

INSURANCE CENTER GROUP

AGENCY RULES, POLICY & PROCEDURES

MANUAL

SECTIONS

Business Concepts / Strategy

Security

Quoting

Writing Business

Service

Claims

General Guidelines

Office Practices

Commissions

INSURANCE CENTER GROUP

BUSINESS CONCEPTS / STRATEGY

Markets:

The agencies will seek to primarily insure personal lines risks from successful, stable and involved clients. Clients who own small businesses will be considered as highly desirable due to having the best potential for multiple lines of business.

Higher risk individuals will be an acceptable market due to the agency's experience in these markets. This market, when properly managed, can be profitable with low customer acquisition cost (from word of mouth and other agency referrals).

In general, the agencies will attempt to focus (whenever possible) on seeking members of the Millennial generation. They are the largest consumer group and can provide long term client potential while having consumer desires matching the modern independent agency model (technology, advice, and service) which can be attractive to all ages and demographics.

Culture and philosophy:

Our company "Mission Statement" will guide us, while informing others of our culture and philosophy in a short, simplified manner as follows –

Insurance. for the people

Coverage You Desire * Priced Right * When, and How, You Need Us

Our goal – Helping you make good decisions, easy to work with, and a good experience for you!

This can be explored further as follows -

Insurance. for the people - Prospective consumers (and current insureds possibly looking for alternatives) look at 4 factors when choosing an agency.

Improvements in - Relationship - Service - Price - Product

These are in order; with a good Relationship possibly rendering the remainder moot points. Price / Service can initially be interchangeable as decision points, but good service is integral to not losing business on price. Product is generally not a consumer priority, but can impact claims, which can have a great impact on retaining business.

To be the insurance choice "for the people" we must excel in all 4 aspects. Our strongest point is to build relationships by being counselors and educators to the consumer (vs. sales people or price focused).

We need to create a good impression from the start. We should work to articulate value and establish focus where we want it to be (NOT PRICE). This allows an easier path to maintaining

business in a successful manner.

Coverage You Desire - We understand insurance is generally a commodity and few people want to talk about it. So, what is “coverage you desire”? Coverage is just a softer word for insurance. Everyone (to some extent) is forced to have, needs, or possibly wants insurance. They just are not happy to be subjected to the cost, time, confusion, headaches, etc. to deal with it.

The focus needs to be on the “you (desire)”. We must overcome feelings of fear, trepidations and uncertainty by being on the side of the consumer. It is what they want, not our desires or agendas. The consumer (in working with us) should experience comfort, peace of mind and satisfaction.

In the end, the product we are offering is not insurance (a commodity), but the experience of dealing with it. We need to make what everyone takes with them (the experience), exceptional.

Priced Right - This has everything to do with understanding the consumer. We must first seek to understand from where the consumer comes. If price is everything to them, we must recognize that and decide our best path forward with them!

It is helpful here to identify if someone is simply a customer (in which we should not invest excess time and energy), or if they are (or we can possibly build them into) a client who appreciates our counsel, understands the value, and who feels that whatever price they are paying, is the “right” price.

Business acquisition is expensive and time consuming. If we try to attract consumers by low price, there will always be somebody with a lower price. It is difficult to grow (and be profitable) if price is our primary focus.

When, and How, You Need Us - Everyone is different in how they want to be a consumer. We must provide multi-channel options for people. We must understand and embrace technology while helping our customers and clients to do the same. We must teach everyone how to work with us and how to reach out to us at any time (24 hours, 7 days a week).

Communicating options, educating our clientele, and encouraging the use of the various options, will simplify our lives and reduce workload while making our insureds happy.

It is critically important to stay in touch with our clients. They need to be repeatedly reminded we are there for them “when, and how, they need us”.

If we measure our work and efforts by the four factors people use to choose who they work with, and educate our clientele on how we do business, we will reach our goal – Helping people make good decisions, easy to work with, and a good experience for them!

Daily Work Philosophy

To maximize achievement, our work philosophy needs to be based on the following -

Knowledge - Focus - Efficiency - Repetition

To accomplish this, we must use these principles as a lens through which we look at, and as a measure of, what we are doing -

- Knowledge: Take learning seriously. Use the continuing education requirements to actually learn something valuable. Take a few minutes daily to learn something new about our products or selling them.
- Focus: Pay attention to the value of what you are doing. Is it accomplishing our goals? Does it match up with our culture and philosophy?
- Efficiency: Are you doing things in a manner that can be improved? Are you the best person to be doing the work? Are you spinning your wheels on low profit and/or troublesome clientele while ignoring good profitable clientele?
- Repetition: A challenge in our independent agency world is to know and understand the many companies and products. Your best strategy is to learn as much as you can about primary companies and use them as much as possible. The repetitious use will make you more comfortable and a better agent to your customers.

Agency Growth, Profitability, and Marketing

Why should you even care about this (isn't this about benefiting ownership)? Because jobs, pay, and promotions are driven by growth, profitability, and marketing. It's in your self-interest. It also does not need to be complicated or outside comfort zones. Just keep the following in mind –

- New sales are the lifeblood of the organization. New sales to existing clientele should always be a priority as the acquisition cost is the lowest and it builds loyalty. Just ask.
- Pay attention to proper underwriting. Getting a “good deal” for someone, securing new business, or even retaining a marginal risk by cutting corners, inappropriate placement (questionable risks in “green” companies on portal) or not caring about consequences (claims) ultimately impacts profitability. Let's keep our book of business as clean as possible!
- Cultivate referrals. Investment of time and energy here pays big dividends. Do a good job for people, go the extra mile, and then ask for referrals. The best situations result in multiple and repeat referrals. Seek out others who can be centers of influence. What can be better than your phone ringing with people asking to do business with you, that already feel trust and appreciation for what you do?

The most valuable thing you can do is create appreciative customers and clients. Do a good job for them. Communicate well (use language they can understand). Help them to overcome their fears and uncertainties involving insurance. Be thorough. Stay in touch.

INSURANCE CENTER GROUP

SECURITY

Security:

Email Security

The purpose of this policy is to ensure the proper use of The PROES Group's email system. All messages distributed via the company's email system, even personal emails, are The PROES Group's property. You must have no expectation of privacy in anything that you create, store, send or receive on the company's email system. Your emails can be monitored without prior notification if The PROES Group deems this necessary. If there is evidence that you are not adhering to the guidelines set out in this policy, the company reserves the right to take disciplinary action. If you have any questions or comments about this Email Policy, please contact Greg Daniels.

It is strictly prohibited to:

- Send or forward emails containing libelous, defamatory, offensive, racist or obscene remarks/images. If you receive an email of this nature, you must promptly notify Paul.
- It is your responsibility to know what a suspicious email looks like. If you don't know how to identify a suspicious email, see Paul. Failure to recognize a suspicious email and your actions with that email (causing harm or problems) may subject you to repair costs or other disciplinary actions.
- Forward non-work related emails to other employees/personnel.

