

## Third-Party Filer Acknowledgment Agreement

*The Surplus Line Association of Idaho does not approve, endorse, or recommend any third-party filing service. SLA Idaho does not enter into special arrangements, provide considerations, or make agreements regarding the activities of such third parties.*

This Agreement is between the undersigned Third-Party Filer and the Surplus Line Association of Idaho (SLA Idaho), solely to acknowledge the terms under which access may be granted to the Idaho Surplus Line Broker Portal for any licensed Surplus Line Broker that designates the filer as an authorized third-party.

### Third-Party Filer Information

- **Third-Party Filer Name:** \_\_\_\_\_
- **Primary Contact Name:** \_\_\_\_\_
- **Third-Party Filer Address:** \_\_\_\_\_
- **Third-Party Filer Email:** \_\_\_\_\_
- **Third-Party Filer Phone:** \_\_\_\_\_

### Acknowledgments

1. **Limited Role** – I acknowledge that I may be authorized by one or more Surplus Line Brokers, through a Broker Authorization form on file with SLA Idaho, to act only as a filer in the Idaho Broker Portal. I have no authority to transact insurance, bind coverage, or act as a surplus line broker in the State of Idaho.
2. **Compliance** – I will comply with all applicable laws, regulations, and SLA Idaho procedures when using the Portal.
3. **Confidentiality** – I will keep all information accessed through the Portal confidential and use it only to make filings for the authorizing broker.
4. **Portal Use** – The Idaho Broker Portal, including its systems, software, and documentation, is the exclusive property of SLA Idaho. Access is provided only to file surplus line transactions on behalf of licensed brokers who have authorized me through a Broker Authorization form on file with SLA Idaho. The Portal and its materials may not be copied, shared, reverse engineered, or used for any purpose other than making authorized filings.
5. **Indemnification** – I agree to indemnify and hold harmless SLA Idaho, its officers, employees, and agents from any claims, damages, or expenses (including attorneys' fees) arising out of my actions, omissions, or misuse of the Portal.
6. **Revocation** – My authorization may be revoked at any time by any authorizing broker or by SLA Idaho, at their discretion.

**Signature of Third-Party Filer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Third-Party Filer:** \_\_\_\_\_