



MEXICAN INSURANCE

PO Box 1469 ~ Soquel, CA 95073 ~ 800-485-4075

Adventure Mexican Insurance Services, Inc. ~ CA Surplus Lines Broker # 0D44414

# 35% Commission

## Introductory Promotion for New Agents

**Adventure Mexican Insurance Services would like to work with your insurance agency!**

We want to make it as easy as possible for your insurance agency to try the Adventure Mexican Insurance *Online* insurance system. Once you review our quality Mexican insurance products and easy-to-use *Online* insurance system, we are confident that you will decide to use us for all of your future Mexican insurance needs.

### **Introductory Offer for New Agents:**

If you are a new agent who has never worked with Adventure Mexican Insurance Services before, we will give your agency **35% commission** for the first 5 policies you write with us! After your first 5 policies, your agency commission will go back to 30% commission.

**PRODUCER Commission:** 35 % of Total Premium less Policy Fee (for first 5 policies written)

\_\_\_\_\_  
Company Name (Print)

Adventure Mexican Insurance Services, Inc.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title

Jeff Nordahl

President

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Fax this form along with your Producer Agreement to: **FAX: 831-515-5042**

**OR EMAIL BACK TO: info@FastMex.com**



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**INSTRUCTIONS:**

**To become an Appointed Agent with Adventure Mexican Insurance, we will need the following documents signed, dated, then faxed to our office at**

**Fax forms back to: 831-515-5042**

**OR EMAIL BACK TO: [info@FastMex.com](mailto:info@FastMex.com)**

- 1: Signed and dated Producer Agreement**
- 2: Signed and dated EFT Authorization (OPTIONAL)**
- 3: A copy of a VOIDED check from the bank account that will be used for EFT (optional)**
- 3: Completed W-9 IRS Tax Form (enclosed)**
- 4: A copy of your current insurance license**
- 5: A copy of your current Errors and Omissions policy**

**Once we receive all of your documents, we will assign you an Agent Code and Password so you can access the Adventure Mexican Insurance Online System. You will then be able to begin issuing policies for your customers!**

**Let us know if you have any questions.**

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**PRODUCER AGREEMENT**Agreement between: \_\_\_\_\_  
(Agency Name)\_\_\_\_\_  
(Agency Address) (City) (State) (Zipcode)\_\_\_\_\_  
Email Phone Fax

a duly licensed insurance agent/broker, hereinafter referred to as "**PRODUCER**", and  
Adventure Mexican Insurance Services, Inc.,  
PO BOX 1469, Soquel, CA 95073  
CA License#: 0D44414  
hereinafter referred to as "**ADVENTURE**."

PRODUCER desires to secure insurance coverage for Mexico on behalf of his/her clients (insured) through the facilities provided by ADVENTURE. ADVENTURE agrees to make facilities available to PRODUCER for placement of such insurance on the terms and conditions specified in this agreement.

**PRODUCER BINDING AUTHORITY**

PRODUCER is authorized to bind new and renewal risks and additional coverage in strict compliance with the corresponding Underwriting Guidelines provided in writing by ADVENTURE. ADVENTURE and/or the insurer(s) reserve the right to reject risks that do not qualify within the scope of the Underwriting Guidelines or PRODUCER authority. In the event PRODUCER issues an unauthorized policy binder, PRODUCER agrees to reimburse ADVENTURE or the applicable Insurance Company for any expenses incurred because of the unauthorized issuance, including claims for indemnification, claims expense or attorney's fees incurred by ADVENTURE or the applicable insurance Company denying liability or collecting reimbursement.

**COVENANTS AND CONDITIONS**

PRODUCER agrees to print and maintain hardcopy backups of all policies, endorsements, and cancellations issued by PRODUCER. These copies are to be printed and maintained on a daily basis.

**PAYMENT OF PREMIUMS**

PRODUCER has the authority to collect premiums. All premiums received by PRODUCER shall be held in accordance with instructions contained in currently published Underwriting Guidelines or other specific written instructions from ADVENTURE. PRODUCER agrees to pay ADVENTURE all earned premiums, whether or not premium was collected from the insured, unless PRODUCER notifies ADVENTURE in writing within (30) days of the due date of such premiums of it's inability to collect such premiums. Should PRODUCER fail to pay ADVENTURE any premium, return commission or other moneys when due, PRODUCER agrees to bear any collection or other expenses, including reasonable attorney's fees and costs incurred by ADVENTURE to enforce collection.

