

Producer Agreement

eGlobalHealth Insurers Agency, LLC

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
3. Completed and signed W-9 form (attached).

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
Fax 661.254.0604

Producer Agreement

eGlobalHealth Insurers Agency, LLC

COMMISSION SCHEDULE

	First Year Commission	Renewal Commission
DISABILITY PLANS		
High Limit DI	15%	15%
Professional Athletes DI	15%	15%
LIFE PLANS		
International Term Life	15%	15%
High Limit Accident	15%	15%
Contingent Life	15%	15%
MEDICAL PLANS		
All Plans	15%	15%
SPECIALTY PLANS		
Kidnap And Ransom	15%	15%
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. This commission schedule includes the commission payable to the producing agent which is payable at your discretion. 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.

PRODUCTION REQUIREMENT

A minimum of \$50,000 of Annualized Premiums must be placed each year to maintain this Agreement. Should production fall below this level either the contract will be adjusted or terminated.

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.

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.

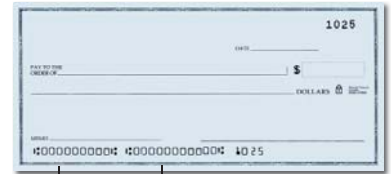
DIRECT DEPOSIT COMMISSION AGREEMENT

INFORMATION

Name
Company Name
Email Statements To
United States Bank Name

Checking

Attach voided check/deposit slip



Routing # Account #

Saving

Routing #

Account #

SETUP INFORMATION

Once this form has been completed and returned to our office, we will be sending out a test deposit to ensure accuracy. We do require that the deposit amount is confirmed via an online link before the setup is finalized.

Commission Statements: 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 below 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)

Signature: _____ Date: _____

RETURN INFORMATION



PETERSEN
INTERNATIONAL UNDERWRITERS

23929 Valencia Boulevard, Second Floor, Valencia, CA 91355
(800) 345-8816 • (661) 254-0604 fax
www.piu.org • Commissions@piu.org