User Responsibility

Users must take the same care in drafting an email as they would for any other communication. Confidential or certain Personally Identifiable Information should not be sent via email.

Personally Identifiable Information (PII)

As a general rule of thumb, don't email personal information that isn't publicly available. For example, the following PII information should not be emailed:

- Social Security Number
- Bank Account Information
- Credit card information

Personal usage

The PROES Group's email system is meant for business use, The PROES Group does not allow personal usage of email system.

Disclaimer

The following disclaimer should be in your outgoing and forward email signature. If it is not, please add.

IMPORTANT NOTICES – New insurance coverage cannot be started via email. No request by you should be considered completed without confirmation; and you being sure actions comply with your request. – To protect your privacy, ALWAYS convey private information to us by voice or fax, never email. – This email and attachments are confidential and may be protected by law. You are prohibited from doing anything but deleting and notifying me if you are not the intended recipient. Click here for full details.

Fax Security

Use Cover Sheets

All faxes sent should be accompanied by a cover sheet containing the name, title and organization of the intended recipient, along with a notation indicating the total number of pages faxed.

Confirm number before dialing

Check on a regular basis that the fax number you are using is not out-of-date or simply inaccurate. Most of the information we fax is personally identifiable information and very sensitive. We should take every precaution to make sure we are sending it to the correct fax number.

Check Confirmation and Activity Reports

The fax machine will print out a fax confirmation after every fax. These reports confirm whether a document has been correctly transmitted by indicating the destination fax number and the number of pages transmitted. The sender of each fax should confirm the success of a transmission by checking this report after the fax has been sent.

Unattended fax documents

Do not leave your fax documents unattended while faxing. Your documents contain sensitive information and shouldn't be left in a public area.

Texting Security

Security

Do not use your phone to text clients. Please use EZLynx to send texts to your clients. If you use your mobile device to text fellow employee's information about our clients, password protect your phone. If there is anything in the text message that may be embarrassing, delete the message chain from your phone. Do NOT send Personally Identifiable Information via text message.

Physical Security

Computer: To protect sensitive information in your email and on your computer, you should never leave your computer open and unattended. If you have a client near your computer and need to leave the area you should lock the computer. To do this, press Ctrl+Alt+Del then click Lock. This will lock your computer and require you to enter your password to unlock your computer. If you need to leave your area and no clients are nearby, your computer will auto lock after a few minutes.

Cell Phone: If you have your email on your cell phone, notify Paul immediately if your phone is lost or stolen.

“Offsite” Security

Agents without an office in a PROES Group Building (or agents removing client files from office premises) are responsible for information security. The basic tenants should include the following:

- Whenever possible all information should be electronically stored and accessed using our agency management system.
- Only copies of original file contents should be removed from premises to remove risk of loss by fire, theft, etc.
- Information (as copies) necessary to be held as paper copies should be stored in a locked cabinet.

Credit Card Data:

Credit Card Data, and forms and documents containing Credit Card Data, should not be copied, saved, or stored on any computer, share drive, system, device or file.

Credit Card Data should not be transmitted by email, instant message, fax (unless required by carrier), or other electronic delivery method, or sent in any attachment, to anyone, including to other producer personnel. You may transmit the last four digits (and only the last four digits) of a credit or debit card or other account number.

If the insurance company payment system is temporarily unavailable, you should follow these steps to complete the transaction:

- Write the credit card data on a piece of paper. Do not make copies. Do not save any credit card data electronically on a computer or other device, in an email, in an instant message, on a shared drive, or in any other system;
- Store the written credit card data in a secure place (e.g., in a locked file cabinet) until the payment system is available.
- As soon as the payment system is available, enter the credit card data into the payment system to complete the transaction; and
- Destroy the paper with the written credit card data immediately after entering into the payment system by shredding.

INSURANCE CENTER GROUP

QUOTING

General Guidelines

Quoting is the backbone of our business. Everything starts (and sometimes ends) here. Here are the principles we must always apply -

- We can't close business until it (quoting) is done.
- If we don't have a deadline (customer or self-imposed), it is easy to "get busy" and be slow to respond.
- If we are too slow, the best-case scenario is irritated people, the worst case is loss of business.
- Most people are forgiving if they are aware of what is slowing things down.

Please keep these principles in mind and be sure quoting is always your (daily) highest priority and focus. Do it first!

If you are having difficulty being quick and responsive, then -

1. Ask for someone to help you (in another office if necessary). You can return the favor later.
2. Not possible or delays not within your control? Communicate. Contact the customer and let them know why you have not gotten back to them. Let other person(s) (agent) involved know what is going on to alleviate frustration or blame.

No day should go by without touching all quotes you are working on to complete, to consider what the status is, and if you need to reach out to someone.

In general, response time goals are as follows:

New customer request - immediate if possible, but no longer than 24 hours.

Current client request to price compare current coverage - immediate if possible, but no longer than 24 hours (they may be shopping others!).

Current client needing quote for new coverage or change to policy - ask when needed and comply (but as quickly as possible - good service!).

Commercial coverage (new or current client) - ask when needed and comply (but as quickly as possible - good service!).

Always stay in communication as much as possible with client (and agent as applicable) as to situation and timeline.

QUOTING GUIDELINES:

- Initial quotes should be based on the prospect's current coverage. If that coverage is below agency standards, an additional quote should be provided.
- Home quotes should be based on current Coverage A limit or, for new purchases, the purchase price or a reasonable estimate. Replacement cost estimates should be completed only if the prospect is interested in pursuing a firm quote after receiving the initial quote.
- All quoting should initially be limited in scope & time frame. Quotes requiring extensive scope and / or time should only be performed with good reason (good client, quality business, high premium, etc. or at specific request of producer with other good reasoning).
- Quoting should be done according to the following mix of criteria & priorities: coverage ending deadlines, completeness of information provided, premium amount & client status.
- Midterm quotes (subject to insurance company guidelines and rules) should generally be given low priority.
- All quotes delivered to prospects should be done in writing (mail, e-mail, or in person) to include the actual insurance company quote. The preferred method of delivery is in person.
- EZLynx should be used as the platform for all quoting. This assures they are in the system for future prospecting if not written. Include the maximum reasonable number of companies to quote to provide proper due diligence and to help satisfy insurance company quote quotas.
- A variety of home/auto/commercial "quote sheets" are available on the Agency Portal to assist in collection of information to provide quotes. Please feel free to use and/or customize to your needs.

Quote Request Protocol and Procedures:

THIS SECTION (4 PAGES) APPLIES ONLY WHEN MORE THAN ONE PERSON IS INVOLVED IN QUOTING.

