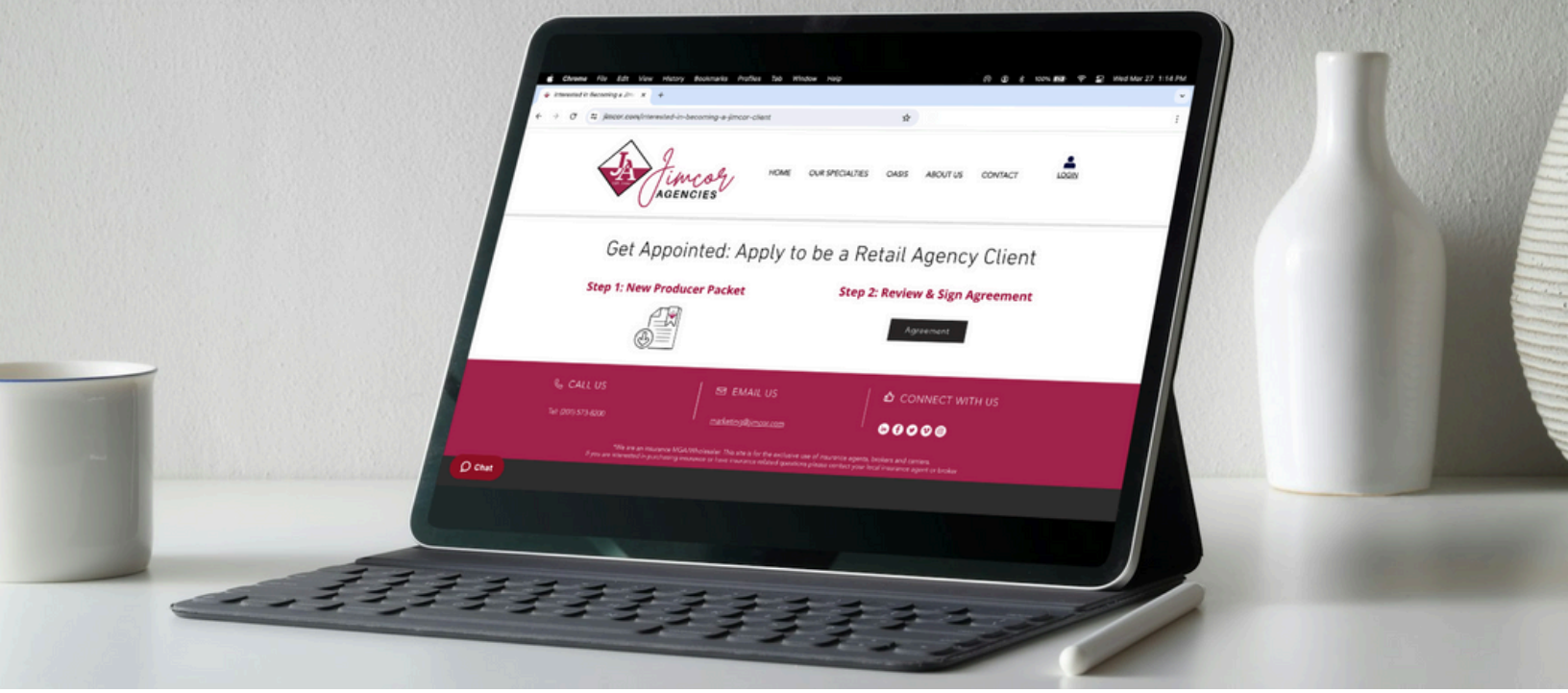
Jimcor Agency, Inc.

Apply to be Appointed



Step-by-Step

STEP 1.

Complete Forms:

- **Producer Profile**
  - Appointment Info
  - Book of Business
  - Agency Contacts
- **ACH Form**

STEP 2.

Submit Forms with Documents Below to:
GetAppointed@jimcor.com

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

STEP 3.

E-Sign the Producer Agreement Within this Packet

This Packet Includes Useful Information for Your Claims and Accounting Teams. Please Download and Distribute Accordingly.

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 NPN# _____ Principals NPN# _____

E&O Carrier: _____

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

How did you hear about Jimcor? ☐ Jimcor Associate Enter Name Here

☐ Online ☐ Event ☐ Referral ☐ Insurance Business America ☐ Other: _____

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.	1.
2.	2.
3.	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 (Choose One Checkbox Below)

Name Email

☐ OPTION ONE: **One** email address for **all** policies:
1. Send **All** policies to: _____ _____

☐ OPTION TWO: Line of business choice for PL or CL policies:
1. Send **Personal Lines** policies to: _____ _____
2. Send **Commercial Lines** policies to: _____ _____

☐ OPTION THREE: (check the box) – All policies will go to the contact on the account:
Send policies to Individual contact listed on the account.

