



Premier Insurance Partners
Principal: Gerald Hraban

Stephens-Matthews
Marketing, Inc.

IHC Online Contract Request

Short Term

THIS IS NOT A CONTRACT

To be appointed with IHC to sell their short term policies through their online contracting, we will need the information below and a link will then be sent to you.

Send this form back to
pharmon@pip1.com

Check here if you want your commissions advanced

Agent Name _____
Name must be exactly as it is on state license

Social Security Number _____

Address _____

Phone Number _____

Resident State _____

Non Resident states (not all states are available, but will be added for the ones that are from your list)

Date of Birth _____

E-Mail Address _____
the e-mail address entered here will be the one the link comes to



Stephens-Matthews
Marketing, Inc.

STEPHENS-MATTHEWS MARKETING, INC.

., PO Box 1208 ., Beverly, OH 45715 ., Phone: (800) 544-8250 ., Fax: (888) 984-2614 .,

Return by fax to: 888-984-2614 or email to: Meagan@stephens-matthews.com

Agent Commission Electronic Funds Transfer Form

Agent/Agency Name: _____

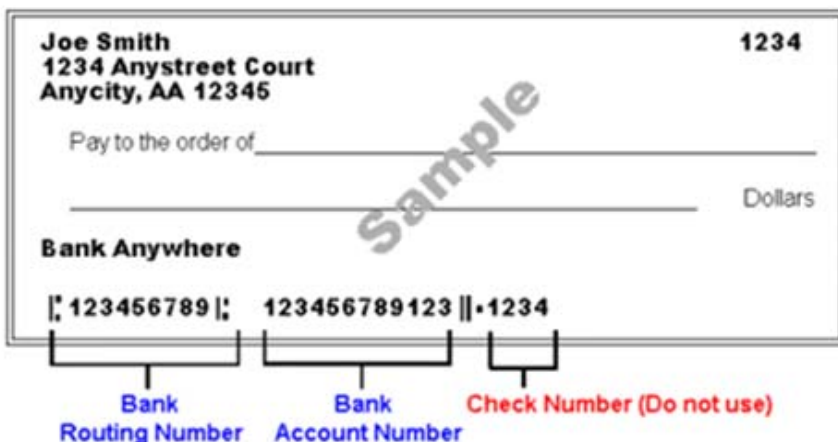
Daytime Phone Number: _____

Email Address: _____

Account Type (Please Check One): Checking Account (22) Savings Account (32)

TO ENSURE CODING
ACCURACY, PLEASE
ATTACH A **PRE-PRINTED**
VOIDED CHECK

*If you do not have a blank check,
please attach a letter from your
bank, on their letterhead, with the
routing and account numbers
included.*



_____ Bank Routing Number

_____ Bank Account Number

Authorization

I hereby authorize Stephens-Matthews Marketing, Inc. to initiate credit entries and, if necessary, adjustments for any credit entries made in error to the checking or savings account indicated above, hereinafter called depository.

Agent Signature: _____ Date: _____

Please submit an updated authorization any time you change depositories.

Commission statements will be available on the
Stephens-Matthews website
www.stephens-matthews.com

****This form is only needed if you are assigning commissions to either an agency, or to someone other than yourself****



To: Stephens-Matthews Marketing, and/or any other affiliated company (collectively, “the company”).

If and when I am owed compensation because I have sold or secured the sale of an insurance product of the Company or for any other reason, I (the undersigned “Assignor”) do not wish to receive that compensation, but instead assign it to, and direct the Company to pay it to, the person or entity I have written below as Assignee per my instructions below:

Assignee Name (person/entity to be paid)

Social Security/tax ID Number

SIGN HERE

Assignor Signature

Date Signed

Assignor Print Name

Social Security/Tax ID Number

Stephens-Matthews Marketing, Inc. P.O. Box 1208, Beverly, OH 45715 800-544-8250