GENERAL INFORMATION

- The person quoting shall be the final decision maker on who should contact the client for missing information. To not take advantage of the situation, the only reasons for not assisting with information gathering are – priority of workload as noted, or CSR is not comfortable interacting with client, or feeling others are better situated or suited.
- No person should become involved in changing or manipulating quotes being worked on by others without disclosure to the quoting person.
- EZLynx should be used for quote information collection and transmission of requests to others.
- Quote forms will continue to be available for use in situations where EZLynx cannot be, or if impractical to use.
- Please indicate if person quoting can contact the prospect.
- Please provide any additional supporting documents you have (Dec sheets, real estate offer, etc.)
- If you wish to explore other quotes that were run, please see the EZLynx system before any other action.
- When quotes are requested from others, all binding requirements (forms, applications, money) – as well as any other follow-up - will be the responsibility of the original source of the quote request.

Requester Responsibilities

- For new clients – create new “applicant” in EZ Lynx
- Complete “Risk Info for Quoting” in EZ Lynx (accessed from Overview screen) *
- Use current dwelling limit or purchase price for coverage amount
- Assign a task to person quoting with the following:
 - date quote needed
 - any specific companies quote requests
 - a short narrative outlining the situation **
 - Please call with lengthy info or to better explain details).

* for Manufactured homes, RV, Watercraft, etc. - complete quote sheets available on Agency Portal and attach in EZ Lynx (or fax or e-mail)

**woodstove professionally installed, pet situations, good credit, 15-year-old twins with good GPA, etc.

Quoting Person’s Responsibilities

- Task will be re-assigned back to producer upon completion
- Quote will be for current coverage (or purchase price) only
- Recommendations will be provided as to best fit
- Information needed to make quote firm or bind will be noted
- If current client – only current company will be quoted unless otherwise requested

IMPORTANT NOTE: New clients will NOT have all necessary reports run and all quotes will be subject to final information received.

Upon indication prospect wishes to pursue binding coverage -

NEW BUSINESS -

- **Homeowners**

Requester Responsibilities

- Notify client of reports to be run
- Notify client of replacement cost requirements
- Explain quote may change based on results of 1 and 2
- Visit property to inspect and take pictures*
- Secure RCE form from Agents Portal
- Provide information required on form
- Submit RCE form and pictures to person quoting

*If not by producer, pictures should be taken by agency personnel knowledgeable of what is needed.

In special situations, inspection can be done via pictures taken by client with proper instructions (and sent to producer).

Person Quoting Responsibilities

- RCE will be completed for specific company
- Task will be re-assigned back to producer upon completion
- Recommendations will be provided as to best fit (if changes make sense)
- Information needed to make quote firm or bind will be noted

Auto

Requester Responsibilities

- Notify client of reports to be run
- Explain quote may change based on results
- Complete quote or authorize quote specialist to proceed

Person Quoting Responsibilities

- will complete and notify you.

Upon indication prospect wishes to pursue binding coverage (continued) -

EXISTING BUSINESS –

- **Homeowners**

Requester Responsibilities -

- Notify client of reports to be run
- Secure dwelling (or other) updates including roof year
- Include any existing replacement cost estimator
- Assign a task to person quoting with the following -
 - date quote needed
 - any specific companies quote requests
 - a short narrative outlining the situation
 - please call quote specialist with lengthy info or to better explain details.

Person Quoting Responsibilities

- Task will be re-assigned back to producer upon completion
- Recommendations will be provided as to best fit (if changes make sense)
- Information needed to make quote firm or bind will be noted

Auto

Requester Responsibilities

- Notify client that reports will be run in conjunction with quote request

Person Quoting Responsibilities

- Reports will be run for existing company at time of quote request.

INSURANCE CENTER GROUP

WRITING BUSINESS

Writing Business

General Rules:

- All business is to be written in the agency name / no personally held agent appointments.
- No coverage should be offered or bound without proper authority & knowledge of availability.
- All policies should be issued by CSR (when possible) or communicated by producer issuing policy.
- All policies should be written at the minimum recommended coverage limits, (listed on Coverage Rejection/Reduction Request forms available on the Agency Portal). The form should be completed, signed and placed in the client's file in EZLynx or communication of the situation to the client by email, with client confirmation & acceptance placed in client's file.

Agency Billing:

When the agency needs to bill a client and pay an insurance company directly, the following procedures will be followed.

- The CSR responsible for the block of business should handle this task (NOT the agent).
- Complete the premium “Invoice” located on the Agents Portal under forms. Please be sure it is complete, and clear as to the subject of the invoice.
- The invoice should be completed in duplicate.
- The person completing the invoice should send one copy to the insured and a copy to Cindy. The invoice date should be the date the invoice was mailed.
- Cindy will be responsible for assuring collection, late notices, and payment to the insurance company.

Policy Delivery Guidelines:

- Whenever possible, policies should be sent directly to clients from the insurance company.
- Clients should be contacted to confirm they have their policy and see if they have questions or concerns.
- Clients should be notified of the ability to see (available) policies online through the insurance company and/or policy information in our Service Center on our website.
- For hard copy policies sent to the agent:
 - Client should be notified upon receipt.
 - Inquire about preference as delivery policy (electronic availability, in person, or by mail).
 - Any hard copy policy to be delivered (in person or by mail) should be:
 - For new clients, the policy should be placed in a 3-ring binder or appropriate quality folder.
 - For renewals, the policy should be placed in a good quality folder or (for thicker items) a heavy-duty file with a label identifying the contents.
 - For new clients, a new client packet should be included if not previously provided.
 - A thank you letter should be included.

Surplus Lines Disclosure:

All clients purchasing policies from non-admitted carriers should be asked to sign the Surplus Lines Disclosure and Acknowledgement form. The form can be presented at time of sale or policy delivery for new business and should be presented again at time of policy delivery for renewals.

The form is available on the agency portal and should be signed and scanned and attached to the client's customer file in agency arrangement system.

When discussing non-admitted companies with the client, the producer or CSR should be sure to explain the major differences between admitted and non-admitted companies:

- There are taxes and fees on all surplus lines policies.
- If the insurance company becomes insolvent, there is no guarantee that claims will be paid (even if the claim is open/active at the time of the bankruptcy or financial failure).
- The insurance company does not necessarily comply with state insurance regulations, and rates are not subject to state approval.
- If a policyholder thinks his or her claim is handled improperly, he or she cannot appeal to the state department of insurance.
- Non-admitted does not mean inferior coverage or financial stability.

Underwriting Standards

For Personal Lines

GENERAL

Please underwrite at the agent level. Our goal is to write only high-quality business in our primary companies. If the risk is not of good quality, do not write it in a “Green” company, even if it meets underwriting criteria.

These are standards, not 100% requirement rules.

Examples:

Clients meet all standards, except -

- They want to be billed and pay other than monthly - acceptable.
- Are offered higher deductibles but choose lower - acceptable.
- Live in an expensive home (or condo) with reason for no automobile - acceptable but will be monitored.

Please follow the basic guidelines below and the Home/Auto specifics on the next page.

BASIC GUIDELINES

No monoline home or auto.

