



AMERICAN COLLECTORS INSURANCE, INC.

498 Kings Highway North * P.O. Box 8343 * Cherry Hill, NJ 08002-0343

TEL: 856-779-7212 * FAX 856-779-7289

Dear Producer,

Temporary ID#

In order to complete our files and confirm that you understand the relationship between your agency and American Collectors Insurance, Inc. it is important that you read and complete the following agreement.

Please complete all fields and print this agreement, and return it with the following:

- Copy of your E & O declarations page
- Copy of your current agent's or broker's license

Agency Name:	
Address:	
City/State/Zip:	
Phone:	Ext.
Fax:	
Federal Tax ID:	
Contact Name:	
Email Address:	

**I hereby acknowledge my understanding and agreement that no contractual relationship exists between
and American Collectors Insurance, Inc.**

**I also acknowledge that I have no binding authority of any kind for any risk or risk situation, and that risks
submitted to American Collectors Insurance, Inc. by myself, my partners or employees are not bound unless
and until American Collectors Insurance, Inc. advises in writing that they are not bound.**

**I warrant that our insurance license(s) for all geographic areas in which we attempt to place business and
our Errors and Omissions Insurance policy will remain in force throughout the time that we attempt to place
business through American Collectors Insurance, Inc., or have business in force through American
Collectors Insurance, Inc., or both.**

Agency

Agency Principal's Signature

Date