

# Mendota

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## INSURANCE

### FLOOD APPOINTMENT FORM

AGENCY NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

MAILING ADDRESS (if different from above): \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

IRS TAX I.D. #: \_\_\_\_\_ CODE# \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

### **COMPANY USE – ONLY**

COMMISSION: NEW: \_\_\_\_\_ RENEWAL: \_\_\_\_\_ ROLL-OVER: \_\_\_\_\_

DATE APPOINTED: \_\_\_\_\_ BDM NAME: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

# Mendota

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## INSURANCE

### FLOOD INSURANCE AGREEMENT

This agreement is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between **Mendota Insurance Company, 2805 Dodd Road, Eagan, MN 55121** (hereinafter referred to as the “Company”) and \_\_\_\_\_ whose principal offices are located at \_\_\_\_\_ (hereinafter referred to as “Broker”) Who mutually agrees as follows:

#### I. Duties of Broker

- A. To solicit and submit applications along with premiums due, for the Flood Insurance Policies authorized under the National Flood Insurance Act, subject to the published authority of the Federal Emergency Management Agency / Federal Insurance Administration (FEMA/FIA).
- B. To obey and comply with all State Insurance Department regulations governing the territory in which the Broker is authorized to solicit business.
- C. To comply with the underwriting guides, bulletins, manuals and written instruction issued by the Company in accordance with the Federal Emergency Management Agency / Federal Insurance Administration (FEMA/FIA) regarding the solicitation and submission of flood insurance applications.
- D. To report all claims and claims related activity promptly to the Company.

#### II. Compensation

- A. The Company will, in accordance with the Schedule of Commission, compensate the Broker for all acts performed under this Agreement in the amount of \_\_\_\_\_ percent on new policies, \_\_\_\_\_ percent on renewals and \_\_\_\_\_ percent on roll-overs for each annual policy issued by the Company. This Schedule of Commission may be changed at the Company’s discretion, such changes to become effective upon written notice of the Broker.
- B. The broker shall refund promptly to the Company on business heretofore or hereafter written, compensations on canceled policies and on reductions in premiums at the same rate at which such compensation was originally paid.
- C. Compensation due under this Agreement is to be payable only during the continuance of this Agreement and under its terms, and while the Broker is actively producing and servicing business, hereunder. Any provision of this Agreement providing for payment of compensation shall be subject to any indebtedness by the Broker to the Company arising out of Flood Insurance Policy premium transactions. The Company shall have the right to withhold payments to offset any such indebtedness; provided, however, that any withholding of compensation shall be only to the extent necessary to liquidate such indebtedness.

#### III. Limitation of Authority

- A. The Broker and the Company shall act as independent contractors and be free within the prescribed underwriting guidelines of the Company or the Federal Emergency Management Agency / Federal Insurance Administration (FEMA/FIA) in force at the time to exercise their own judgment as to whom they will solicit, and the time, place, manner, and the amount of such solicitation. No provision of the Agreement shall be construed to create the relation of employer and employee between the Company and the Broker.
- B. The Broker has no authority to extend time of payment of premiums, or to waive or extend any obligation or

# Mendota

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## INSURANCE

condition of the Standard Flood Insurance Policy, or incur any liability on behalf of the Company.

- C. The Broker shall not participate in the settlement of claims, pay claims or commit the Company to the payment of claims.

#### IV. General Agreements

- A. In the event of termination of this Agreement, provided the Broker has accounted for all premiums and transactions covered by this agreement, the ownership of the flood insurance business produced under this Agreement is left in the possession of the Broker.
- B. It is mutually agreed that if either party deviates from the provisions of Agreement, whether or not such deviation is protested by the other party or parties, such deviation shall not be held to have changed this Agreement, or the rights of the parties hereunder in any respect.
- C. This Agreement shall continue in full force and effect until terminated by either party giving to the others a written notice at least 30 days prior to the effective date of such termination; provided, however, either party may terminated this Agreement immediately with notice if the other party is guilty of any material violation of the terms hereof.
- D. Applications, advertising material and other material furnished by the Company are the property of the Company and will be returned to the Company upon termination of the Agreement.
- E. The Company shall provide direct billed renewal premium notice to the designated payor of the flood insurance policy prior to the expiration date of the policy and shall provide the Broker with either list notice or individual notice of the upcoming expiration of the policies serviced by the Broker under this Agreement.
- F. The Broker shall allow the Company to audit all books and records relating to insurance written pursuant to this Agreement.
- G. This Agreement cannot be assigned to others without written agreement from the Company.