You can write monoline recreation vehicles (motorcycle, camper, ATV, etc.) if acceptable to the insurance company).

Renter’s policy and auto coverage is acceptable, if at least one auto has full coverage.

Home and Auto will not be considered monoline if not with the same company.

Paid in Full or bank draft premium.

If there is a first-year lapse in coverage, cannot be rewritten (with the same or another “Green” company). The exception is a 1-time reinstatement (if acceptable to the company) back to the lapse date, with a no loss statement.

HOME

Must show Pride of Ownership - No trashy yards (items stored outside or "piles" of stuff). No large number/size of trees near the home. No overgrown or not well-maintained landscaping (weeds, etc.). No neglected repairs to home or outbuildings. No excess or rough vehicles on property. Item B coverage items must be well maintained (no broken swing sets, old free-standing pools, neglected fences, etc.).

Need pictures or visit to property before binding. Pictures can be taken by you or the homeowner. If the roof is over 15 years old or of an unknown age, the pictures must include and clearly show roof condition from all angles. Pictures must be in the agency management system.

Deductible at \$2500 or higher.

No argument about replacement cost valuation.

Proof of an Umbrella coverage discussion (and rejection communication) in agency management system, or an umbrella policy written.

AUTO

No liability limits under 100/300 or 300 CSL.

No "liability" only coverage, on all vehicles.

No drivers over age 75.

Pictures of all vehicles with comp/collision. Pictures can be taken by you or the owner. Pictures must be in the agency management system. This is a firm requirement for any vehicle over 15 years old.

No prior coverage, or prior coverage for less than 1 year = not acceptable.

Excessive use of roadside service coverage (more than one time per year) should be looked at unfavorably (not a good risk - not in a "Green" company).

Progressive Insurance rule - If the above applies, it is acceptable to write monoline auto if at least one vehicle has full coverage.

Insurance Center Group

Coverage Binding, Premium Collection & Sweep Payments:

- No coverage is to be bound by anyone unless they have confirmed payment “in hand” (cash, check or valid credit card information)
 - If coverage is bound and payment is not valid (bounced check or denied credit card), the agent binding coverage is responsible for payment collection. If payment is not collected, coverage will be cancelled, and agent will be responsible for paying any agency charges occurred.
- Insured’s check should be processed electronically without using the sweep account. Check should be marked “void” and held with receipt for 60 days before shredding.
- Premium sweeps are available, and procedures apply only to the following Companies:

American Modern	ASI	Assurant America
Auto Owners	Bristol West	Foremost
Gainsco	The Hartford	IBI
NatGen	Nationwide	Next
Openly	Progressive	Safeco
State Auto	Travelers	Trexis
Westbend		

- No Sweep Payments will be initiated unless the money is received.
- When a sweep payment, via cash or check, over the amount of \$500 is made, please send an e-mail to cwebb@proesgroup.com for all business except for Lincoln Hills and barb@lincolnhillsagency.com for Lincoln Hills business, on the same day of the transaction, as is appropriate for the situation.
- If a sweep payment is made by check, it should be made payable to “The PROES Group, Inc.”
- Sweep payments collected (Check or Cash) will need to be to Cindy no later than 12:00 noon the day after the transaction is done. This will allow us to make the deposit in a timely manner.

INSURANCE CENTER GROUP

SERVICE

Policy Renewal Procedures:

- A daily download report will be sent to agencies
- Each person should identify the cases for which they are responsible.
- The “top” percentage increases should be identified and evaluated.
- Evaluations should focus on relative impact of dollar amount. Example: a 15% increase on a \$200 premium (\$30). While relatively large, loss of this business would not be significant unless it caused other policies to leave us. May not be worth spending time on a proactive contact.
- Identified cases should be investigated for cause of increase. Check EZLynx Premium Comparison Report first.
- If reason is due to “client causes”, a decision should be made to:
 - Inform client of no good options to bring “justified” price down.
 - Shop our companies to find a better price.
 - Consider moving “problem” clients from green companies to yellow or??
- Shopping of cases due to general increases is at discretion of agent.
- Cases on the opposite end of the report (premiums going down significantly) should also be explored for problem issues (coverages removed incorrectly, etc.).
- Cases with lower premiums should be contacted to share reasoning, explore other sales opportunities or to just use as a “good news contact” opportunity.
- Notes should be added to EZLynx regarding any actions, reasons for premium change and any general description of the situation.

Late Payment Clients:

- The basic agency practice will be to not contact clients when the agency is notified of a late payment. Not following this agency rule will subject the agent or CSR to disciplinary actions.
- This rule is intended to address and stop the practice of regular notification to clients of late payment status. It is not intended to prevent or stop client notification under special circumstances or occasional needs to assist clients and prevent loss of coverage.
- Current or “first time” late payment clients may be contacted and notified of agency rules involving contact for late payments.
- Chronic (2 – 3 x’s) late payment clients should be moved to yellow, red or excess sources at renewal.
- All policies with 3 non-pay cancellations will require annual payment in full or EFT to retain business in the agency. This excludes non-standard auto policies.

Policy Cancellations:

- No policy with our companies should be cancelled without a written request from the named insured. The request can be hand written, on an accord form, via email or text (as long as it can be captured and transferred to our agency management system for documentation). Verbal or voicemail is not acceptable.
- In cases where there are multiple named insureds, it is important to verify that cancellation is desired by all parties (this is important in cases such as divorce).
- When an insured is replacing and cancelling coverage with another agent, we should inform our client of their responsibility to cancel the coverage being replaced. This removes liability risks of us accepting this responsibility. It is acceptable to assist our client by calling the current agent to request the agent to contact the client to accomplish the cancellation. It is acceptable to assist our client by providing generic cancellation forms to our client for completion and delivery to their agent or company.

INSURANCE CENTER GROUP

CLAIMS

When a client calls to report a claim:

- Inquire about injuries (was anyone hurt?) then express concern and empathy about the situation.
- Ascertain if immediate (or near future) agent personal involvement is appropriate (total loss of home by fire, wind, etc. / serious injury calling for a hospital visit, etc.)
- If they are at the scene of a car accident, provide proper direction:
 - Do not admit fault.
 - Do not allow pictures to be taken of their driver's license.
 - Take pictures of damage & accident scene.
 - Provide insurance information to other driver.
 - If appropriate, direct them to (or remind them of) claims app.
- Explain & confirm our desire for a positive outcome for them. Tell them they should call us at any time with questions or concerns (do not say – if you are unhappy!)
- Explain our role:
 - Assist them to the best course of action to facilitate their claim.
 - Provide basic explanation of steps to follow.
 - Be a source of information & answer questions.
 - Become involved to help them better understand systems, processes +/- or decisions.
 - Advocate for them if they are not satisfied with progress or outcomes.
- Never provide information as to claims validity or advice on how to deal with company.
- Explain that having us file the claim may not speed up the process. Best & fastest scenario is generally to talk directly to claims department & adjuster.
- Ask if they have questions.
- At this point you should decide if the client, situation and insurance company process dictates you should:
 - Assist the client to make the claim in any way you can facilitate it, or
 - Inform them you are going to get the claims department on the line and then transfer them, or
 - Give them the claims department phone number.

