

# THE HARTFORD AGENCY SWEEP AUTHORIZATION AGREEMENT/INSTRUCTIONS

FOR PERSONAL LINES

Agency Sweep is available to The Hartford's Personal Lines agents. If your agency represents The Hartford's Personal Lines business, we invite you to participate in this program.

With Agency Sweep, you can transmit information for payments received from customers to us via QTI, ExpressWay<sup>SM</sup> or EBC. You must deposit all such payments in your premium trust bank accounts, and we will "sweep" the payments electronically after four (4) business days. You will no longer need to fill out forms and mail us the payments.

**Note:** Premium payment checks that you receive from policyholders must be made payable to your agency and not "The Hartford." Checks payable to The Hartford must be mailed to us and should not be deposited in your account.

To begin using Agency Sweep, please complete the following two steps:

## Step 1 – Enroll your agency

An authorized officer of your agency needs to review both pages of the Authorization Agreement, complete the requested information on *The Hartford Agency Sweep Authorization Agreement/Update Form* and fax the completed form to our toll-free, secure fax line: **1-866-227-7843**.

An e-mail notice will be sent to the e-mail address provided on the form after we have processed the form. In the event that we have any questions or issues regarding the submitted form, we will contact your agency.

## Step 2 – Authorize your agency's EBC users

When your agency receives the e-mail notice mentioned in Step 1, the EBC Administrator will be asked to give Agency Sweep authorization to each appropriate EBC user. The EBC Administrator will log into EBC, access the **EBC Administration** screen, and modify each appropriate user's Authorization Levels.

**If your agency is already signed up for direct deposit of commission, your agency must be enrolled separately for Agency Sweep.**

### Questions regarding ...

- **User authorization, how to access and use Agency Sweep or technical issues** should be directed to our Agency Interface Services (AIS) support team at **877-322-4833**, Monday through Friday from 8:00 a.m. to 8:00 p.m. ET.
- **Agency enrollment status, billing, agency sweep payments and refunds, and other banking or financial issues** should be directed to Personal Insurance Billing Services at **800-771-8557**, Monday through Friday from 8:00 a.m. to 8:00 p.m. ET.

# THE HARTFORD AGENCY SWEEP AUTHORIZATION AGREEMENT / UPDATE FORM

FOR PERSONAL LINES

## Agency Information (Please PRINT clearly. All information is required.)

Eight-Digit Master Producer Code: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Contact person for this Authorization: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail address to receive notification about this request: \_\_\_\_\_

## Request (Check only one.)

- A. Enroll  D. Delete sub-producer code(s) from the program  
 B. Change banking information, effective date: \_\_\_\_\_  E. Terminate Agency Sweep, effective date: \_\_\_\_\_  
 C. Add sub-producer code(s) to the program

## Sub-Producer Codes (List all codes that apply to this request and share same banking information.)

| 8-Digit Sub-Producer Codes | Sub-Producer Names | 8-Digit Sub-Producer Codes | Sub-Producer Names |
|----------------------------|--------------------|----------------------------|--------------------|
|                            |                    |                            |                    |
|                            |                    |                            |                    |
|                            |                    |                            |                    |
|                            |                    |                            |                    |

**A Voided Check for your premium trust account must be taped in this box** for Request A (enroll), B (change bank information) or C (add sub-producer code). This form cannot be processed without the voided check.

**For all requests, this form cannot be processed unless the section below is and signed by an authorized officer of the agency.**

In accordance with the procedures established for this process, I / we authorize Hartford Fire Insurance Company and its affiliated companies (hereinafter called The Hartford), to initiate debit entries (withdrawals from) and to initiate if necessary, credit entries (deposits to) and adjustments for any debit entries in error to my / our premium trust account indicated above and the depository named above (hereinafter called Depository) to debit and/or credit the same to such account. This authorization is to remain in full force and effect until The Hartford has received written notice from me / us of its termination in such time and in such manner as to afford The Hartford and Depository a reasonable opportunity to act on it.

Name of Authorized Officer (please print) \_\_\_\_\_ Title \_\_\_\_\_

Signature of Authorized Officer \_\_\_\_\_ Date \_\_\_\_\_

Fax completed form to: **1-866-227-7843**  
Questions regarding Agency Sweep: Contact Personal Lines Billing Services at 1-800-771-8557