This Agreement constitutes the full agreement between the Company and the Broker, but shall be subject to such changes as may be provided in writing from time to time.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement.

#### Agent/Broker

Signed this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ By \_\_\_\_\_ Title \_\_\_\_\_

Agency \_\_\_\_\_ Agency Phone Number \_\_\_\_\_

Agency Tax # \_\_\_\_\_ Agency Code Number \_\_\_\_\_

#### Mendota Insurance Company

Signed this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ By \_\_\_\_\_ Title \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



**ASSURANT**  
Specialty  
Property

**American Bankers  
Insurance Company of Florida**  
P.O. Box 4337  
Scottsdale, AZ 85261  
T 800.423.4403  
F 714.712.3845  
[flood.marketing.support@assurant.com](mailto:flood.marketing.support@assurant.com)  
[www.abicflood.com](http://www.abicflood.com)

**AccessFlood Agency Account Sign up Form**

To establish your AccessFlood agent account, complete the following information. **Please fax or e-mail the completed form to 714-712-3845 or [flood.marketing.support@assurant.com](mailto:flood.marketing.support@assurant.com).** When the account setup is completed, you will receive e-mail confirmation with your user ID and password.

**Please Print Clearly.**

Agency Account Number					
Agency Tax ID #					
Agency Name					
Agency Address					
Agency City		Agency State		Agency Zip Code	
Phone Number		Fax Number			

**Individual User Information:**

First Name	Last Name	Email address						
<b>AccessFlood Widgets:</b> (Check all that apply) <table border="0"> <tr> <td><input type="checkbox"/> Commission: Month to Date</td> <td><input type="checkbox"/> In-Force Policies</td> </tr> <tr> <td><input type="checkbox"/> Commission: Year to Date</td> <td><input type="checkbox"/> Daily Transactions</td> </tr> <tr> <td><input type="checkbox"/> Claims</td> <td><input type="checkbox"/> Expiring Policies</td> </tr> </table>		<input type="checkbox"/> Commission: Month to Date	<input type="checkbox"/> In-Force Policies	<input type="checkbox"/> Commission: Year to Date	<input type="checkbox"/> Daily Transactions	<input type="checkbox"/> Claims	<input type="checkbox"/> Expiring Policies	<b>Are you a licensed agent? Y or N (circle one)</b>  <b>If yes, please attach a copy of your license.</b>
<input type="checkbox"/> Commission: Month to Date	<input type="checkbox"/> In-Force Policies							
<input type="checkbox"/> Commission: Year to Date	<input type="checkbox"/> Daily Transactions							
<input type="checkbox"/> Claims	<input type="checkbox"/> Expiring Policies							

If you would like your signature to be printed electronically on the application please complete section below.

<b><u>ELECTRONIC/AUTHORIZED SIGNATURE AGREEMENT</u> ***<i>(Please attach a copy of your agent license)</i>***</b>	
I, _____ (print name) am granting permission to use my signature electronically on new business applications and endorsements for _____ (agency name). I understand that any additional documentation related to the application must be submitted to the company for processing. Agent will maintain and grant access within their office.	
Signature: _____	Date: _____

**\*\*\*PLEASE NOTE: Individual user setups are required. All users must provide their first and last name and email address. If additional space is needed, please make copies.**

Agency Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Agency Representative Name: \_\_\_\_\_ Title: \_\_\_\_\_

**\*\*\*For an improved online experience please update your browser to Internet Explorer 8, Firefox 3.6, Chrome 6.0 or Safari 5.0\*\*\***

Flood Service Center Hours: 6:00am to 4:00pm (Arizona Time)

## ASSURANT FLOOD PROGRAM REQUEST TRANSMITTAL

### GENERAL AGENT or DIRECT AGENT SECTION

WYO AGENT/BRANCH #:    PMS AGENT/CLIENT #:    AGENCY NAME:    FEIN

### AGENCY OR SUB-PRODUCER INFORMATION – COMPLETE ALL SECTIONS & INCLUDE A COPY OF THE AGENCY LICENSE

Sub Agent No:    Is the Sub-producer a Corporation?     Sole Proprietor?

