

PRODUCER AGREEMENT

Under this Agreement, dated this _____ day of _____, 20 __,

_____, hereinafter called "**General Agent**" or "**GA**" appoints:

_____, hereinafter called "**Producer**," who accepts the appointment as GA's representative to obtain applications for insurance on behalf of insurance carriers to be specified by Impaired Disability Underwriters, hereinafter called "IDU." The parties agree to the following terms and conditions:

1. In consideration for the services to be performed hereunder by Producer, IDU will pay to the Producer the percentage of Commissionable Premiums set out in the attached Schedule of Commissions as and when the Producer earns commissions for premiums paid by clients.
2. If any premium shall be refunded for any reason or cause, either before or after termination of this contract, the Producer shall repay to IDU, on demand, all commissions previously allowed on that premium.
3. In the event of death, commissions earned on policies still in force will be paid to the Estate of the Producer or to any other party designated by the Producer.
4. GA will supervise Producer in selling insurance plans hereunder in accordance with information provided by IDU.
5. This Agreement is effective only when Producer is duly licensed as required by his/her State Insurance Department, and Producer will not knowingly violate any of the laws and regulations of said Department or any other applicable State Insurance Department. The GA will supervise Producer in such compliance.
6. For any month during which no New Policies or New Certificates has been put in force at any time during the prior twelve months, Renewal Commissions in the attached schedule shall not be paid. Existing Policies or Certificates renewing for a new term are not considered New Policies or New Certificates for the purpose of this clause.
7. All money received from applications shall be paid in trust by Producer or GA and delivered to IDU with applications at the earliest opportunity.
8. Producer shall not advertise, nor make any representations on behalf of IDU which are not approved by IDU in writing prior to use by Producer.
9. Producer has no authority to alter, modify, waive or change any of the terms, rates or conditions of the Policies or contracts. The Producer does not have binding authority and is required to abide by the underwriting rules of IDU. The Producer agrees to indemnify and hold IDU harmless from all losses, expenses, damages and liabilities resulting from unauthorized acts by the Producer or its employees.
10. Producer agrees to protect any confidential information of the Company's customers that is accessible by the Producer. Confidential Information includes, but is not limited to any nonpublic personal information about IDU's customers or potential customers, regardless of whether it is personally identifiable or anonymous information.
11. Nothing contained in this Agreement shall be construed to create the relationship of employer/employee between IDU and Producer. Producer is an independent contractor. Producer has no authority to incur any debt in the name of IDU.
12. This Agreement may be terminated by IDU at any time upon written notice of such termination to the GA.

In witness whereof, the parties execute this Agreement as of the date first stated.

PRODUCER		
_____ Signature	_____ Name	_____ Agency
_____ email	_____ cell Number	_____ Agency Telephone number
_____ Address	_____ City & State	_____ Zip
GENERAL AGENCY (GA)		
GA Agency Name: _____		GA SIGNATURE: _____
IDU		
_____ IDU Representative	_____ Date	IDU's GA Code#: _____ IDU's Producer Code#: _____



**SCHEDULE OF COMMISSIONS
PRODUCER AGREEMENT**

IDU, agrees to pay the following percentage of commissions based on Commissionable Premiums received as they are earned. Commissions shall not be payable unless and until the premiums to which they apply are actually received and earned by IDU. In the event of any refund or return by IDU of any premiums on which the Producer had received commissions, the Producer shall refund the commission received thereon to IDU within thirty (30) days following the date of IDU's request therefore and the amount refundable shall constitute an indebtedness of the Producer to IDU. No commissions shall be paid until all certificate requirements and premiums are collected. Commissionable Premium is equal to Gross Premium minus any applicable Surplus Line tax or State Stamping Fees or other policy or modal fees. All quotes will show Gross Premiums. No commissions will be payable for premiums waived.

Disability Income Plans	First Year Commission	Renewal Commission
Impaired Disability Plans	15%	10%

 Licensed Producer Signature Name Date

 IDU Name Date

ADDITIONAL REQUIREMENTS:

Please send: Copies of 1) your current license 2) your current E&O coverage and 3) completed/signed W9 4) appointment sheet



INDEPENDENT PRODUCER'S APPLICATION
FOR APPOINTMENT FOR
INDIVIDUAL DISABILITY INSURANCE

1. Name of Producer / Agency _____

2. Business Form: Individual ____ Corporation ____ Partnership ____ Social Security / Tax ID # _____

3. Mailing Address: _____

4. Business Address: _____

5. Phone: () _____ FAX () _____ E-Mail _____

6. Producer/Agency Principal(s):
Name: _____ Title: _____ Date of Birth: _____ Date first Licensed: _____
SS #of Principal: _____ Please attach a copy of your License - License Number: _____

Have you ever been refused an insurance license by any state? [] Yes [] No

Has your insurance license ever been suspended or revoked by any state?..... [] Yes [] No

Have you ever had, or do you anticipate, any disciplinary action by any state? [] Yes [] No

Have you ever pled guilty or nolo contendere, or been found guilty of, a felony since obtaining your license? ... [] Yes [] No

Have you ever been denied a surety or fidelity bond? [] Yes [] No

Have you declared bankruptcy in the last 5 years? [] Yes [] No

The above information is full, complete and true. I understand that any misstatements, false statements and/or material misrepresentation or omissions may result in declination of this application or revocation of my appointment

Date _____ Producer's Signature _____