Claims Handling Protocol:

- Direct clients to “When You Have a Claim” on our website or provide written copy as a regular practice to set expectations & reduce negative issues related to claims.
- Provide all new clients with a new client packet containing claims information and initiate a conversation on the subject.
- Report negative claims experience to insurance company involved (field rep and claims area manager).
- If contacted and told “I think I have a claim” or “I need some advice on whether to file a claim”, it is important to immediately inform the client that if they go forward with speaking to you, you may need to notify the insurance company regardless of clients wishes (possible duty to inform).
- Never tell a client to not to file a claim.
- Inform clients that not filing a claim initially, can become very problematic if they change their mind or situations dictate a later claim (even possible denial of a claim if duty to inform is breached).
- Always contact the assigned agent or producer (if not you) of claims or possible claims.
- **Always follow up to offer additional assistance, find out status, and assure satisfaction.**
- Some insurance companies allow (or require, in the case of Auto Owners) that you report a claim via the company website. This should be done so when the client calls in, we show value as the company is aware and the insured is “in the system”.

When you have a claim

After business hours:

Please call your insurance company's direct claims line (if you cannot or choose not to wait):

- Please call us to let us know if you self-reported a claim.
- Your policy information (insurance company, policy #, etc.) is available always at the Client Center on our website.
- Insurance company claims contact information is available on our website.

www.insurancecentergroup.com

During business hours:

Call any of our locations for assistance:

Ellettsville Insurance Center 812-822-2723
Lincoln Hills Insurance Center 812-883-4815
PROES Insurance Center 812-337-7637

What is your agent's role?

- Assist you with the best course of action to facilitate your claim.
- Provide basic explanation of steps to follow.
- Be a source of information & answer questions.
- Become involved to help you better understand systems, processes and/or decisions.
- Advocate for you if you are not satisfied with progress or outcomes.

Filing the claim

- We recommend you always file a claim when another party is involved.
- Having your agent process a claim may not speed up the process. The best and fastest scenario is (generally) to talk directly to claims department and adjuster.
- When there are no injuries, and/or no other party involved, always consider if, after paying the deductible, is it worth submitting the claim.
- Remember, you can use your own rental reimbursement coverage when your car is undriveable, regardless of who was at fault in an auto accident.
- Ask your company if they have special deals for auto glass damage claims.

At the scene of a car accident:

- Be sure police are notified (call 911 regardless of location or situation!).
- Be sure injured party is attended to.
- Do not move anyone seriously injured (as to not make them worse).
- Be sure everyone remains in a safe place and position at the scene.
- Do not admit to fault under any circumstances.
- Take pictures of the accident scene as soon as possible (before the vehicles are moved).
- Do not allow pictures to be taken of your driver's license (for identity theft reasons—other driver only needs your name and contact info).
- Take pictures of damages (be sure to get picture of other driver's license plate).
- Provide your insurance information to the other driver.
- Record (make notes verbally or on paper) any information you can recall about what happened while fresh in your mind.
- Get contact information for any witness.
- Notify the insurance company as soon as possible.

If your property (home, apartment, business, personal property, etc.) is damaged:

- Contact proper authorities (police, fire dept., etc.).
- If applicable, attend to and address any related injuries (within your capabilities).
- Do not move anyone seriously injured (as to not make them worse).
- Take any reasonable and necessary measures to protect the property from additional damages (save all receipts of expenses).
- Take inventory of what was lost.
- Take pictures.
- Do not discard or remove any damaged property.
- Record (make notes verbally or on paper) any information you can recall about what happened.
- Notify the insurance company as soon as possible.

If someone is hurt on your property, or because of your actions (non-auto related):

- Contact proper authorities (police, fire dept., ambulance, etc.).
- Attend to injuries (within your capabilities).
- Do not move anyone seriously injured (as to not make them worse).
- Do not admit fault under any circumstances.
- Record (make notes verbally or on paper) any information you can recall about what happened.
- Get contact information for any witnesses.
- Notify the insurance company as soon as possible.

INSURANCE CENTER GROUP

GENERAL GUIDELINES

General:

- All agents are required to maintain a minimum of \$1,000,000 E & O (Errors & Omissions) coverage.
- All mail received with an individual person's name in the address should be considered personal and not opened by another person, regardless of the source of the mail.
- All personnel with access to insurance companies will have individual & personal access codes and logins.
- All insurance contracts utilized by agents will be held in the name of PROES Group, Inc. No exceptions!
- ALL INDIVIDUAL VOICEMAIL MESSAGES ARE REQUIRED TO HAVE THE FOLLOWING MESSAGE:
 - Please be aware that no insurance can be started, cancelled, or changed by leaving a message on this voicemail.

Contract Requirements

- To offset expenses (agency management system, E&O, insurance, etc.) all contracted independent representatives are expected to be active in the business. This is defined as writing new business on a regular basis, servicing an existing block of business (customer interaction and assistance), and attending agency meetings. The "standard" minimum of writing new business is \$5,000 of new premium per year.
- Agents in their first two years need to demonstrate success on achieving (agreed upon) goals beginning by the end of their third month under contract.
- Agents under individual personalized agreements will be subject to those agreements for production requirements.

Vacant Properties:

When notified that a structure we insure has become a vacant property, the following actions should be taken -

- Notify the insuring company to find out their rules, practices, and necessary actions that should be taken.
- Make notes in the agency management system as to your findings and any future follow-up needed.
- Notify the insured in writing to make them aware of any changes in coverage (e-mail is acceptable if there is a return acknowledgement from the client that they understand and accept the situation).

MVR (Motor Vehicle Reports):

Due to potential violations of the Federal Fair Credit Reporting Act, no MVRs should be run for any current or potential client under any circumstances.

Current or prospective clients -

- should be informed of the insurance companies practices regarding running MVR's on anyone listed as a driver on a policy.
- should be informed of the necessity to include any and all drivers on requests by insurance companies for driver lists.

It is acceptable to assist current or prospective clients in screening potential employee/drivers by providing a Prospective Driver Information Form and/or assisting with understanding of how to get MVR's directly from the Bureau of Motor Vehicles (BMV). The form and BMV instructions are on the next page.

Prospective Driver Information

Yes

No

Have you had at least 3 consecutive years of USA driving experience?

Do you have proof of current valid personal auto insurance?

Have you ever been convicted of Driving under the Influence?

Have you ever had your license suspended for any reason? If so, list the dates(s) and reason(s) below:

In the past five years, have you:

Yes

No

Had more than two moving violations?

Had an at-fault accident?

Left the scene of an accident?

Had a reckless driving violation?

Had ANY alcohol or drug related violation?

Been involved in a hit-and-run?