Agency Legal Name (Corporation)     Sole Proprietor (Include Trade or DBA Name)

FEIN    Sole Proprietor SS# (required if no FEIN)

Address, City, State & Zip    Telephone #    Fax #

EMAIL ADDRESS    National producer Number (NPN)

### PRODUCING AGENT INFORMATION – COMPLETE ALL SECTIONS & SUBMIT ONE FORM PER AGENT

**DISCLOSURE:** TO PROCESS THIS REQUEST, THE DISCLOSURE BELOW MUST BE **READ** AND **SIGNED** BY THE PRODUCING AGENT.

First Name    Last Name    Social Security # or last 4    Date of Birth

Resident Address, City, State & Zip    Telephone #

Email Address    National producer Number (NPN)

Is the producing agent an employee of the General Agent? Yes  No

### SELECT CONTRACTED STATES ONLY & PROVIDE COPY OF LICENSE(S) – AGENT & AGENCY

<input type="checkbox"/> Alabama	<input type="checkbox"/> Alaska	<input type="checkbox"/> Arizona	<input type="checkbox"/> Arkansas	<input type="checkbox"/> California	<input type="checkbox"/> Colorado	<input type="checkbox"/> Connecticut
<input type="checkbox"/> Delaware	<input type="checkbox"/> DC	<input type="checkbox"/> Florida	<input type="checkbox"/> Georgia	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Idaho	<input type="checkbox"/> Illinois
<input type="checkbox"/> Indiana	<input type="checkbox"/> Iowa	<input type="checkbox"/> Kansas	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Maryland	<input type="checkbox"/> Maine
<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Michigan	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Missouri	<input type="checkbox"/> Montana	<input type="checkbox"/> Nebraska
<input type="checkbox"/> Nevada	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> New Jersey	<input type="checkbox"/> New Mexico	<input type="checkbox"/> New York	<input type="checkbox"/> North Carolina	<input type="checkbox"/> North Dakota
<input type="checkbox"/> Ohio	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Oregon	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> South Carolina	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Tennessee	<input type="checkbox"/> Texas	<input type="checkbox"/> Utah	<input type="checkbox"/> Virginia	<input type="checkbox"/> Vermont	<input type="checkbox"/> Washington	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> West Virginia	<input type="checkbox"/> Wyoming	Other:				

### SELECT LINES OF INSURANCE & UNDERWRITING COMPANIES

Appointing entity retains sole authority to terminate any appointments subject to applicable laws and regulations.

	ABIC Appt needed	No Appt Needed
Property & Casualty		
Other (Specify		

**SIGNATURE AND AUTHORIZATION**

**American Bankers Insurance Company of Florida (ABIC), Reliable Lloyds (RY), Voyager Indemnity Insurance Company (VIIC), their subsidiaries and affiliates are herein collectively and individually referred to as "Assurant."**

I understand that to process my application and to evaluate me for licensing purposes, initial state appointment or renewal of state appointments, I may be subject to an investigative consumer report ordered by Assurant as required by certain states. I further understand that the investigative report may consist of credit reports; criminal record reports; regulatory inquiries, such as state insurance, banking or securities department inquiries; SEC or NASD inquiries; and interviews with and inquiries to third parties, such as former employers, financial sources and others.

I understand a social security number is required for Assurant to conduct state mandated background checks on all agents who offer products on its behalf. I acknowledge that Assurant may obtain the complete social security number from a third-party if one is not provided. I expressly consent and authorize any person, business or agency to release the complete social security number to Assurant for the purpose of Assurant using it to conduct state mandated background checks and agent appointments.

