



Agreement is made on the below date between (here in called "MGA"), and the above address (here in called "Producer"), stipulating to the following conditions to transact business:

1. PRODUCER IS NOT AUTHORIZED TO BIND OR CANCEL ANY INSURANCE COVERAGES.
2. Producer is not authorized to endorse, reinstate, or assign any policies issued by MGA.
3. Producer will comply with all State Insurance Codes.
4. The relationship of Producer to MGA will be that of an independent contractor.
5. Recipient of an application for insurance and/or cash by MGA does not automatically constitute binding.
6. Producer is not authorized to handle claims, and producer must make report of claims to MGA as soon as possible after receipt.
7. This agreement is subject to the State insurance laws, and invalidity of any particular condition of the Agreement will not affect the others.
8. Any modification of this agreement must be made in writing and signed by both parties.
9. This agreement may be terminated by either party at any time in writing.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the state of Michigan.

**MGA**

**PRODUCER**

\_\_\_\_\_  
(Signed, President)

\_\_\_\_\_  
(Signed, President)

\_\_\_\_\_  
(Signed, Witness)

\_\_\_\_\_  
(Signed, Witness)

**PLEASE PRINT FORM, SIGN AND FAX. WE WILL  
COUNTER SIGN AND FAX BACK**