

SWEEP ACCOUNT AUTHORIZATION FOR AGENT/BROKER ONLY

Type of Action:	<input type="checkbox"/> Enroll <small>(New EFT Enrollment)</small>	<input type="checkbox"/> Change Bank Account	<input type="checkbox"/> Terminate
	<input type="checkbox"/> Add Producer Code	<input type="checkbox"/> Add User	
Product(s) this applies to: <small>(Please provide Producer Code number(s) if known / applicable)</small>	<input type="checkbox"/> Auto	<input type="checkbox"/> Specialty Lines	
Bristol West Auto Producer Code		Foremost Specialty Lines Producer Code	
_____		_____	
_____		_____	
_____		_____	
Note: Must have STAR User ID setup for Foremost Specialty Lines to enroll agent in Sweep Account.			


Directions for completing the Electronic Funds Transfer Agent/Broker Account Sweep Form
Note: Must have STAR User ID setup for Foremost Specialty Lines to enroll agent in Sweep Account and all items must be completed for request to be processed.

1. Complete all information on all pages. You must both print and sign your name.
2. **Attach a voided check from the agent's/broker's checking account listed.** The check must include a bank name, city, state, zip code, and account number or a letter from your bank/credit Union.
3. Refer to page 2 for instructions for adding additional users. **All users must have a user ID.**
4. Read the Terms and Conditions on page 3.

Banking Information

Note: We can only accept checking accounts for direct debiting of payments.

NAME OF BANK ACCOUNT HOLDER								
BANK NAME								
BANK CITY			STATE			ZIP		
9 DIGIT ROUTING/TRANSIT NUMBER								
BANK ACCOUNT NUMBER								

Insurance Agency		1234
100 Main Street Anytown, NY 10012		
PAY TO THE ORDER OF _____		\$ <input style="width: 50px;" type="text"/>
_____ DOLLARS		
FOR _____		
		
Routing/Transit Number (9 digits)		Account Number

Fax Form to 616-956-4369 or email to acm@foremost.com.

Note: Do not send this form to Foremost® via email unless your email provider is protected by the latest version of Transport Layer Security (TLS) encryption. Email: acm@foremost.com

I _____ as _____ of _____
Name Title

_____ (“Agency/Brokerage”) certify that I have authority to bind the Agency/Brokerage contractually.
Agency/Brokerage Name

I authorize Foremost Insurance Company Grand Rapids, Michigan, Bristol West Insurance Services of Florida, Inc. and their affiliates and subsidiaries (“Company”) to present Electronic Funds Transfer (EFT) items against the Agent’s/Broker’s account indicated below at the depository named below for payment of settlements due by the Agent/Broker to the Company, or by the Company to the Agent/Broker for the amounts submitted and to the corresponding policies designated by Agency’s/Broker’s authorized users.

I also authorize the financial institution where this account is held to honor the withdrawals. It is agreed that these withdrawals and adjustments may be made electronically and under the Rules and Regulations of the National Automated Clearing House Association.

I acknowledge it is the Agency’s/Brokerage’s responsibility to have sufficient funds in this account to cover each withdrawal. If any EFT withdrawals are declined for any reason, I understand the Agency/Brokerage will be charged for the amount of the declined withdrawals and associated return fees. The charges will be reflected on the Agency’s/Brokerage’s commission statement.

I have also read and agree, on behalf of the Agency/Brokerage, to the Foremost Agency/Brokerage Sweep EFT Terms and Conditions.

This authorization for EFT does not affect the Agent’s/Broker’s primary obligation for payment to the Company. This authorization shall remain in full force and effect until Company is notified, in writing, that the authority granted herein has been revoked or amended by the Agent/Broker. The Agent/Broker acknowledges that it is using this authorization for EFT in full compliance with applicable laws and regulations regarding Agent’s/Broker’s obligation to maintain fiduciary accounts. The Agent/Broker will indemnify and hold Company harmless for any and all claims arising from alleged or actual violation of any law or regulation regarding fiduciary accounts arising from the use of this EFT authorization.

