

## Producer/Sub-Producer Agreement

### Nielson, Hurtado & Associates

The purpose of this agreement is to establish a producer relationship between the Producer, listed below, and the company; Nielson, Hurtado & Associates.

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

Producer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Federal ID #: \_\_\_\_\_

Agency Phone: \_\_\_\_\_

Producer Phone: \_\_\_\_\_

Producer E-Mail Address: \_\_\_\_\_

Producers Entity is a:

Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

States where appointments are being requested:

**(Please attach copies of current applicable licenses to this form)**

State	License#	License Name
_____	_____	_____
_____	_____	_____
_____	_____	_____

The Producer acknowledges that he/she is duly licensed to conduct business in the states listed above.

The Producer agrees to maintain Errors and Omissions Insurance Coverage in the amount of \$1,000,000 and verifies that coverage exists. Please provide proof of coverage when you return this signed document.

This agreement may be terminated or cancelled at any time by either party, upon written notice.

The producer agrees that coverage cannot be bound without prior authorization from the Company.

Signed in Duplicate by Producer

Producer Name: \_\_\_\_\_  
(Type or Print Name)

Producer Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Nielson, Hurtado & Associates: \_\_\_\_\_

Title: \_\_\_\_\_

Attachment – Form W-9 (Please complete and return with agreement)