



www.ITRiskmanagers.com

BROKERS PREMIUM GUARANTEE

| | | | |
|-------------------------|--|-------------|--|
| Name | | Date | |
| Street Address | | Telephone # | |
| City, State, ZIP | | Fax # | |
| Broker's License Number | | Expiration | |

I, _____, hereby warrant to IT Risk Managers, Inc. (hereinafter referred to as "The Company") that I am a Broker licensed to place insurance policies in accordance with the provisions of insurance laws of this state, and that in consideration of The Company carrying my account and underwriting such of my business as is accepted for other good and valuable considerations, hereby agree that I personally guarantee the payment to The Company of all premiums (including deposit and adjustable) on policies of insurance placed by me a Broker, and I further agree and understand this agreement will not in any way affect my status as a Broker with regard to premiums on policies which are actually paid to me by the Assured for the benefit of The Company, and that such money so collected by me shall be treated by me as a fiduciary, and I further agree that I shall be liable and shall pay a return commission at the same rate as originally credited to me upon all return premium adjustments, or upon cancellations made at the option of The Company or of the insured or otherwise.

My guarantee shall be made good by me upon demand of The Company at any time with respect to an uncollected premium or unpaid return commission then outstanding.

The personal pronoun herein shall refer to any corporation executing this instrument as **BROKER**.

By: _____ Title: _____

Date: _____ Witness: _____

