



Petersen International Underwriters is pleased to have the opportunity to do business with you. We believe you will find our products and services to be the very best. Our goal is to develop with you a long and prosperous relationship.

Commission Schedule	First Year Commission	Renewal Commission
Income Protection		
High Limit Disability	15%	15%
Loss of License	15%	15%
Professional Athletes Disability	15%	15%
Life & Failure to Survive		
International Term Life	15%	15%
High Limit Accident	15%	15%
Failure to Survive	15%	15%
Medical		
All Plans (Paper)	15%	15%
Online Plans	20%	20%
Contingent		
Kidnap And Ransom	15%	15%

We agree to pay a commission to the producer of such contracts properly put into force. No commission shall be paid until all certificate requirements and premiums are collected. The commission schedule is to be used as a reference guide only. Commissions may be adjusted for custom or unique cases that require additional market support. Petersen International Underwriters reserves the right to change the commission schedule at any time without notice. Commissionable premium is equal to gross premium less any applicable Surplus Lines tax or state stamping fee. All quotes will be given as a gross premium.

In accordance with various Insurance Codes, you are obligated to inform us immediately, or within 15 days maximum, with written or verbal notice of claim from any insured.

Please fully complete the Producer Commission Agreement packet and return it along with:

1. A copy of your current license.
2. A copy of your current E&O coverage.
3. A copy of a voided check.
4. A completed W9.

Producer Signature: _____ Date: _____



Agency Information

Commissions Payable To:		Tax ID or SSN#:	
Company Name:	Principal Name:		
Physical Address:	City:	State:	Zip:
Phone Number:	Email:		Fax:
Mailing Address (if different):	City:	State:	Zip:
Website:			

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| 1. Do you have any unsatisfied judgments, liens, or garnishments against you? | Yes | No |
| 2. Have you ever filed a bankruptcy petition or been declared bankrupt or insolvent? | Yes | No |
| 3. Has a bonding company ever denied, paid out on, or revoked a bond for you? | Yes | No |
| 4. Have you ever been convicted of a felony or misdemeanor (other than a traffic offense in the last 5 years)? | Yes | No |
| 5. Have you ever had an insurance license suspended, revoked, or not renewed by any licensing authority? | Yes | No |
| 6. Have you ever been disciplined by any licensing authority? | Yes | No |
| 7. Have you ever had complaints filed against you with the DOI or other state regulatory agency? | Yes | No |
| 8. Has any errors and omissions company, ever received a charge or complaint against you? | Yes | No |

Explanations of any "Yes" answers and/or additional comments: _____

Correspondence

In addition to the primary contact above, we support additional departments and we are able to assign individual contacts to those various departments. Please complete the following table or select "same as above" and skip this section. Same as above

<u>Contact Type</u>	<u>Contact Person</u>	<u>Phone</u>	<u>E-Mail</u>	<u>Fax</u>
Main Office				
Commission				
Licensing				
Premium Notices				



Direct Deposit Commission

To ensure accuracy, we will be sending out a test deposit to your account to make sure it works as intended prior to the first commission being sent out. We do require that the deposit amount is confirmed via an online link before the setup is finalized. Each commission deposit will be accompanied by a commission statement sent via email from: commission@piu.org. I authorize Petersen International Underwriters to deposit commission payments directly to the account named when appropriate. I authorize Petersen International Underwriters to adjust this account for any funds erroneously credited. This authorization shall remain in effect until Petersen International Underwriters has received, and has reasonable opportunity to act upon, written notification from me of its termination. (Please allow 1 - 2 pay cycles for processing)

Company Name:	Name:
Email Statements To:	Telephone Number:
SS# or TID#:	Bank Name (US Banks Only):
Checking or Savings Account:	Please attached a Voided Check or Deposit Slip
Routing Number (9 Digits):	Account Number:

Agreement

1. In providing services under this agreement, you will act as an independent contractor. Nothing in this agreement will create an employer/employee relationship, partnership, or joint venturer. This agreement does not extend authority to make, alter, modify, bind, or cancel any product, policy, application, or certificate.
2. Commission will be paid to the producer of record based on the date the certificate is issued or the date an installment is processed.
3. Commission amendment(s) shall affect commissions payable with respect to any certificate(s) sold prior to the effective date of the amendment, but all renewals will be subject to the revised commission schedule.
4. No commissions will be payable for premiums which have been waived under the waiver of premium benefit.
5. This appointment agreement may become inactive if you do not submit an application during any six month period.
6. In the event of the producers death, this agreement will terminate and no further commissions will be payable until a new producer of record is assigned.
7. Underwriting: Petersen International Underwriters reserves the right, at its sole and absolute discretion, to decline any application for coverage, to refuse to renew any coverage, or to withdraw any product.
8. You are required to maintain proper licenses and an errors and omissions policy for as long as this agreement is in force.

Producer Signature: _____ Date: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.