Allianz | Allianz Partners

Application for Commission Protection

Agency Information

Agency Name: _____ ACCAM#: _____

Contact Name: _____ Telephone #: _____

Address: _____ E-mail address: _____

City: _____ State: __ Zip Code: _____

Client Information

Client Name: _____

Claim #: _____ Policy #: _____

Trip Cost: $ _____

Total commission protection amount requested: $ _____

Supporting Documentation

- Proof of recall or withholding of your commission on the letterhead of the travel supplier
- Proof of the amount of commission recalled

Commission Protection requests will be reviewed after the client's trip cancellation claim has been paid.

PLEASE READ AND SIGN THIS FORM.
FAILURE TO SIGN AND DATE MAY DELAY THE REVIEW OF YOUR REQUEST.

AUTHORIZATION

I authorize any insurance company, travel organization, or any other person or entity to release information regarding this request. I understand that this information will be used by AGA Service Company or its authorized representatives for the purpose of evaluating and determining eligibility for this request.

By signing this application form, I certify that all information given above is true and complete to the best of my knowledge.

Signature: _____ Date Signed: _____

Print Name: _____

E-mail: commissionprotection@allianzassistance.com
Mail: Allianz Global Assistance, P.O. Box 72031, RICHMOND, VA 23255-2031
Call: 1-855-524-3687. We are available 24 hours a day.