

HEALTHCARE PROGRAM PRODUCER AGREEMENT

In partnership with some of the nation's top-rated carriers, CM&F offers valuable growth opportunity through comprehensive, competitive & flexible insurance coverages for individuals, businesses & groups.

CM&F Group's Professional Liability Division offers valuable growth opportunities for agents and brokers who might be experiencing contraction in the hospital and physician marketplace. Despite competitive price points and enhanced coverage benefits, our 200+ healthcare specialty programs can represent significant premium volume and income. Additionally, our products can be filed in all 50 states & DC.

All products are available online for both rating application and policy issuance. We make doing business easy with superior technology for fast, automated access plus peerless underwriting service.

PRODUCT HIGHLIGHTS

Professional Liability

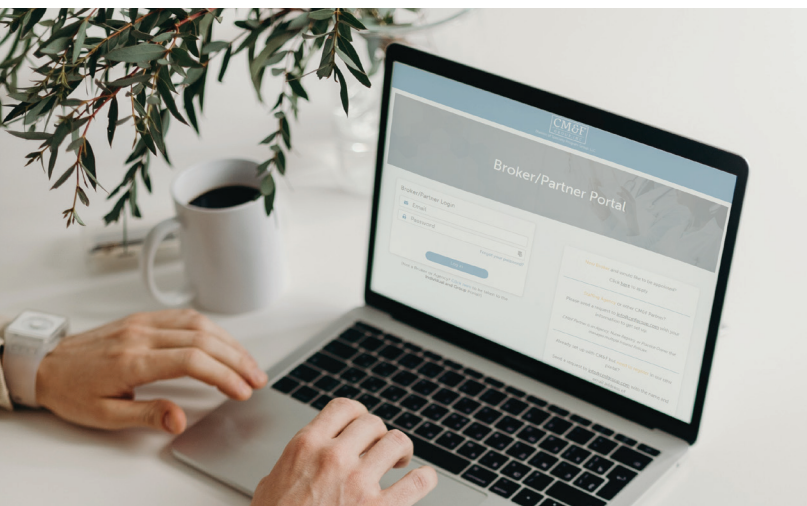
- Occurrence & Claims Made Forms Available
- Over 200 Specialties Available
- Medical Groups, Individuals and Schools
- Limits Available Up To \$3MM Per Incident
- HIPAA Defense Coverage
- License Defense Coverage
- Defense In Addition To Indemnity Limits
- Insured Consent To Settle
- No Minimum Premiums

General Liability

- Occurrence
- Premium As Low As \$170.00 for Individuals
- Damages To Premises Rented To Insured - \$1,000,000
- Personal Advertising Injury Limit - \$1,000,000
- General Aggregate - \$3,000,000
- Products Completed Operations
- Aggregate Limit - \$3,000,000

Cyber Liability

- Target Class - Healthcare Facilities
- Premiums As low As \$675.00
- Privacy & Data Breach Protection
- 24/7/365 Breach Hotline



OVER 200 HEALTHCARE PROFESSIONS COVERED

- Physician Assistants
- Nurse Practitioners
- Physical Therapy
- Nursing
- Home Healthcare
- Fitness
- Acupuncture
- Clinical Research
- Pharmacists
- Psychology
- Medical Schools/Students
- Mental Health
- Optometrists
- Behavioral Health
- & More...

100K

Customers & Growing

100+

Years In Business

5 Min.

To Get A Quote

www.cmfgroup.com

Need Help? Our Team Is Here For You, 8am-5pm EST, Mon.-Fri.:

E: broker@cmfgroup.com

P: 800.221.4904

F: 212.608.4378



CM&F Group Healthcare Program Producer Agreement

Thank you for your inquiry regarding our program for Healthcare Providers, Groups, Schools, and Clinical Research. This packet includes:

- I. Producer Agreement
 - II. Important Producer Information
 - III. Instructions for logging into your CM&F Broker Portal
 - IV. Form For Submission
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I. Producer Agreement

- Policies are best bound online at New/Renewal business in order to confirm coverage immediately.
- Upon approval of the client's application, policies become effective the date we receive premium payment and the completed application, unless otherwise agreed.
- Policies will be sent directly to the insured but can be accessed electronically via your broker portal.
- All renewal bills are sent directly to the insured but can be accessed electronically via your broker portal.
- Agency / Broker commission will be 10% on all New and Renewal Business.
- Wholesaler commission will be 17.5% on all New and Renewal Business.
- Commissions are paid on a Monthly basis after your agency has written \$1,000 in Gross Premium.
- Included with your monthly commission check will be a list of insured's, policy numbers & effective dates.