I understand that if I am a resident of Minnesota/Oklahoma (only) I may obtain a copy of the report ordered, and now indicate my desire to do so by checking this box.

**Notice to California Candidates**

You have a right to obtain a copy of any consumer report or investigate consumer report obtained by Assurant by checking the box provided below. The report will be provided to you within three (3) business days after we receive the requested reports related to the matter investigated. I request to receive a free copy of this report by checking this box.

Under section 1786.22 of the California Civil code, you may view the file maintained on you by GIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at GIS in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I AUTHORIZE ASSURANT TO CONDUCT ANY OR ALL OF THESE INQUIRIES. I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY ASSURANT SOLUTIONS, ITS AGENTS, MEMBER COMPANIES AND/OR AFFILIATES TO FURNISH THE ABOVE-MENTIONED INFORMATION. I FURTHER AUTHORIZE ASSURANT TO PROVIDE SUCH INVESTIGATIVE REPORT TO STATE OR OTHER GOVERNMENTAL REGULATORY BODIES FOR LICENSING, APPOINTMENT OR RENEWAL PURPOSES.

I hereby authorize procurement of consumer report(s). If appointed (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my appointment (or contract) period.

I hereby certify that I have reviewed this Licensing Data Transmittal Form and that the information is true, correct and complete. If any information given to obtain or maintain an appointment is found to be incorrect or incomplete, it will be grounds for rejecting the application or for termination of my appointment. Appointing entity retains sole authority to terminate any appointments subject to applicable laws and regulations.

\_\_\_\_\_  
Agent's Signature (Required)

\_\_\_\_\_  
Print Name

\_\_\_\_\_(mm/dd/yyyy)  
Date

# ASSURANT FLOOD SOLUTIONS

P O Box 4337, Scottsdale, AZ 85261-4337, Phone: 1-800-423-4403; Fax: 714-712-3845

## REQUEST TRANSMITTAL Procedures

The purpose of this document is to outline instructions for submitting the Write Your Own Request Transmittal form. Our primary goal is to assist you with your agent licensing needs for your agency and comply with Insurance Department requirements. We need to ensure that sub-producers receiving commission from the Company and/or with binding authority have appropriate appointments with the respective Insurance Departments'.

### 1. General or Direct Agent Information:

- Please include the Seven (7) digit agency code for Assurant Flood Solutions and the PMS agency code for Private Flood products if applicable. *If new agent, please leave blank.*
- Please include the full legal name of the agency contracted with the Company
- Please include the Federal Employers Identification Number (FEIN)

If you do not have a FEIN, please indicate so under FEIN

### 2. Agency or Sub-Producer Information:

- If applicable, provide complete sub agent number
- Is the agency or sub-producer incorporated or a sole proprietor (check appropriate box)?
- If the agency or sub-producer is a corporation, select "Corporation" and provide the following:
  1. Full legal name of agency (as indicated on the agency license)
  2. Federal Employers Identification Number (FEIN)
  3. Complete address of the agency, telephone and facsimile numbers
  4. Submit copy of the agency license to Company with the request form
- If the agency or sub-producer is a sole proprietor, select "sole proprietor" and provide the following:
  1. Trade or DBA name used to represent agency.
  2. If available, Federal Employers Identification Number (FEIN) or Social Security number of the sole proprietor.
  3. Complete address of the agency, email, telephone and facsimile numbers.



## ASSURANT FLOOD SOLUTIONS

P O Box 4337, Scottsdale, AZ 85261-4337, Phone: 1-800-423-4403; Fax: 714-712-3845

4. If applicable, submit a copy of the agency license to Company with request form
5. Information about the licensed principal agent/owner (include under the section titled "Producing Agent Information")

### 3. Producing Agent Information:

- This section must be completed and licenses must be submitted for all producing agents, including principal agent / owner w/sole proprietor status, licensed agents employed by the General Agency and licensed agents of sub agents; ***Submit one request form and signature page per agent*** and include the following:
  - First and Last Name of licensed agent
  - Social Security Number or last 4 of social security number of licensed agent
  - Date of Birth of licensed agent
  - Residential address, telephone, email, NPN, and facsimile numbers of licensed agent

