

Statements of Understanding & Agreement with Benefit Program Services, Inc. (BPS)

(Required at time of initial contracting)

1. I understand that I am not authorized to represent myself or my agency as an employee or representative of BPS or the insurers or service providers with whom BPS is affiliated, nor are BPS or such insurers or service providers responsible for my actions.

2. I have Errors and Omissions (E & O) liability coverage in force.
Insurer _____
Limits _____ Deductible _____
(Please attach a copy of policy declarations page.)
 I do not have Errors and Omissions (E & O) liability coverage in force.
I understand and acknowledge that I am responsible for my own liability and liability coverage.

3. I agree to hold harmless, BPS, its directors, officers, employees, successors and assigns, and the insurers and service providers with whom BPS is affiliated, from any and all claims, penalties, liabilities, losses, damages, suits, settlements, judgements, or costs, which may arise from acts or omissions on my part or on the part of those who act at my direction or under my supervision.

4. I understand and agree that I am responsible for any and all commission chargebacks and agree to repay BPS, or the insurers or service providers with whom BPS is affiliated, for such chargebacks, immediately upon notice of such liability.

Dated this _____ day of _____ 20_____

Producer Signature

Printed Name