Been involved in a vehicular homicide or assault?

Participated in an unlawful speed contest?

Eluded or attempted to elude a police officer?

By signing, I am stating that the information provided above is accurate and factual to the best of my knowledge. I understand that my employment is dependent upon meeting acceptable standards in regards to my driving record. Further, I understand that "Employer" may alter these standards, with or without notice, which may affect my future employment. I give permission to obtain, and if hired, to continually obtain, copies of my MVR. "Employer" reserves the right to terminate my employment based on an unacceptable driving record. I agree to notify my employer of any future changes.

Employer: _____

Driver Signature

Printed Name

Date

Important: This form has not been drafted or approved by any legal counsel

Or, with permission and in the presence of a prospective driver, assist them to show you their driving record by:

Going to: Mybmv.com

Select: Driver record

Select: View your Viewable Driver record

Select: Click here to create account (Follow instructions)

Select: View Your Driver Record

Licensing:

It is desired that all personnel, interacting and working with clients, be a licensed agent (for the area in which they are practicing). Any person not licensed should never provide insurance advice or counsel and are not allowed to bind coverage or sign applications.

Each person will work with the Director of Operations (DO) to make decisions on what licenses are needed and the timetable to achieve. It will be the responsibility of each individual to secure the required training and scheduling of test taking (with approval of DO); and pay any required costs and fees.

To assist personnel not licensed on hire date, the following assistance will be provided for any approved licensing:

- One half of costs reimbursed on first paycheck after passing test.
- Remainder of costs reimbursed after 6 months with The Insurance Center Group.
- Costs will be limited to one online or classroom expense (for mandatory 40-hour pre-licensing instruction) and one exam fee.
- Provisions for other assistance will be at the discretion of DO.
- Study time during normal work hours need to be approved by DO.

Continuing Education:

The Insurance Center Group endorses & supports the continuing education of its personnel. The success of the organization depends on the people with the knowledge and expertise to serve our clients to the best possible extent.

- Salaried or hourly personnel
 - All education opportunities conducted on company time must be pre-approved by the Director of Operations.
 - An amount of \$100 per year will be paid toward approved continuing education (state certified or not).
 - All education should be focused on increasing the person's value to the organization and better serving our clientele.

- Commission only personnel
 - No financial support.
 - Annually, copies of continuing education certificates (and any non-certified classes) should be submitted to the Director of Operations for review.
 - All education should be focused on expanding current knowledges to increase your value to the customer.

Consumer Profile:

A consistent effort will be made to identify & handle clients according to proper definition:

Client

- Interested in advice and counsel. Not purely price driven.
- Pays premium regularly & on time (or has good job, nice possessions, etc. that provides expectation).
- Has multiple policies (or expectation of such) with us.
- Follows our recommendation of proper coverages.

Customer

- No previous coverage
- Only wants minimum coverage
- Questionable or past payment regularity issues
- Focus on low premiums

Client Management:

- In the EZLynx management system, clients should be identified by designation them as VIP (by selecting the VIP icon). Decision as to "client" status should be made by person creating or servicing applicant in EZLynx system.
- Premier clients should be identified in EZLynx by adding a yellow sticky note with "Premier Client" written on it.
- A consistent effort will be made to create clients from customers – as is possible (cross selling, coverage educations, premium payment options, etc.).
- Client development will be a priority in agencies. This will include:

- Identifying & tracking clients vs. customer
- Minimizing time spent with customers (and shifting to specialists).
- Investing time with clients
- Cross selling initiatives
- Focus marketing efforts toward clients

Prospecting:

- As all prospects names provide value, all prospects will be entered in Agency Management system with corresponding note as to what transpired.
- Whenever possible, contact information such as email, phone #, or address should be secured from all prospects.

Re-marketing:

- All non-sold prospects should be set up for re-contact at a later appropriate date (i.e. prior to next renewal date.).

Upselling:

- All sales presentations should include alternate coverage levels as available.
- All sales presentations should include an options list with corresponding pricing.
- These lists should have a sign off provision and should be attached to Agency Management System.

Insurance Company Incentives:

Incentives are defined as gifts, monetary rewards, bonuses, or anything outside of normal agency pay or commissions.

To avoid actual, or perceived, conflicts of interest, decisions to place business with a particular insurance company should not be made based on personal gain due to incentives provided by an insurance company.

Incentives offered for quotes, writing business, adding product features, etc., should be directed to be payable to the agency group. A small reward may be earned if management is made aware of incentives being offered. If Incentives are earned in the normal conduct of business, the agency group will accumulate them toward offsetting cost of accomplishing general goal-oriented bonuses.

Exceptions to this rule will be:

- food and treats provided by reps, vendors, etc. which can be shared within the agency.
- Incentives for participation in educational focused programs offered by insurance companies if announced and approved by management.

All agency trips, year-end (or other) bonuses, or other considerations, will be distributed at the discretion of owners without any guarantee of participation by employees or independent contractors.

Agency Incentives:

Individual, goal oriented, incentives may be offered to specific individuals at any time.

Team and/or physical location, goal oriented, incentives may be offered from time to time.

Agency group incentives will be goal oriented and based on time frame performance.

All agency incentives will be in writing; with specific and agreed upon parameters to avoid any conflicts of interest.

**Insurance Center Group
End of Year bonus**

End of Year:

A Christmas bonus will be paid to all salaried and hourly personnel invited to Christmas shopping event according to the following schedule:

Less than 1 year =	\$50
1 year to 9 years =	\$50 per year
10 years plus =	\$500

INSURANCE CENTER GROUP

OFFICE PRACTICES

General Practices:

- All work will be done utilizing the agency management system to systematize, provide proper communication between necessary personnel, minimize E & O Risk and allow for proper analysis and management of workflow / direction.
- Phone requests for service should not be acted upon unless the client is known to you. If not known, verification should be done (such as asking for date of birth, last 4 digits of Social Security number) and notes regarding your actions should be in the agency management system.
- All client interaction should be done with approved systems, stationary, presentation materials, business cards, etc. All items sent to or used with clients should be of the highest quality & visually appealing – no “bad” copies, handwritten items, etc.
- Proper disclaimers & notices should be used with all materials, letters, presentations, e-mails, etc. used with prospects or clients. A copy of all letters & presentations (not provided by an insurance company or approved standard agency items) should be sent to Insurance Center Group Director of Operations.
- Coverage questionnaires & checklists will be used (and documented in the agency management system) to be sure standards & regulations are followed.

Requests for New Business quotes, Service, or Rewrites:

1. All agency personnel should follow a 100% “Start work – Finish work” model.
2. If a request is “handed off” to someone, there should be NO involvement by person handing off client. No collection of information, partial work, or ongoing communications. All work and interaction with clients should be 100% handled by service person.
3. Do not do direct (blind) transfers of clients to service person. Either get the service person on the line, inform them of situation, and then transfer – or inform client of who will be getting back to them and email service person with info and request (preferred).
4. No time frame for completion should be promised (or mentioned) by person handing off requests.
5. Confirmation of receipt of request, and completion, is to be provided to the requestor.

