



ALTER SURETY GROUP, INC.

5979 N.W. 151ST STREET, SUITE 104
MIAMI LAKES, FL 33014
PHONE 305-517-3803 FAX 305-328-4838

SURETY BROKER / PRODUCER AGREEMENT

This agreement is to establish a producer relationship between **ALTER SURETY GROUP, INC.** and the Producer listed below

Producer Name: First: _____ Last: _____

Name of Agency: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Agency Phone: () _____ **Fax:** () _____

Producer E-Mail Address: _____

Federal Tax ID#: _____

***Include copies of current applicable licenses**

Please complete and return the attached W-9 form with signed Agreement

The **Producer** acknowledges that he/she is duly licensed to conduct business in the states where his/her licenses are held.

The **Producer** agrees to maintain Errors and Omissions Insurance Coverage in the amount of \$1,000,000 and verifies that coverage exists. Please provide proof of coverage when submitting this executed Agreement.

The **Producer** agrees that coverage cannot be bound without prior authorization from the Company (**ALTER SURETY GROUP, INC.**)

This Agreement may be terminated or cancelled at any time by either party upon written notice.

Two Originals to be signed by **Producer**:

Producer's Name: (Print) _____

Producer's Signature: _____

Title: _____

Date: _____, 20____

ALTER SURETY GROUP, INC. _____

Title: _____