For anyone that cannot bind online, Gross Premium Payments must be made to (Payments ONLY; please do not send applications here):

Regular Mail for Payment
(can take a couple weeks to be received and processed):
CM&F Group, Inc
PO Box 4040
Southeastern, PA 19398

Overnight/Priority Mail for Payment
(can take up to a week to be received and processed):
CM&F Group, Inc
1085 Andrew Dr, Suite F
West Chester, PA 19380

II. Important Producer Information

- Please send all submissions to broker@cmfgroup.com or fax to 212.608.4378.
- For email follow-up or questions, e-mail broker@cmfgroup.com OR call your assigned underwriter directly.
- Payment to CM&F should always be made Gross unless otherwise agreed.
- All our product applications and premiums are available online at www.cmfgroup.com.

III. CM&F Group Broker Portal

- Keep an eye on your inbox! Once your agreement has been signed and received, you will receive an email with the subject "New CM&F Online Broker/Partner Portal Access" prompting you to create a password for your account.
- Direct link to Broker Access Portal: <https://access.cmfgroup.com/broker/s/login/>
- [Click here](#) for the [Broker Access Portal User Guide](#) which goes through all the benefits of using this portal.
 - You will be able to produce quotes, bind policies, print certificates, renew expired policies, and send out a personalized link for providers to sign up for their own policies.
 - The Account Administrator will have the ability to create and add multiple users once they are in the Broker Access Portal.



IV. CM&F Group Healthcare Program Producer Agreement

Please provide CM&F Group with the following information – all fields are required:

Communication:

Would you (or your brokerage) like to receive the annual policy renewal notices on behalf of your clients?

Choose ONE: Yes No

If YES, please provide the best email address:

- o ***Note: This should be the email address of the broker/administrator that must receive the renewal notices – an active inbox that is frequently monitored.***

Please submit the following additional documents:

Copy of your license for each state in which you wish to produce business

Completed W9 form

Copy of your firm's E&O Policy

Sign and return this letter to us with the required information to be assigned a Producer Profile.

I have read and acknowledged the contents of the CM&F Group Healthcare Program Producer Agreement form.

Please sign and date:

ACCEPTED

SIGNATURE

DATE



PRODUCER PROFILE

STANDARD INFORMATION

Date of Request:

Please attach the following information along with the completed form to broker@cmfgroup.com.

1. Copy of E&O
2. W-9
3. State License Information (all applicable agency and individual)

COMPANY INFORMATION

Agency Name:

FEIN or SSN (if individual):

Agent's NPN:

Mailing Address:

City: State: Zip:

Physical Address:

City: State: Zip:

Accounting Address (if different from above):

City: State: Zip:

Other Agency Office Locations (if applicable):

Address:

City: State: Zip:

Address:

City: State: Zip:

Address:

City: State: Zip:

Address:

City: State: Zip:

Address:

City: State: Zip:

CONTACT INFORMATION

Please use additional sheets to include additional contacts.

Principal:

Name: Title:
Phone #: Email:

Accounting Contact:

Name: Title:
Phone #: Email:

Compliance Contact:

(Required - needed to deliver agency statements)

Name: Title:
Phone #: Email:

Portal Administrator Contact:

(Agency contact responsible for registering employees for SPG Division portal access.)

Name: Title:
Phone #: Email:

Individual/Agent Contact:

Name: Title:
Phone #: Email:

Individual/Agent Contact:

Name: Title:
Phone #: Email:

Individual/Agent Contact:

Name: Title:
Phone #: Email:



Division of Specialty Program Group, LLC.

