exception of Northfield/ Northland policies).

- Cancellation return premium listed under the "Premium Finance Only" portion of your statement, will be sent to the finance company.
 - PLEASE NOTE: Endorsement return premiums are not sent without a written request from your agency.
- Remainder of returns on your statement, Jimcor does not automatically send credits to your office, you can apply them on a balance owed.
 - Requesting a Return Premium Check? Please request through OASIS at www.jimcor.com
 - ACH/Checks are issued weekly



Please contact your Jimcor Underwriter/Broker to request a Citation Finance estimate. Citation can finance any of your policies, not only those written through Jimcor.



ACH Instructions

Bank Name: Bank of America
Bank Address: 222 Broadway, New York, NY 10038
Bank ABA#: 021200339
Acct Name: Jimcor Agency
Beneficiary Address: Jimcor Agencies 60 Craig Road
Montvale, NJ 07645
Acct# 381032821293

Check Remittance

Jimcor Agencies
60 Craig Road, Montvale, NJ 07645

Contact Information

Accounting Manager

Phyllis Murphy / Ext. 1137

Accounts Receivable

Kristen Pappas / Ext. 1149
Fatima Matari / Ext. 1165
Nicholas Moore / Ext. 1157
Julie Fiondella / Ext. 1159
Michelle O'Connor / Ext. 1139

Accounts Payable

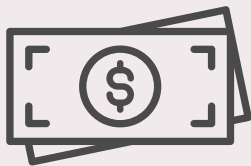
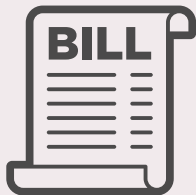
Andre Stief / Ext. 1104

Understanding Your Billing Statement



The format of our statement is designed to be user friendly! We are including helpful information on the Statements from Jimcor Agencies and are here to help with any questions!

Statements are available online through OASIS to view, print & download



Remit Payments using OASIS Platform at Jimcor.com

Payment Address:

Jimcor Agencies
Attn: Accounting Department
60 Craig Road
Montvale, NJ 07645

- PAST DUE ITEMS: Premium due the previous month or prior.
 - Cancellation Notices could be sent on these items.
- CURRENT DUE THE 30TH OF THIS MONTH: Premiums due the current month. Brokered policies may have due dates other than the 30th, please check the due dates of all items currently due.
- FUTURE ITEMS: Premiums due after the 30th of the current month.
- PREMIUM FINANCE CREDITS ONLY: To be remitted to the finance company, return premiums are listed here for review only. Jimcor Agencies remits these credits to the appropriate finance companies.

Policy and Premium Information Type Codes & Brief Description of Charges:

- NSB: New Business
- REN: Renewal
- ADD: Additional Premium Endorsement
- RET: Return Premium
- CXL: Cancellation
- ABF: Fees
- SLT: Surplus Lines Tax
- SOF: Stamping Office Fee
- AUD: Audit
- PAID: Paid (Monies were received by Jimcor & applied)



NEW, Competitive Rates

with financing options in: NJ, NY, PA, FL, GA, WV*

*WV limited to commercial lines only. Additional states considered upon request.

What is Citation Finance?

Financing premiums can improve cash flow & preserve your customers' working capital. Using a finance company allows your client to spread the payment throughout the year; use additional working capital for business growth or income producing purposes. In return, freeing you of the burden of tracking & managing premium payments. Easily add to Jimcor quotes without going to another website!

We Offer Arrangers Fees!

Contact your regional Jimcor Sales manager to learn about writing more & earning more!

Advantages

- No minimum premium to finance.
- Flexibility on number of monthly installments and down payment.
- Financing available on Agency Billed Commercial lines and Personal lines policies.
- User friendly website allows you to quote accounts.
- Payment peace-of-mind with EFT options available.
- Ability to pay online, EFT or by phone, fax, or mail.



Benefits

Agent Benefits Include:

- Access to insureds' premium finance account information.
- Effortless EFT payment options for payment peace of mind.
- Make an insured payment from agency's trust account or with insured payment information.
- Access to quoting portal for new premium finance quotes.
- Run reports and detail inquiries from your account online.

Insured Benefits Include:

- Account access and general account maintenance activities.
- One-time payment available with your checking account or debit/credit card.
- Future payment scheduling capabilities.
- Online enrollment for automatic payment deduction from your checking account or debit/credit card if available.



JIMCOR.COM | 877.9JIMCOR | e: marketing@jimcor.com

Get Started!

Contact Your Regional Jimcor Sales Manager To Find Out More!

Claims



MEET OUR IN-HOUSE TEAM

Our in-house Claims Team takes pride in providing excellent service to our clients. Almost 50 years of combined in-house experience, we are here to assist you & your clients during difficult times.



Advantages of Jimcor's Claims Department

- **London Losses:** We issue payments directly & quickly to insureds upon completion of the loss investigation. We can get funds promptly into the hands of the insured in cases of urgent matters.
- **Domestic Losses:** We gain access to updated information via company websites or through our many contacts & help to facilitate communication between our clients & companies.
- We have state of the art technology to ensure claims are handled with the utmost efficiency.
- Recognized by many of our clients for superior claims handling & commended for our dedication to servicing your claims needs.
- Professionally & efficiently handled almost 5,000 Superstorm Sandy claims.

Contact Us:

Tammy Malizia, AIC, ASLI: *Claims Manager* ext. 1179

Robin Psztur: *Senior Claims Examiner* ext. 1154

Danielle Siedlecki: *Claims Assistant* ext. 1188

For immediate attention send all first notices of loss directly to claims@jimcor.com

