

# Producer Agreement

## Commission Agreement with PETERSEN INTERNATIONAL UNDERWRITERS

Please submit the following requirements with this agreement:

1. Copy of your current license.
2. Copy of your current E&O coverage.

Please complete the following information:

Contact Person:	_____
Business Firm:	_____
Street Address:	_____
City:	_____ State: _____ Zip: _____
Phone:	_____
E-Mail:	_____
Fax:	_____
Commissions paid to:	_____
Tax I.D. or Social Security #:	_____

Date of Agreement: \_\_\_\_\_ Signature: \_\_\_\_\_



23929 Valencia Boulevard Suite 215  
Valencia, California 91355  
Telephone 800.345.8816  
E-mail: [piu@piu.org](mailto:piu@piu.org)  
Fax 661.254.0604

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## COMMISSION SCHEDULE

	First Year Commission	Renewal Commission
<b>DISABILITY PLANS</b>		
High Limit DI	15%	10%
Professional Athletes DI	12.50%	12.50%
<b>LIFE PLANS</b>		
International Term Life	15%	10%
High Limit Accident	15%	10%
Contingent Life	15%	10%
<b>MEDICAL PLANS</b>		
All Plans	15%	10%
<b>SPECIALTY PLANS</b>		
Kidnap And Ransom	15%	10%
Event Cancellation	Varies By Case	Varies By Case

## STATEMENT

Petersen International Underwriters agrees to pay a commission to the producer of such contracts properly put into force. No commission shall be paid until such time as all certificate requirements and premiums are collected. The schedule is to be used as a guide reference only. Commissions may be reduced for custom or unique cases that require additional market support. There will be certain cases that may fall outside these guidelines, in which case Petersen International Underwriters reserves the right to change these guidelines at any time in the future and without notice. Commissionable premium is equal to gross premium minus any applicable policy fee and/or Surplus Lines tax. All quotes will be given as a gross premium.

## CLAIMS REMINDER

You are obligated to your client to inform us immediately, or within 15 days maximum, with written or verbal notice of a claim. This obligation is in accordance with certain Insurance Codes.