PRODUCER AGREEMENT



TIS#32200

BETWEEN
PETERSEN INTERNATIONAL
UNDERWRITERS
AND

	UNDERWRITERS
	AND
•	Contact Person
•	Name of Individual or Business Firm
	Address
	City, State, Zip
	Phone
	Fax
	Email
	Commissions paid to
_	Tax I.D. or Social Security Number
	Please attach a copy of your current insurance license and a copy of your current E&O coverage.
Da	ate of Agreement:
Signed:	

PRODUCER AGREEMENT

STATEMENT

Petersen International Underwriters agrees to pay a fee to the producer of such contracts properly put into force. No fees shall be paid until such time as all certificate requirements and premiums are collected.

FEE SCHEDULE

The following schedule is to be used as a guide reference only. 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 any notice.

High Limit Accident Insurance First Year Fee - 15% Renewal Fee - 10%

Net Premium is equal to gross premium minus any applicable policy fee and Excess Surplus Lines (ESL or SPL) 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.

Please FAX to PETERSEN INTERNATIONAL UNDERWRITERS at (661) 254-0604 Questions, please contact Travel Insurance Services at (800)937-1387