(Print Name of Authorized Party) (Title)

(Signature of Authorized Producer/Bank Account Personnel) (Date)

Address _____ City _____ State _____ Zip _____

Phone _____ Fax # _____

Email Address _____

NAME OF CONTACT PERSON IF DIFFERENT FROM AUTHORIZED PARTY	CONTACT’S USER ID
CONTACT’S PHONE NUMBER	CONTACT’S E-MAIL ADDRESS

USER AUTHORIZATION, PLEASE COMPLETE

Must have STAR User ID setup for Foremost Specialty Lines to enroll agency in Sweep Account and all items must be completed for request to be processed.

- **List the names for all employees in your Agency/Brokerage that you authorize to make Sweep payments from the Agency’s/Brokerage’s designated checking account. If you need more space, send an additional sheet with the names.**
- **All Users you would like to authorize to make Sweep payments from the Agency’s/Brokerage’s designated account for Foremost Specialty Lines, must be setup with an active STAR USER ID.**

Note: To obtain a user ID, please contact STAR at 1-800-528-5995 to have one assigned to the needed employees.

Check here to authorize **ALL** User IDs under your producer code to make sweep payments from the Agency’s/Brokerage’s designated bank account. (Note: This will give all users with STAR ID’s sweep authority.)

USER NAME	USER ID	<input type="checkbox"/> Add <input type="checkbox"/> Delete
USER NAME	USER ID	<input type="checkbox"/> Add <input type="checkbox"/> Delete
USER NAME	USER ID	<input type="checkbox"/> Add <input type="checkbox"/> Delete
USER NAME	USER ID	<input type="checkbox"/> Add <input type="checkbox"/> Delete
USER NAME	USER ID	<input type="checkbox"/> Add <input type="checkbox"/> Delete

Please fax this completed form to 1-616-956-4369 or email to acm@foremost.com.

Note: Do not send this form to Foremost® via email unless your email provider is protected by the latest version of Transport Layer Security (TLS) encryption. Email: acm@foremost.com

Electronic Funds Transfer (EFT) Terms and Conditions

Definitions: “We”, “Us”, and “Our” mean the insurance company authorized to make EFT withdrawals for insurance policyholder payments. “You”, “your”, “yours”, “Agency”, and “Brokerage” mean the insurance agency or brokerage authorizing the EFT withdrawals for its policyholders’ insurance payments.

Service Provider: You authorize us to use a third party to make the authorized EFT withdrawals.

Application of Payments:

1. Funds withdrawn will be applied only to the designated policy number.
2. Funds withdrawn will first be applied to any outstanding premium balance in the current policy term. Any excess funds will then be applied to the renewal term if a bill has been issued for the renewal term.
3. “Business day” means Monday through Friday excluding our company holidays.
4. You agree to have the funds in the designated account effective upon on the date of upload, whether or not the date falls on a business day.

Non Sufficient Funds: EFT withdrawals that are refused due to non-sufficient-funds (NSF) may be resubmitted at our discretion. If an EFT withdrawal is declined for any reason, the Agency/Brokerage will be charged for the amount of the declined withdrawal and charges will be reflected on the Agency’s/Broker’s commission statement. Non-sufficient-funds return fees may also be assessed depending on the reason for return.