Current business re-shopping:

There must be a balance in market shopping, between the benefit of being with an independent agency shop and regularly moving business for possibly the wrong reasons (generally price driven).

As a rule, we should not be offering to move business unless certain factors are in evidence –

1. Customer dissatisfaction with a claim or service issues.
2. Large, unwarranted, premium increases.

If a client questions price or requests price shopping, you should only offer to shop after a “reasons to stay” discussion including –

- A. Danger of nonrenewal if a large claim happens soon after changing.
- B. Other carriers behind on necessary market adjustments that will happen to new company after changing.
- C. Current company “best” company for client’s particular situation.

If you are inclined to ignore these directives, please do not offer a client to shop their business and then push it off onto someone else.

Customer Interaction Confirmations

All customer interaction will be confirmed with the customer according to the following guidelines.

New Coverage – Confirm (briefly):

- Effective date
- What is to be covered
- Coverage amounts
- Any lienholders
- Actions required by customer
- Information needed
- Anything the customer should expect (inspections, premium drafts, etc.)

Changes – Confirm (briefly):

- What was removed
- What was added
- Changes in amount of coverage
- Effective date(s) (of each if applicable)
- Information needed
- Anything the customer should expect (premium notices, etc.)

Coverage (or policy) cancellation -

- Confirmation of request

All communication should include verbiage to “Please see insurance company communication for details”.

All communication should include a request to confirm receipt of communication.

All communication should be through, or attached to, the agency management system.

Communication can be via e-mail, text, fax or US Mail.

An actual signature should be secured when required by insurance company. This can be sent to us on a letter or Accord form. As long as acceptable to the insurance company, it can be sent to us via e-mail, picture texted, fax, US Mail or delivered to any office location.

Phone “Systems”:

Incoming Calls

All incoming phone calls should be answered as follows:

Start with a greeting: This can be “Good Morning/Good Afternoon” or “Thank you for calling” ... Followed by: “Insurance Center” or “PROES Business Group” (at the East side office) ... Finish with: “This is name.”

Transferring Calls

- Calls should be transferred to a specific person based on caller’s needs.
- Remind caller to leave a message if no answer

Escalation Procedures

Anyone calling who is irritated (or specifically expresses a complaint) should be offered the following options:

If unable to reach intended person or feels a response has not been prompt –

- offer to transfer again, and call intended person to verify availability before transferring
- offer to find another person to help them

If caller’s issue indicates inadequate, incorrect, or other negative service issues –

-offer them to speak with an owner. Offer to transfer them to Greg. Remind them to leave a message if there is no answer.

Communication practices:

- All interactions and communication with clients are required to be documented in the agency management system.
- If you are communicating (by phone) with anyone in our organization, you should always be contacting them via their direct line number. Please do not call the main numbers and use up someone's time to transfer you.
- All direct line numbers are available on the Agent Portal under "Contacts". Please take the time to get the numbers in your cell phone and then also keep the list available near your office phone (or bring it up when needing to call someone).
- Anytime you give out your office phone number (when leaving a message or asking someone to get back to you), you should be giving them your direct line number. (Hopefully, your direct number is already prominently displayed on your e-mail signature line.) This will help when underwriters, other company employees, clients, etc., call you back; as there is no "operator" involved.
- Communication regarding clients between ICG personnel should be in writing, or if in person, documented to have occurred.
- All communication with clients regarding business should be done through EZLynx exclusively. Please send all emails and texts through the system and not through your personal phone or the PROES Group system. Be sure your e-mail in EZLynx is set up with the proper signature information.
- Please do not send business related messages to office personnel via private phone. It is ok to send items such as "call me when you get a minute" if you are ok with a possible no reply. There are multiple issues involved with phone messages, but please e-mail or call instead. If you are texting as a convenience because of the situation (out of office, in a meeting, etc.), please use the e-mail function on your phone instead.
- If you are communicating something that needs to be addressed with priority (as opposed to something with no specific timeline), please call (rather than e-mailing or tasking). It is critically important that you know what is on the plate of the person doing the work and they may need information not supplied. Customer service may suffer on both ends of the issue.

LOST BUSINESS REPORTS

The goal is to identify our customers who are no longer clients of the agency (and why they left).

A lost business report is required to be turned in monthly (for the previous month). Each agent is responsible for a report regarding business assigned to them.

Follow these instructions in EZ Lynx to generate the report:

1. Go to Reports, select Policy Management from Category list.
2. Select – Policy Transaction Details - from options.
3. Change filters (at top of page) – input Date Range, select Branch(s), Select Agent(s), then under Transaction Type select “Cancel Conf.”
4. Hit Update Report button.
5. Print report.

Actions regarding the report:

All policies listed that were moved to another company, within the agency, should be crossed off the list.

Adjust the “total” (Total Customers - at top left of page) to reflect number of Customers that are no longer with the agency.

Note GR next to any Customer that is no longer with the agency for a Good Reason. This would include sold vehicle(s) or home, moved away, quit driving, seasonal coverage, no longer in business, etc.). Call those that you do not know the reason.

Write the remaining number of lost Customers (not moved or not GR) on the front page (circle it).

Attach your report to your monthly commission report.

Be sure to review the report for reasons and actions that may result in business coming back to us. Place anyone who might come back (example - those that left based on price) on a reminder notice to call them in 10 months.

Client identification management in EZLynx:

It is important to understand the language used by EZLynx to identify personnel within our organization for proper and best service results. Please be sure you understand and use the following correctly –

Assigned to (or assigned agent):

- The “assigned to” person should be the person the client would recognize as their agent. This could be the person who brought them to the agency, who first wrote them a policy, or the person who would meet with them for reviews, etc.
- The default person (named by the system) is the person entering the applicant into the system.
- If you are entering the applicant in the system and are not, or will not be, the person considered their agent, this needs to be changed.
- Changes can be made on the main Applicant screen by selecting Lead info on the top bar, selecting the edit button, and selecting a new Assigned person in the upper right corner.
- If the applicant is a general client of the agency (no particular primary “agent”) the Agency should be the “assigned to”.
- PLEASE NOTE: When directing a client (not requesting a specific person and needing service), you should not depend on the “assigned to” name. You should key off the product needing serviced (personal lines, commercial, health, Medicare Supplements) and direct them to the best person for service.
- Any items or requests received (Home Office correspondence, follow up requests, etc.) for which it is not clear who to send to, should be sent to Assigned Agent for proper disposition.

Producer –

- The “producer” should be the person who was responsible for the business becoming a policy. Please be thoughtful if completing this label. If you issued a policy for someone else, you are not the producer. The producer should be the person we would go to, if we needed to direct questions about this specific policy. Example: Dennis may be the “producer” on a commercial policy and Merry is the “assigned agent” as it is “her” client.