### 4. Choose Licensed State(s) for Agency and/or Agent:

- Please select the appropriate state(s) for this transaction, based on your contract
  - Appropriate agent license(s) must be provided for each state selected

### 5. Signature and Authorization of Disclosure:

- Purpose of Disclosure: When an Assurant Flood Solutions Request Transmittal is submitted to our Licensing Department, the Company must attest to the fact that it has verified that the agent is in good standing by performing a criminal background check.
  - The disclosure must be read, dated and signed by the producing agent

### 6. Forward the completed form to:

- Fax Number: 1-714-712-3845; or
- Mail: Assurant Flood Solutions  
ATTN: Marketing Support  
P O Box 4337  
Scottsdale, AZ 85261-4337



**ASSURANT**  
Specialty  
Property

**American Bankers**  
**Insurance Company of Florida**  
PO Box 4337  
Scottsdale, AZ 85261-4337  
T 800.423.4403  
F 714.712.3845  
[flood.marketing.support@assurant.com](mailto:flood.marketing.support@assurant.com)  
[www.abicflood.com](http://www.abicflood.com)

<b>AGENT NUMBER:</b>	
<b>AGENT NAME:</b>	
<b>TAX ID/ SSN#</b>	<b>AGENT PHONE:</b>

**AUTOMATIC CLEARING HOUSE (ACH) AGREEMENT**

**PLEASE PROVIDE YOUR BANK INFORMATION BELOW:**

**BANK INFORMATION**

Bank Name: \_\_\_\_\_

Account No: \_\_\_\_\_

ABA Routing No: \_\_\_\_\_

I hereby authorize National Flood Services (NFS) on behalf of American Bankers Insurance Company of Florida (ABIC) to initiate debit entries from my account electronically, by paper means or by any other commercially accepted method. The authority is to remain in full force and effect until ABIC or BANK have received written notification from me of its termination. This must be done in such time and in such manner as to afford ABIC or BANK a reasonable opportunity to act on it. ABIC reserves the right to void this agreement at any time without prior notice and bill the agent at their address.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK**

**DIRECT DEPOSIT COMMISSION SET-UP**

**PLEASE PROVIDE YOUR BANK INFORMATION BELOW:**

E-Mail Address \_\_\_\_\_

**BANK INFORMATION**

Bank Name: \_\_\_\_\_

Account No: \_\_\_\_\_

ABA Routing No: \_\_\_\_\_

I hereby authorize the NFS on behalf of ABIC to initiate direct deposit commission entries to my account electronically, by paper means or by any other commercially accepted method. This authority is to remain in full force and effect until ABIC or BANK have received written notification from me of its termination. This must be done in such time and in such manner as to afford ABIC or BANK a reasonable opportunity to act on it. ABIC reserves the right to void this agreement at any time without prior notice.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Flood Service Center / Policy Services**

Website: <https://assurant.floodpro.net/Login.aspx>

Phone: (800) 423-4403

Fax: (714) 712-3842

Service Hours: 6:00 AM to 4:00 PM MT

**Emails**

General Underwriting: [flood.service.center@assurant.com](mailto:flood.service.center@assurant.com)

Submit-for-rate: [submitforrate@assurant.com](mailto:submitforrate@assurant.com)

Rollovers: [flood.rollovers@assurant.com](mailto:flood.rollovers@assurant.com)

Agent / Broker of Record: [agencybrokerchange@assurant.com](mailto:agencybrokerchange@assurant.com)

**Mendota Flood Hotline**

Office: (800) 226-5309

Listen for the phone prompts for "Flood" and "Spanish Flood"

Email: [flood@mendota-insurance.com](mailto:flood@mendota-insurance.com)

**Mailing Address**

**American Bankers Insurance Company of Florida**

Flood Service Center

PO Box 4337

Scottsdale, AZ 85261-4337

**Claims Services**

Phone: (800) 423-4403 Option 3

Fax: (866) 892-3066

Email: [myfloodclaim@assurant.com](mailto:myfloodclaim@assurant.com)

Service Hours: 8:00 AM to 6:00 PM ET