**COMMISSIONS**

ADVENTURE agrees to pay PRODUCER commissions on all paid premiums, exclusive of fees, at the rates specified in the Underwriting Guidelines, rate schedules, bulletins or other information published from time to time with respect to the kind of coverage, class of risk and/or Insurance Company. PRODUCER shall refund to ADVENTURE the commission on cancellations and return premiums at the same rate at which such commissions were originally paid. Should it become necessary for ADVENTURE to enforce collection of premiums, PRODUCER agrees to forfeit all rights to commissions on premiums so collected.

**CANCELLATIONS**

The parties agree that the insurer(s) and/or ADVENTURE reserve the right to cancel any policy of insurance by direct notice to the insured; copy of which shall be sent to PRODUCER.

**EXPIRATION NOTICES**

ADVENTURE will endeavor to give PRODUCER reasonable notice of the expiration of all policies, but failure of ADVENTURE to provide such notice shall not render ADVENTURE liable.

**OWNERSHIP OF BUSINESS**

Both parties to this agreement expressly recognize the independent ownership by PRODUCER of the insurance business placed pursuant to this agreement. In the event this agreement is terminated, PRODUCER shall retain ownership of the business placed pursuant to this agreement; provided PRODUCER is not delinquent for any premiums owed to ADVENTURE.

**ADVERTISING, PRODUCER EXPENSES**

PRODUCER shall submit to ADVENTURE for approval in writing all advertising, listings or other printed matter of any kind which includes ADVENTURE or its insurer's names, insignia or rates and wait for approval in writing before any publication or dissemination thereof. ADVENTURE shall have no responsibility whatsoever for any PRODUCER expenses.

**LIMITATIONS OF PRODUCER**

PRODUCER has no authority to process or adjust claims and must notify ADVENTURE or an approved adjuster of any claim as soon as possible. No act or statement of PRODUCER shall in any way be binding on ADVENTURE or any insurer represented by ADVENTURE, unless PRODUCER shall have received written approval from ADVENTURE to so act or state.

**INDEMNITY**

PRODUCER agrees to indemnify and hold ADVENTURE harmless from any and all expenses, costs, and attorney's or counsel fees; for any cause of action, loss or damage from neglect, fraudulent or unauthorized acts or omissions by PRODUCER or its agents, solicitors or employees.

**ERRORS AND OMISSIONS**

PRODUCER agrees to purchase and maintain in force, as long as this agreement is in effect, an Insurance Agent's/Broker Errors and Omissions policy and to provide ADVENTURE with a copy, if requested. The cost of said policy shall be at the expense of PRODUCER.

**ASSIGNMENT**

This agreement and PRODUCER's rights under it may not be assigned without the prior written consent of ADVENTURE.

**NON-ADMITTED CARRIER(S)**

PRODUCER is made aware that under the Mexican Legal System, insureds are required to purchase insurance coverage for Mexico from insurance companies licensed in Mexico. PRODUCER acknowledges that policies may be issued by insurance carriers that are considered alien or Non-Admitted in the United States of America, but are admitted in Mexico.

**PRODUCER'S WARRANTY**

PRODUCER warrants that he/she is properly licensed for the classes of business and the coverages of insurance to be procured through the facilities of ADVENTURE. PRODUCER agrees to provide ADVENTURE with a copy of evidence of such a license.

**TERMINATION**

This agreement may be terminated at any time by ten (10) days written notice of either party to the other, but said termination shall not alter in any way the continued application of this agreement to insurance policies effected prior to the date of such termination. All supplies furnished to PRODUCER by ADVENTURE shall be promptly returned to ADVENTURE in the event of termination of this agreement.

**DISCLAIMER: USE OF INTERNET SITE**

The materials on the website are provided "as is" and without warranties of any kind, either expressed or implied. To the fullest extent permissible under applicable law, ADVENTURE disclaims all warranties, expressed or implied, of fitness of the applicable websites.