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.	

_____

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

NAIC Map of State Resources:
https://content.naic.org/state_web_map.htm

JIMCOR AGENCIES APPOINTMENT

License Requirements

Requirement Overview

- *Agency Licenses are Required for All Except Four States Listed. (Rhode Island, Tennessee, Vermont & Wisconsin).*
- *Three Additional States Have Specific Requirements Listed. (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):

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

3. NEW YORK (NY):

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

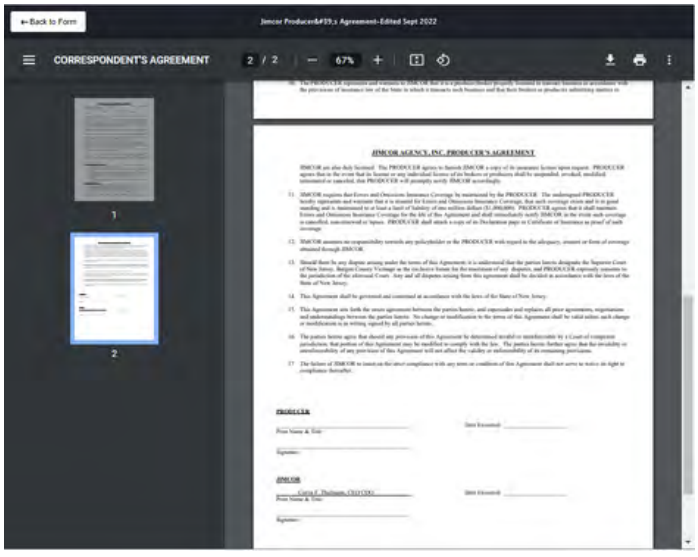


Preview & Sign Jimcor's Producer Agreement!

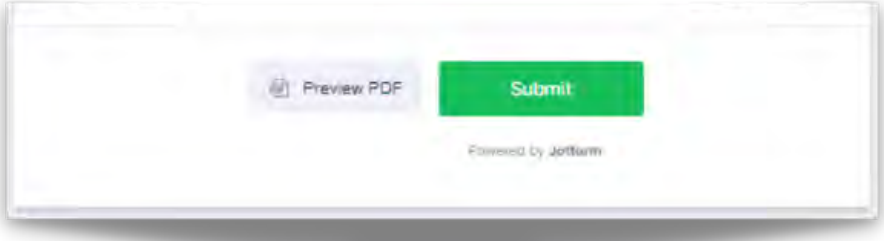
E-SIGN PRODUCER AGREEMENT HERE!

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.

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.

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.

Social security number

___ – ___ – ____

or

Employer identification number

__ – _____

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.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

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

Message from Accounting

For Additional Accounting Inquiries,
Email Accounting@jimcor.com

VIEW, DOWNLOAD & PAY STATEMENTS ONLINE

Using Oasis, our Online Platform

Statements are Available Online through OASIS to View, Print, Download & Pay

Login at Jimcor.com

Make Payments Online Using OASIS

Important: Be Mindful of Due Dates

Once payment is processed, system will send an email to you & our Accounting Team with payment remittance for E-Check, Credit Card & ACH payments.

PAST DUE ITEMS
Premium due the previous month or prior. Cancellation Notices could been sent on these items.

FUTURE ITEMS
Premiums due after the 30th of the current month.

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.

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

- *NBS: 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)*

PLEASE NOTE:
Endorsement return premiums are not sent without a written request from your agency. Requesting a Return Premium Check? Request through OASIS. ACH/Checks are issued weekly. Remainder of returns on your statement, Jimcor does not automatically send credits to your office, you can apply them on a balance owed.

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

Or Remit Payments using our OASIS Platform

Write more, earn more with

IPFS + Jimcor

New 15% down and 10 installment plan available

Financing premiums can improve cash flow and 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 and managing premium payments. Easily add to Jimcor quotes without going to another website!

Effortless Advantages:

- No minimum premium to finance.
- Available in all states where Jimcor writes.
- Flexibility on number of monthly installments and down payment.
- Financing available on Agency Billed Commercial lines and Personal lines policies.
- Payment peace-of-mind with EFT options available.
- Ability to pay online, EFT, or by phone, or mail.
- Agents can directly pay either on OASIS or by a payment link that is now included on our invoices.

IMPERIAL PFS®

To Get Started

Contact accounting@jimcor.com



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