

PRODUCER COMMISSION AGREEMENT

Petersen International Underwriters is pleased with 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 a long and prosperous relationship.

MCIS Multichoice Insurance Services LLC
38350 Fremont Blvd, Ste 200, Fremont, CA 94536
Phone # 1-510-353-1180 • Fax: 1-510-402-4743
Email: contact@multichoiceinsurance.com
Agent # 31717

COMMISSION SCHEDULE

| | First Year Commission | Renewal Commission |
|---------------------------------|-----------------------|-----------------------|
| DISABILITY | | |
| High Limit DI | 15% | 10% |
| Professional Athletes DI | 12.50% | 12.50% |
| LIFE/FAILURE TO SURVIVE | | |
| International Term Life | 15% | 10% |
| High Limit Accident | 15% | 10% |
| Failure to Survive | 15% | 10% |
| MEDICAL | | |
| All Plans | 15% | 10% |
| CONTINGENCY | | |
| Kidnap And Ransom | 15% | 10% |
| Event Cancellation | Varies by Case | Varies by Case |
| Brand Protection | Varies by Case | Varies by Case |

Petersen International Underwriters agrees 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 schedule above is to be used as a reference guide only. Commissions may be reduced for custom or unique cases that require additional market support. Petersen International Underwriters reserves the right to change these guidelines at any time without notice. Commissionable premium is equal to gross premium minus any applicable Surplus Lines tax or state stamping fee. All quotes will be given as a gross premium.

CLAIMS REMINDER

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.

Signature: _____ Date: _____

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INFORMATION

Producer Name

Contact Person

Company Name

Street Address

City

State

Zip

Phone

Fax

Email

Commissions Paid To

Tax ID / Social Security

Signature: _____ Date: _____

ADDITIONAL REQUIREMENTS

1. Copy of your current license.
2. Copy of your current E&O coverage.
3. Completed and signed W-9 Form (attached)
4. Completed and signed Direct Deposit Commission Form (optional)

RETURN INFORMATION

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