REQUIREMENTS FOR PRODUCER CODE

Enclosed are the materials that will enable you to apply for a Maryland Automobile Insurance Fund/Maryland Auto Producer Code. These forms include:

- Application for Authority to Transact Maryland Automobile Insurance Business – MDAuto 64014 (1/2017)
- Producer Bond Requirements – MDAuto 64015A (7/2015)
- Maryland Automobile Insurance Fund Producer’s Bond – MDAuto 64015 (7/2015)
- Employee/Retainee Addendum Form – MDAuto 64014A (1/2017)

Maryland law requires all Maryland Auto agents to have a valid appointment with at least one property and casualty insurance company. Maryland Auto does not appoint Producers.

Please complete all items of the Application for Authority to transact Maryland Automobile Insurance Fund Business. If you are a corporation, complete this form on behalf of the corporation. This form must have the original signature of applicant.

Maryland Auto’s bond requirements are explained in the Producer Bond Requirements form referenced above. Maryland Auto requires the original bond with seal.

A separate Employee/Retainee Addendum must be completed by each employee or retained person, including officers and directors of corporations; who solicit, negotiate or accept insurance business from the public. Please include photocopies of each licensed person’s current Maryland agent license, including those of the corporate entity.

New Producers and each licensed employee must complete Maryland Auto’s Online Training Program. The course is located on our Producer Portal. The Producer Services team will email instructions for accessing and completing the training program upon receipt of the new producer application packet.

For timely processing, all forms must be completed, signed, and emailed with required documentation to ProducerServices@MarylandAuto.net. Or you may mail to Maryland Auto Insurance, Producer Services, 1215 East Fort Avenue, Suite 300, Baltimore, MD 21230. If you have questions concerning these materials or the bonding requirements, contact Producer Services at our producer-dedicated phone number, 800-445-1117 or by email.

Application Checklist
- Signed Application
- Copy of current MD Producer’ License
- Original Bond
- Employee/Retainee Addendum(s)

MDAuto 65001 (01/2017)
APPLICATION FOR AUTHORITY TO TRANSACT
MARYLAND AUTOMOBILE INSURANCE FUND BUSINESS

1. AGENCY NAME:
   LEGAL NAME: ____________________________________________
   Name on license and bond must read the same as filed with the Maryland Insurance Administration.
   DBA/AKA NAME: ____________________________________________
   TYPE: □ INDIVIDUAL □ CORPORATION □ PARTNERSHIP □ LIMITED LIABILITY COMPANY
   Please show individual, trade or corporate name on file with the M.I.A. Please attach copy of the approved
   Trade Name Certificate, if applicable.

2. STREET ADDRESS OF MAIN OFFICE:
   NUMBER & STREET: ____________________________________________
   CITY/STATE/ZIP: ____________________________________________

3. MAILING ADDRESS (IF DIFFERENT):
   NUMBER & STREET: ____________________________________________
   CITY/STATE/ZIP: ____________________________________________

4. CONTACT INFORMATION:
   PHONE: ____________________________________________
   FAX: ____________________________________________
   E-MAIL: ____________________________________________

5. ADDRESS, PHONE AND FAX OF ALL BRANCH OFFICES:
   Each office location requires a separate application/producer code. If additional space is required, attach a
   separate page.

6. TAX IDENTIFICATION NUMBER: ____________________________ TYPE: □ FEDERAL EMPLOYER □ SSN

7. AGENCY PRINCIPAL INFORMATION:
   NAME: ____________________________ TITLE: ____________________________
   SSN: ____________________________ DOB: ____________________________
   RESIDENCE ADDRESS: ____________________________________________
   ____________________________________________
   RESIDENCE PHONE: ____________________________
   LANGUAGES SPOKEN: ____________________________

8. IF APPLICANT IS A CORPORATION OR PARTNERSHIP, PROVIDE THE FOLLOWING INFORMATION
   FOR ALL OFFICERS OR PARTNERS:

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<th>NAME</th>
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<th>SSN</th>
<th>DOB</th>
<th>% OWNERSHIP</th>
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9. MARYLAND PRODUCER’S LICENSE NUMBER: ____________________________ (MUST ATTACH PHOTOCOPY)
   For corporations, attach copies of both principal owner and corporate licenses.

NEW PRODUCERS MUST COMPLETE MARYLAND AUTO’S ONLINE TRAINING PROGRAM. The Producer
Services team will email instructions for accessing and completing the course upon receipt of application.

MDAUTO 64014 (01/2017)
10. BONDS: Complete appropriate section and send original to Maryland Auto.

A. PRODUCER’S BOND
Provide the following information from the bond naming Maryland Automobile Insurance Fund/Maryland Auto as obligee (Beneficiary) and attach original Bond.

