



International Gateway Insurance Brokers
A World Insurance & Assistance Company
1-800-423-2646
www.igib.com

FAX (619) 427 5274

PRODUCER PROFILE FOR AGENCY APPOINTMENT

Agency Name (DBA): _____
Exact Name on License: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____
Email: _____

Individual _____ Partnership _____ Corporation _____

Insurance License#: _____ (Please attach copy)
*Errors & Omissions Information (attach copy of declaration page)

Name (Owners or Officers)	Title:	INSURANCE EXPERIENCE YEARS
_____	_____	_____
_____	_____	_____

CREDIT REFERENCES:

Bank account Information:

Name of the bank: _____ Bank Contact: _____

Address: _____ State: _____ Zip code: _____

Trust Account#: _____

Person Completing Questionnaire:

Title: _____ Signature: _____

PRIOR MEXICO INSURANCE EXPERIENCE

Has your agency previously written Mexico Insurance? _____

If your answer is yes please list the name of the Mexico Insurance Company through which you placed your Mexico Insurance Business and the name of the California Surplus Line Broker you worked with:

Mexico Insurance Company: _____

COMPANY USE ONLY

Agent Code# _____ Commission%: _____

Supplies Delivered? Mailed: _____ Date: _____

Type of Products:

Auto _____ Watercraft _____ Aircraft _____ Homeowners _____ Commercial _____ Northbound _____

Commission Rates: 25% on auto, standard rates on watercraft, aircraft and homeowners.

Special Conditions: _____

Sub-Agents: yes _____ no _____ *If yes attach sub-agent's information with commission rates



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DEAR AGENT :

International Gateway now has the capability to make commission payments directly to your bank account as well as the capability to pull premiums from your trust account. All we need to get you started is a voided check from your trust account, an e-mail address for account activity notifications, and your signature below.

I, _____, as a duly authorized check signer on the financial institution account identified below, authorize International Gateway Insurance Brokers, Inc. (IGIB) to debit my trust account for insurance premiums and fees that have been collected in conjunction with their Mexican Insurance Program. I further authorize IGIB to credit my trust account for commissions and premium refunds as necessary.

Transactions will be processed on the 10th of every month. IGIB will e-mail you a full production report and notify you of the amount that we will be debiting or crediting within the first 5 days of the month for the preceding month. You can also access your liquidation information in the IGIB website under "**Production Report**" page under **Payments/Liquidations**.

Signature

Date

Print Name

Institutional Email Address

Agency Name

Agents Code

If check is not available, please send us, the following information from your Trust account:

Bank's Name _____

Routing Number _____

Account Number _____

To continue to enjoy the cash option privileges for sales you must agree to these procedures as outlined above.

Please attach a void checks and return to:

International Gateway or Fax: (619) 591-2762
3450 Bonita Road
Chula Vista, Ca.

If you need further assistance please call us at 1800-423-2646 8:30 am to 5:00 pm Pacific Time, we will gladly walk with you through this new Liquidation process.



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Thank you,

Reynaldo J. Ricalde Mendivil.
President
International Gateway Insurance

PRODUCER PROFILE FOR AGENCY APPOINTMENT

Agency Name (DBA): _____

Exact Name on License: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Fax: () _____

E-Mail /Internet address : _____

GENERAL INFORMATION FOR YOUR INSURANCE AGENCY:

Date Business began : _____ How Long Owned by Agent? _____

____ Individual ____ Partnership ____ Corporation

Insurance License #: _____ (PLEASE ATTACH COPY)

Errors & Omissions Information (ATTACH COPY OF DECLARATION PAGE)

Pending or Closed E&O Claims: (Give details on separate sheet)

Name (Owners or Officers)	Title:	Insurance Experience Years
_____	_____	_____
_____	_____	_____
_____	_____	_____