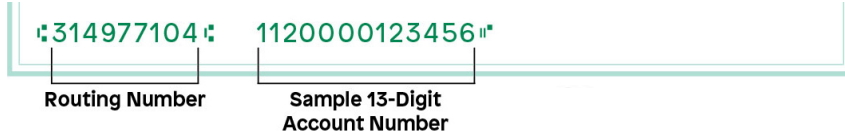


Authorization Agreement For ACH Of Commissions



AmTrust North America
An AmTrust Financial Company

I (we) hereby authorize AmTrust North America, Inc. (AmTrust), to initiate payment credit entries to my (our) checking account indicated below and the depository institution (Bank) named below, to credit the same to such account. Please note: The numbers located at the bottom of your check are as follows:



Banking Information

Name on Account	
Type of Account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
Bank Name	
Bank Routing #	
Bank Account #	

This authorization is to remain in full force and effect until AmTrust has received written notification from me (us) of its termination in such time and in such manner as to afford AmTrust and the Bank a reasonable opportunity to act on it.

Agent ID (required)		Phone Number	
Agent Name		Fax Number	
Address		Contact Name	
City		Email Address	
State			
Zip Code			

Note: By choosing to have your commissions electronically transferred into your account, your monthly commission statement will be e-mailed to an individual in your office. Please indicate the e-mail address below for the individual authorized to receive the statement:

E-mail (required)	
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Please sign and date this document below:

Name (please print): _____ Title (please print): _____

Signature: _____ Date: _____

Please send the completed Authorization Agreement via email to amtrustcommissions@amtrustgroup.com. Contact Amtrust Commissions directly with any questions at 844-578-7438.

Note: Please allow up to two commission cycles to complete the ACH set-up and pre-note process with your bank before the first commission entry is processed via ACH. If the supplied banking information is incorrect, a check will be issued until updated information is received by the AR Commissions team.