COMPANY NAME: ________________________________
BOND NUMBER: ___________________ EFFECTIVE DATE: ___________________

OR

B. EMPLOYED AGENT CERTIFICATION
Provide the name of the guarantor providing the Certification in Lieu of Surety Bond. Letter of authorization for the blanked coverage is acceptable.

GUARANTOR: ________________________________ EFFECTIVE DATE: ___________________

11. MD PROPERTY AND CASUALTY INSURANCE COMPANIES REPRESENTED:
COMPANY NAME: ________________________________

If additional space is required, attach a separate page.

12. HAVE YOU PREVIOUSLY WRITTEN FOR MARYLAND AUTOMOBILE INSURANCE FUND/MARYLAND AUTO? □ YES □ NO

IF YES, INDICATE CAPACITY AND AGENCY DETAILS: □ PRODUCER □ EMPLOYEE
COMPANY NAME: ____________________________ LAST ACTIVE DATE: ____________________________ MD AUTO PRODUCER CODE: ____________________________

13. DO YOU EMPLOY OR OTHERWISE RETAIN ONE OR MORE LICENSED PERSONS TO SOLICIT, NEGOTIATE OR ACCEPT INSURANCE APPLICATIONS FROM THE PUBLIC? □ YES □ NO
If the answer is YES, complete a separate Employee/Retainee Addendum Form for each such person. All required information must be provided and Addendum must be signed and dated by both the Principal and the employee. A copy of the employee/retainee’s Certificate of Qualification showing authorization to write automobile or property and casualty insurance must be attached. Each licensed employee must attend Maryland Auto’s Private Passenger Training seminar.

14. CERTIFICATION
I certify that the above information is true and correct.

I certify that in the event the Applicant is authorized to act as a Maryland Automobile Insurance Fund/Maryland Auto producer, the Applicant will comply with all statutes, regulations and rules applicable to placing business with Maryland Auto. The Applicant further agrees to indemnify and hold Maryland Auto harmless for any and all acts by Applicant or its employees, retainees, officers or other persons which are contrary to statutes, regulations and/or rules applicable to placing business with Maryland Auto.

The Applicant agrees that it will at all times maintain current and up-to-date Maryland Auto Private Passenger and Commercial Automobile Rate, Rule and Form Manuals and Producer Guide. The Applicant agrees that it and all of its employees/retainees will at all times maintain license qualification from the Maryland Insurance Administration for automobile or property and casualty insurance.

The Applicant acknowledges and agrees that it will not hold itself out as being, nor will it act as, an agent of Maryland Auto and understands, that any representations made, whether written or oral, may not be binding on Maryland Auto.

Notice to Applicants: As a part of our screening process an investigative consumer report may be obtained including information regarding your financial, regulatory compliance, and employment background. All information obtained will be kept confidential by Maryland Auto in the ordinary course of business and is not generally available for public disclosure. Upon your written request we will furnish in writing a description of the nature and scope of the investigation requested.

APPLICANT SIGNATURE: ____________________________ DATE: ____________________________
BOND REQUIREMENTS

Section 20-511 of the Insurance Article, Annotated Code of Maryland, addresses the requirements which states:

That every producer must file a Maryland Automobile Insurance Fund surety bond in the amount of $10,000 naming the Fund as obligee (beneficiary). The bond must be issued on a Maryland Automobile Insurance Fund Bond form by a surety company authorized to write business in the State of Maryland.

The bond is a guarantee that the producer will account for and pay overall monies received by the producer in accordance with the applicable provisions of the statute and the binding rules of the Fund. The form contains a cancellation feature under which the Surety may terminate the bond subject to 30 days written notice to the Fund and a copy thereof to the principal (producer).

In lieu of a Maryland Automobile Insurance Fund Bond, a producer appointed as an exclusive agent by an insurer can satisfy the Fund’s bond requirement under a Certification in Lieu of Surety Bond issued by the appointing insurer who, in effect, agrees to provide surety on behalf of the exclusive agent. Such surety coverage must be in the amount of $10,000, on the Fund’s Certification in Lieu of Surety Bond form and executed by a duly authorized representative of the insurer.

Authority to write business on behalf of the Fund is contingent upon filing with the Fund evidence of surety and maintaining such surety continuously during the period that the producer is authorized to write business on behalf of the Fund. Failure to maintain surety will cause the producer’s authority to be terminated.

