



313 Swanson Drive
Lawrenceville, GA 30043

(678) 935-5040 (800) 423-1520
(678) 935-5032 (888) 206-2024 fax

Healthcare Professional Services, Inc.

***New Agent/Broker Questionnaire**

Agency Name:			
Street address	City	State	Zip
Mailing address	City	State	Zip
Date Agency established:			
Tax identification number:			
Telephone #	Fax #		
Toll free #	email address:		
Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other:			
Who referred you to us?			

Principals of the Agency					
Name	Title	Home address	City	State	Zip
1.					
2.					
3.					
*Please list the persons to contacted for the following					
Accounting:					
File maintenance:					

Current license information		
Name (exactly as shown on license)	license #	State
1.		
2.		
3.		
4.		
5.		

Principal companies represented		
Standard		
1.		
2.		
3.		
4.		
5.		
Surplus Lines		
1.		
2.		
3.		
4.		
5.		
* E&O Coverage	Company	Effective date
Yes <input type="checkbox"/>	No <input type="checkbox"/>	



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Healthcare Professional Services, Inc.

BROKERAGE AGREEMENT

No: _____ .

The Agreement made and entered into this _____ day of _____, 20 ____, by and between Healthcare Professional Services, Inc., hereinafter referred to as HPSI and _____ (licensed by the State of _____ and/or as an Insurance Agency under license number _____), hereinafter referred to as BROKER.

WITNESSETH, in consideration for HPSI expending time, money and rendering of valuable services in placing risks from time to time hereafter for BROKER with an insurer or insurers, and mutual promises and covenants hereinafter set out:

1. BROKER acknowledges that he is the agent of the insured and is not the agent of, and has no authority to bind HPSI or any of its principles or insurers.
2. BROKER shall be liable to HPSI for the full amount of premium and applicable state taxes, less commission, including additional premiums developed under audits or retrospective penalties on every insurance contract placed by BROKER, whether collected by BROKER or not. Such premiums and taxes shall be due by BROKER to HPSI from the date of liability assumed by the insurer and are to be remitted to HPSI as follows:
 - a. HPSI shall invoice BROKER for each insurance contract placed. Payment must be received within (5) days after the coverage effective date.
3. No insurance contract may be returned to HPSI by BROKER for flat cancellation unless it is returned prior to the inception, or effective date, of contract. Earned premium shall be computed and charged on every contract cancelled after inception in accordance with the cancellation provisions of such contract.
4. In consideration of commission allowed BROKER on all premiums, and additional premiums, BROKER agrees to pay HPSI the commission on all return premiums at the same rate such commissions were originally retained.
5. HPSI 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.

This agreement shall apply to current policies already placed and in force at the date hereof and all future policies which may be placed by HPSI for BROKER. This agreement constitutes the full and complete contract between HPSI and the BROKER. Neither party has relied upon any oral representation not included herein. Any amendment to this agreement shall be made only with the written consent of both parties and attached hereon through addendum. This agreement may be cancelled at any time by written notice of 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. This agreement shall be governed by the laws of the State of Georgia and the BROKER hereby consents to the jurisdiction of the Georgia courts.

BROKER: _____

Healthcare Professional Services, Inc.

BY: _____

BY: _____

TITLE: _____

TITLE: _____

WITNESS: _____

WITNESS: _____