Producer and CSR Responsibility:

The following is agency protocol & practice regarding responsibilities of Producers and customer service personnel (CSR) working together.

- The Producer is defined as the current agent or person who approached the prospect.
- The person to be quoted is the client (or prospect) of the Producer and the Producer is ultimately responsible for any necessary actions to result in a satisfied client (or prospect).
- The Producer is generally responsible for sales activities (such as collecting necessary information to quote business, providing policy /protection advice& direction, etc.) and the CSR is responsible for service activities (such as quoting, making changes, etc.).
- CSR's are to work in a support capacity to assist the Producer.
- The exact duties and responsibility of the CSR should be a flexible situation worked out between the CSR & the Producer.
- The CSR should not undertake any work or responsibilities for which they are not comfortable or feel that it is in the best interest of the agency for the Producer to accomplish.
- In cases where a producer is involved in servicing of a client, the producer should to 100% of work required as to not allow miscommunication, misunderstanding, or incomplete work, to cause disruption in the task being completed properly.
- In cases where the Producer chooses to not be involved in agent duties, another agent should be selected to perform such duties with commission splits per agency commission rules (generally 50/50).
- Any issues, concerns or disagreements not able to be satisfactorily resolved should be brought to the attention of management.
- Producer is responsible for quote accuracy (limits, applicable discounts, etc.).

Marketing

Agent Prospecting:

All agents prospecting for additional business from agency clients should adhere to the following rules:

- For large scale prospecting initiatives (examples – cross selling all auto policy insureds for homeowners, contacting all persons turning 65, etc.).
 - Whenever possible a pre-approach letter should be sent to clients to avoid confusion.
 - A notice including the names of who will be contacted should be e-mailed to all Insurance Center personnel.
 - If there is reason you do not want a client contacted, you should let the prospecting person know.
- For CSR referrals to an agent when a possible sales opportunity is perceived or known:
 - If there is a particular agent attached to the insured – agent should be notified and offered the opportunity to pursue it themselves or ask that no approach be made.
 - If there is no specific agent attached to the insured – the referred agent should proceed without any notification or permission.
- Commissions Splits:
 - The prospecting or referred agent will be paid the normal commission on the products sold with no split to the original agent or, a pre-arranged and agreed upon split.
 - The original agent can over-ride the prospecting or referred agent and receive all commissions by approaching the client themselves and doing all the work.
 - A split of commissions can be gained by the original agent by making the initial approach, assisting with the sale and allowing the prospecting or referred agent to follow through with their original intent.
 - First year commission only will be paid on these cases. No renewals.

INSURANCE CENTER GROUP

COMMISSIONS

General Commission Guidelines:

These guidelines apply to all personnel who are licensed agents able to receive commissions on products sold.

- Everyone is expected to prospect new business, cross sell and round out accounts as a responsibility of their job.
- All splits between agents will be 50/50 unless there is a written agreement between the agents identifying the client and agreed upon splits.
- Tracking and correctness of commissions is the responsibility of the person writing the business using an approved system.
- Commissions may be adjusted per person from the general guidelines upon signed agreement.
- New business is defined as any new line of business not previously with the agency group.
 - Renters or condo coverage to homeowners is not a new line of business.
 - Adding recreational vehicles is a new line of business if not added to a home policy.
 - “Rounding accounts” (increasing coverage) on an existing policy is not new business.
- New business can be written by adding policies to existing accounts (cross selling) or by soliciting or marketing to new clients.
- Previous agency clients will be considered a new client, if they have no active policies with the agency for over 9 months and solicited by agent.
- All commissions will be tracked utilizing the Agent Commission Procedures in this manual.
- An electronic commission recording & tracking form is available on the Agent Portal.
- Individuals not housed (or receiving other support) may receive commission percentages at a 10% higher first year rate on Life and Medicare Supplements.
- No Commission will be paid on replaced / rewritten policies.
- Due to the complexity of the health insurance market, all agents shall utilize Paul for quoting & service unless other arrangements are made with the Director of Operations.

General Commission Guidelines Cont.

- **New Business Product Commission Sharing:**

Agent

Property / Casualty

60*

*15% to person initiating or prospecting the client (**Solicit**)

*15% to person quoting the risk (**Quote**)

*30% to person primarily interacting with client (**Sell**)

("Sell" commissions may be split 50/50)

Individual Health (& related products)

Under Age 65

40

Over Age 65

60

Employee Benefits & Voluntary Benefits

60*

*15% to person initiating or prospecting the client (**Solicit**)

*10% to person quoting/servicing the risk (**Quote/Service**)

*15% to person primarily interacting with client (**Sell**)

*20% to person enrolling the case (**Enroll**)

Individual Life / Disability

60

*15% to person initiating or prospecting the client (**Solicit**)

*15% to person quoting the risk (**Quote**)

*30% to person primarily interacting with client (**Sell**)

- Walk in or call in business will qualify for the 15% "quoting" commission. Cross-selling other products qualifies for regular commission rules. This business may be assigned to an agent receiving renewal commissions with approval by Director of Operations.
- New business written as a result of prospecting by a marketing person, or as a result of internet leads, will not be available for the 15% Solicit commission.
- General Commission Guidelines commission sharing percentages refer only to first year commissions (unless your personal commission agreement provides for renewals).

Renewal Commission Guidelines

- All business written by owners – renewal paid to corporation owned by individual writing business.
- No renewals will be paid to anyone for business written on current clients.
- All renewals will be paid according to latest individual commission agreement on file.
- No renewals will be paid when any individual is receiving any compensation in addition to commissions.
- Renewal commission will only be paid if agent is actively involved in renewal.
- Any deviation from guidelines requires written agreement signed by both PROES Group owners.
- Renewal commission guidelines:

<u>P/C</u>	<u>Health</u>	<u>Life</u>	<u>Employee Benefits</u>	<u>Medical Supplements</u>
40%	30%	60%	40%	40%

- Agents writing and servicing lines of business may have renewal adjusted upward at discretion of owners.

Agent Commission Procedures

- All commission payment requests will be detailed on the Commission Request Form. (copy attached)
- Agent is responsible for securing insurance company “Commission Paid” reports.
- Agent should highlight client & commission line on insurance company reports for any business written.
- Please notify Cindy of the commission reports as needed, on an ongoing basis via e-mail: cwebb@proesgroup.com she will post to the agency “one drive” as they become available.
- Agent is responsible for reporting commission charge backs due to policy changes or lapses.
- All commission requests must be submitted to direct supervisor by the 10th of each month.
- All commission requests should be checked, verified and submitted to Cindy Webb by the 13th of the month.
- All commissions due will be paid to agent between the 15th and 18th of each month. (Exception – Agents receiving salary will be paid in the second check of the month.)

Note: The commission reporting and receiving may vary from month to month due to these dates falling on weekends.

Note: Any questions, concerns or administrative issues should be directed to Cindy.