Maryland Auto requires the original bond containing the seal.
MARYLAND AUTOMOBILE INSURANCE FUND
PRODUCER’S BOND

Bond Number: ______________________________ Date: ___________________

KNOW ALL MEN BY THESE PRESENTS, THAT

____________________________________________

of _______________________________________

State of _____________________________ (herein after called “Principal”), as Principal
who has applied to the Maryland Automobile Insurance Fund (herein after called “Maryland
Auto”) for appointment as a Producer, and is required by Section 20-511 of the Insurance
Article, Annotated Code of Maryland to give a bond in the penalty below and conditions as
hereinafter set forth; and ______________________________ with its principal offices
located at ________________________________ a corporation
authorized to do surety business in the State of Maryland (hereinafter called “Surety”) as
Surety; ARE HELD AND FIRMLY BOUND unto Maryland Auto in the full and just sum of TEN
THOUSAND AND 00/100 ($10,000) DOLLARS; the payment of which sum well and truly to
be made, the Principal and Surety hereby bind themselves, their respective heirs, executors,
administrators, successors and assigns, jointly and severally, firmly by these presents.

PROVIDED, HOWEVER, THAT THE CONDITION OF THE ABOVE
OBLIGATION IS SUCH, that if the Principal, in the conduct of his business as Producer for Maryland Auto, will
account for and pay over to the person entitled all moneys belonging to the entitled person
which may come into the hands of said Principal, as such Producer, in accordance with the
provisions of this Subtitle and the Binding Rules of Maryland Auto, then this obligation shall
be void, otherwise to remain in full force and effect.

AND FURTHER PROVIDED, that the Surety may, without prejudice to any liability accrued
prior to such cancellation, cancel such bond upon thirty (30) days written notice filed with
Maryland Auto and a copy thereof mailed to the Principal.

Signed, sealed and dated this _____________ day of _________________ of 20____

As Witness:

________________________________________ By: ______________________________

(Principal)

Test as to Surety and its Corporate Seal:

________________________________________ (Surety)

_______________________________ By: ______________________________

(Associate-in-Fact)

(NOTICE TO SURETY COMPANIES: Be sure a concurrently dated Power of Attorney is
attached to this bond.)

MDAuto 64015 (7/2015)
APPLICATION FOR AUTHORITY TO TRANSACT
MARYLAND AUTOMOBILE INSURANCE FUND BUSINESS
EMPLOYEE/RETAINEE ADDENDUM

1. NAME OF MARYLAND AUTO PRODUCER WITH WHICH YOU WISH TO ASSOCIATE:

MARYLAND AUTO PRODUCER CODE: ________________________________

2. INFORMATION FOR EMPLOYEE/RETAINEE OF MARYLAND AUTO PRODUCER:

NAME: ___________________________ TITLE: ___________________________
S.S.N.: ___________________________ D.O.B.: ___________________________
RESIDENCE ADDRESS: _________________________________________________
RESIDENCE PHONE: ___________________________ FAX: ______________________
OTHER LANGUAGES SPOKEN: _________________________________________

3. MARYLAND PRODUCER’S LICENSE NUMBER: __________________________
   Attach photocopy.

4. EMPLOYEE/RETAINEE’S PRIMARY BUSINESS ADDRESS:

5. CONTACT INFORMATION AT PRIMARY BUSINESS ADDRESS:

PHONE: ___________________________ FAX: ___________________________
E-MAIL: ___________________________

6. LIST ALL INSURANCE COMPANIES REPRESENTED:
   (If additional space is required, attach a separate sheet.)

   COMPANY NAME                                  COMPANY NAME
   ___________________________                      ___________________________
   ___________________________                      ___________________________
   ___________________________                      ___________________________

7. HAVE YOU PREVIOUSLY WRITTEN FOR MARYLAND AUTOMOBILE INSURANCE FUND/ MARYLAND AUTO?
   □ YES  □ NO
   IF YES, INDICATE CAPACITY AND AGENCY DETAILS: □ PRODUCER  □ EMPLOYEE

   COMPANY NAME: ___________________________ LAST ACTIVE DATE: ____________
   MD AUTO PRODUCER CODE: ____________________

NEW PRODUCERS MUST COMPLETE MARYLAND AUTO’S ONLINE TRAINING PROGRAM. The Producer
Services team will email instructions for accessing and completing the course upon receipt of application.

EMPLOYEE/RETAINEE’S CERTIFICATION
I hereby certify that the above information is true and correct. Notice to Applicants: As part of our screening
process, an investigative consumer report may be obtained including information regarding your financial,
regulatory compliance and employment background. All information obtained will be kept confidential by
Maryland Auto in the ordinary course of business and is not generally available for public disclosure. Upon your
written request, we will furnish in writing a description of the nature and scope of the investigation requested.

SIGNATURE OF EMPLOYEE/RETAINEE: ___________________________ DATE: ____________

PRINCIPAL’S CERTIFICATION
I hereby certify that the Producer shown above employs or has retained the individual named in this application,
and request the Maryland Auto authorize this individual to transact Maryland Auto business on behalf of the
producer. The Maryland Auto producer will indemnify and hold Maryland Auto harmless for any and all violations
of applicable statutes, regulations and/or rules by said individual employee/retainee.

SIGNATURE OF PRINCIPAL: ___________________________ DATE: ____________

MDAUTO 64014A (01/2017)