Azimuth Risk Solutions – Commission Request Form

Use this form to request reports for back or missed commissions. Please provide accurate and complete information to ensure a timely resolution. **For security, a password is required to verify your identity.**

Agent Information

1. **Agent Name**: _____
2. **Agent ID/Code**: _____
3. **Agency Name (if applicable)**: _____
4. **Email Address**: _____
5. **Phone Number**: _____
6. **Verification Password**: _____
   (This is the unique password provided during your agent onboarding. If forgotten, please contact Azimuth Risk Solutions for assistance.)

Request Details

7. **Type of Request** (Check one):
   - o Back Commission
   - o Missed Commission
8. **Time Period for Report**:
   - o Start Date: _____
   - o End Date: _____
9. **Policy Details** (if applicable):
   - o Policy Number(s): _____
   - o Policyholder Name(s): _____
   - o Date(s) of Policy Issue: _____
10. **Commission Payment Details (if known)**:
    - o Expected Commission Amount: _____
    - o Commission Payment Date (if applicable): _____

Reason for Request

11. **Explanation of Request** (brief description of the issue):

    _____

    _____

Supporting Documentation

12. **Attachments Included**:
    - o Policy Issuance Confirmation
    - o Previous Commission Statement(s)
    - o Correspondence Related to the Request
    - o Other: _____

Submission

- Email completed forms and attachments to: **commissions@azimuthrisk.com**
- For assistance, contact: **(317) 644-6291**

Acknowledgment

By submitting this form, I confirm that the information provided is accurate to the best of my knowledge. I understand that processing may take up to **10 business days**, and Azimuth Risk Solutions will contact me if additional details are required.

Signature: _____

Date: _____