

By and between Syndicated Resource Group Holdings, Inc.,
And their affiliates and/or assigns (Hereafter "THE COMPANY")

Insert Your Company Name (Hereafter "You")

WHEREAS, THE COMPANY is engaged in the business of providing payroll processing, HR Administration, premium administration and reconciliation services and WHEREAS, YOU desire to utilize THE COMPANY'S arrangement for determining premium, YOU agree to the terms and conditions as set forth below:

INFORMATION ACCESS

You may designate an authorized contact for reporting data and receiving reports. By sharing your password, user name or designating an authorized contact, you are authorizing the individual to make decisions on behalf of your company. This arrangement requires frequent access to our internet based services and the terms of use will be published on the sites. THE COMPANY reserves the right to make improvements to the tools or changes to the terms of use.

You agree and understand that any user with your user name and password or who YOU allow to receive information on behalf of your company has your expressed consent to enter into agreements and electronically approve any and all user agreements related to our products and services.

DEFINITION OF TERMS

1. Classification codes are a primary part of the premium pricing mechanism. On the policy, these codes are expressed with two to four digits and correspond to a description of the employees' duties. Each classification code has its own rate for the purpose of calculating premium on a policy. The rating authority for inspections, such as the NCCI inspection (or appropriate state Bureau) process plays an important role in proper classification. THE COMPANY does not make the final determination of the appropriate classification code. The client invoice may contain summary reference information which is a combination of the classification code and the appropriate state. **You agree that the company relies on the client's accurate representation of employee operations as regards to proper classification codes. In the event that an insurance audit results in material changes in workers compensation classification codes, you agree to reimburse THE COMPANY for any additional insurance premiums due.**

2. Non-Working Deposit defined as fully earned fees which are not applied to the earned premium. This number may include broker fees as outlined on the original proposal for service. This line item may not be applied to audits, renewals and additional premiums etc.

3. Net Rates are not the same as the filed rates listed on the policy. The Net Rates roll in all of the items that modify the resulting policy premium from the normal class premium; this includes most taxes, fees, and surcharges, in addition to any schedule credits or debits, experience mods, increased limits, and/or premium. Net Rates are for illustration purposes and the simplicity of easily understanding the premium.

4. Adjusted Rates are different from the Net Rates as defined above. There are some state taxes which may be collected as part of the working deposit and applied to the final calculation at audit. Adjusted rates will include all program expenses plus the calculations used in the net rate calculation.



SPECIAL POWER OF ATTORNEY GRANTED TO THE COMPANY

A "special power of attorney" is granted to THE COMPANY as a condition of participation. **(initial)**

YOU agree to irrevocably appoint THE COMPANY as YOUR attorney in fact, to act in YOUR place as fully as YOU might act for submitting payroll reports, premium payments, and issuing a request on client's behalf, in client's capacity as the insured, subscriber or vendor client under the policy or service agreement issued to client by the carrier or vendor or to terminate client's coverage or participation in the event client is no longer a client of THE COMPANY. THE COMPANY is authorized to secure and forward information material to the effect or continuation of coverage as requested by the carrier or vendor in cooperation with YOU.

THE COMPANY is authorized to act in any manner both proper and necessary to the exercise of the foregoing powers, and ratify every act that THE COMPANY may lawfully perform in exercising those powers.

For the consideration stated above, YOU intend that this power of attorney be coupled with client's interest. YOU declare this power of attorney to be irrevocable and renounce all rights to revoke it or to appoint another person to perform the acts referred to in this agreement.

Accepted:

Print Authorized Officer Name (Signature) and date

Print Sign and return to: submissions@syndicatedservices.net