Under no circumstances, but not limited to, negligence, shall ADVENTURE be liable for any indirect, special, incidental, consequential or other damage, including, but not limited to, loss of data or lost profits, which result from the use of, or the inability to use, the materials on the website.

**PRODUCER**

\_\_\_\_\_  
Company Name (Print)

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ADVENTURE**

\_\_\_\_\_  
Adventure Mexican Insurance Services, Inc.

\_\_\_\_\_  
Jeff Nordahl  
Name

\_\_\_\_\_  
President  
Title

## ADVENTURE COMMISSION STRUCTURE

**PRODUCER will retain:** 30 % of Net Premium (Gross Premium less Policy Fee and taxes if applicable)

PRODUCER will pay the Total Premium for each policy created to ADVENTURE via Electronic Funds Transfer (EFT) or customer credit/debit card at the time the policy is created. ADVENTURE will pay PRODUCER all commissions for the previous month's sales by the 10th of the following month.

### PRODUCER

### ADVENTURE

\_\_\_\_\_  
Company Name (Print)

Adventure Mexican Insurance Services, Inc.

\_\_\_\_\_  
Name (Print)

Jeff Nordahl  
Name

\_\_\_\_\_  
Title (Print)

President  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_

# DIRECT DEPOSIT COMMISSION PAYMENT



**OPTIONAL: You can start having your commission payments  
DIRECTLY DEPOSITED to your bank account.**

**DIRECT DEPOSIT COMMISSION PAYMENTS ARE OPTIONAL**  
If you choose not to use DIRECT DEPOSIT, Adventure will continue to mail your  
commission check to your agency mailing address.

**FAX BACK TO 866-790-7329**

## AUTHORIZATION FOR DIRECT DEPOSITS FOR COMMISSION PAYMENTS

Insurance Agency \_\_\_\_\_ Agent Code \_\_\_\_\_

I hereby authorize Adventure Mexican Insurance Services, Inc. to electronically deposit  
agency commission payments directly into the following bank account.

Name of Bank: \_\_\_\_\_

Name on Bank Account: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account Number: \_\_\_\_\_

\_\_\_\_\_  
Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please also include a copy of a VOIDED check.

**DIRECT DEPOSIT COMMISSION PAYMENTS ARE OPTIONAL**  
If you choose not to use DIRECT DEPOSIT, Adventure will mail your commission check to  
your agency mailing address.

**FAX BACK TO 866-790-7329**

**EFT is an OPTIONAL premium payment method.**

**LEAVE THIS FORM BLANK IF YOU DO NOT WANT TO USE EFT**



**AUTHORIZATION FOR AUTOMATIC ELECTRONIC FUNDS TRANSFER**

**Insurance Agency**\_\_\_\_\_ **Agent Code**\_\_\_\_\_

**I hereby authorize Adventure Mexican Insurance Services, Inc. to automatically debit our bank account for the Total Premium for each Mexican insurance policy issued through the Adventure Mexican Insurance policy issuance software (reference the PRODUCER AGREEMENT for the exact commission structure). I also authorize ADVENTURE to make automatic debits or credits to my bank account for all insurance policy cancellations and endorsements.**

**Name of Bank:**\_\_\_\_\_

**Name on Bank Account:**\_\_\_\_\_

**Routing #:**\_\_\_\_\_

**Account Number:**\_\_\_\_\_

**This authorization is to remain in force and affect until ADVENTURE has received written notification from me of its termination in such time and in such manner as to afford ADVENTURE a reasonable opportunity to act on it.**

**Name:** \_\_\_\_\_

**Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**Please also include a copy of a VOIDED check.**

**EFT IS OPTIONAL**

**If you do not want to use EFT for premium payments,  
you will still be able to use credit/debit cards to pay premiums**

## 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, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	<input type="checkbox"/> Exempt from backup withholding
	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 Line 1 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.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
			+			+		
or								
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. person (including a U.S. resident alien).

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 ▶

### 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.

**U.S. person.** 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.

**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.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

#### Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.