Exclusions of Warranties and Limitation of Liabilities: THE ELECTRONIC FUNDS TRANSFER SERVICE AND RELATED DOCUMENTATION ARE PROVIDED ON AN “AS IS” BASIS WITHOUT WARRANTY OF ANY KIND, EITHER EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. In addition, Foremost does not warrant, guarantee or make any representations regarding the security of accounts, or that this site is free from destructive materials, including but not limited to computer viruses, hackers, or other technical sabotage, nor does it warrant, guarantee or make any representations that access to this site will be fully accessible at all times, uninterrupted, or error-free. IN NO EVENT WILL FOREMOST BE LIABLE FOR ANY DAMAGES, INCLUDING WITHOUT LIMITATION DIRECT OR INDIRECT, SPECIAL, INCIDENTAL, COMPENSATORY, EXEMPLARY OR CONSEQUENTIAL DAMAGES, LOSSES OR EXPENSES, INCLUDING WITHOUT LIMITATION LOST OR MISDIRECTED APPLICATIONS, LOST PROFITS, LOST GOODWILL, OR LOST OR STOLEN PROGRAMS OR OTHER DATA, HOWEVER CAUSED AND UNDER ANY THEORY OF LIABILITY ARISING OUT OF OR IN CONNECTION WITH (1) USE OF THIS SITE, OR THE INABILITY TO USE THIS SITE BY ANY PARTY; OR (2) ANY FAILURE OR PERFORMANCE, ERROR, OMISSION, INTERRUPTION, DEFECT, DELAY IN OPERATION OR TRANSMISSION; OR (3) LINE OR SYSTEM FAILURE OR THE INTRODUCTION OF A COMPUTER VIRUS, OR OTHER TECHNICAL SABOTAGE, EVEN IF FOREMOST, ITS EMPLOYEES OR REPRESENTATIVES THEREOF, ARE ADVISED OF THE POSSIBILITY OR LIKELIHOOD OF SUCH DAMAGES, LOSSES OR EXPENSES.

System Requirements/Equipment: We use encryption to make your information unreadable as it passes over the Internet. Therefore, we strongly recommend that you use the latest version of your browser software for maximum security.

Storage of Information: Information stored on Agency/Brokerage Sweep is kept under physical, electronic or procedural controls that comply with or exceed government standards. We authorize our employees to get information about you only when they need it to do their work for us. We require companies working for us to protect information. They agree to use it only to provide services we ask them to perform for us.

Changing or Stopping a Single EFT Withdrawal: If you need to change or stop an EFT withdrawal you submitted in error, for Foremost Auto call us at 1-888-888-0080 and then follow prompts. For Foremost Specialty Lines products (including Home where applicable), call us at 1-800-532-4221.

To Change Agency/Brokerage Information: Complete all required pages of enrollment and authorization form and fax it to us at 1-616-956-4369

Note: Please allow up to 3 days for processing of your request. If changing bank account information, withdrawals submitted within one week after your request may still be taken from Agency’s/Brokerage’s previously designated checking account.

To Contact Us: For Foremost Auto questions, please call 1-888-888-0080 and then follow prompts. For Foremost Specialty Lines (including Home where applicable), please call 1-800-532-4221.

Security: You agree not to allow any unauthorized individuals to use Agency Sweep. You are responsible for all payments authorized using Agency Sweep.

Maintaining Accurate Information: It is your responsibility to ensure that your Agency/Brokerage checking and account information is current and accurate. We are not responsible for any payment processing errors or fees incurred if you do not provide accurate account information.

Amendments to Terms and Conditions: We reserve the right to change these Terms and Conditions in whole or in part, at any time, with or without notice.

Non-waiver: Any failure by us to act upon any breach of this Agreement shall not be deemed to constitute a waiver of any subsequent breach of that or any other term or condition, or of any right to thereafter enforce the Agreement.

Insurance underwritten by a member of the Foremost Insurance Group or the Bristol West Insurance Group. “Foremost”, the “F” logo and “DistinctChoice” are registered trademarks of FCOA, LLC, 5600 Beech Tree Lane, Caledonia, MI 49316. Bristol West Insurance Group and Bristol West are registered trademarks of Bristol West Holdings, Inc., 5701 Stirling Road, Davie, FL 33314. The Foremost and Bristol West companies are members of the Farmers Insurance Group®, 4680 Wilshire Blvd. Los Angeles, CA 90010.