

NATIONS

INSURANCE COMPANY

PO BOX 3490
CERRITOS, CA 90703-3490
Ph: (562) 252-3434
Fax: (562) 402-4118
www.NationsInsurance.com

PRODUCER APPOINTMENT PACKAGE

Please complete the attached application and submit it to *Nations Insurance Services, Inc.* via one of the options below:

Mail: Nations Insurance Services, Inc.
PO BOX 3490
Cerritos, CA 90703-3490

E-mail: Marketing@NationsInsurance.com

Fax: (562) 402-4118

To avoid any delays, please make sure to include all of the following items:

1. Completed and Signed Producer Application
2. Completed Branch Location (if applicable)
3. Current License
4. Copy of E&O Declaration Page
5. W9 (Completed with the name shown on license)
6. Authorization Agreement for Electronic Funds Transfer (EFT)
7. Direct Deposit Authorization Agreement for Commission
8. Bond

Nations Insurance Services, we'll be here for you today, tomorrow, and beyond.

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GENERAL INFORMATION		
Agency Name:		
Email:	Phone:	Fax:
Street address:		
Mailing address:		
Entity Type Corporation Partnership Sole Proprietor	Owner / Contact Person: _____ _____ _____	Additional Locations Yes / No Comparative Rating System Other:
ADDITIONAL INFORMATION		
Name(s) on License:		
License Number:	Date Established:	
License Type Agency Broker / Agent	Tax ID / Social Security # _____	DBA Name (filed with the CA DOI) _____
E&O Carrier Name:		E&O Policy Limits: \$
E&O Policy #:	E&O Exp Date:	Agency Management System Yes / No
COMPANY REPRESENTATION		
Company	Written Premium / Loss Ratio %	
1.		
2.		
3.		
4.		
5.		
Total Agency Personal Lines Premiums:	\$	
Est. Number of Monthly Auto Applications:		
PRODUCER'S SIGNATURE: _____		
TO BE COMPLETED BY HOME OFFICE (NATIONS INSURANCE COMPANY)		
Application Approved by:		
Commission: New Business: ____% Renewal: ____%		Producer Code:
Notes:		

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ADDITIONAL LOCATION #2

STREET ADDRESS:

MAILING ADDRESS:

PHONE NUMBER:

FAX NUMBER:

CONTACT:

EMAIL ADDRESS:

ASSIGNED PRODUCER CODE:

ADDITIONAL LOCATION #3

STREET ADDRESS:

MAILING ADDRESS:

PHONE NUMBER:

FAX NUMBER:

CONTACT:

EMAIL ADDRESS:

ASSIGNED PRODUCER CODE:

ADDITIONAL LOCATION #4

STREET ADDRESS:

MAILING ADDRESS:

PHONE NUMBER:

FAX NUMBER:

CONTACT:

EMAIL ADDRESS:

ASSIGNED PRODUCER CODE:

ADDITIONAL LOCATION #5

STREET ADDRESS:

MAILING ADDRESS:

PHONE NUMBER:

FAX NUMBER:

CONTACT:

EMAIL ADDRESS:

ASSIGNED PRODUCER CODE:

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AUTHORIZATION AGREEMENT FOR COMMISSION DIRECT DEPOSIT

This agreement authorizes *Nations Insurance Services, Inc.* to automatically credit the bank account designated below.

PRODUCER CODES:

ALL PRODUCER CODES: YES / NO

BANK NAME:

NAME ON THE ACCOUNT:

BRANCH LOCATION (CITY/STATE):

ACCOUNT NUMBER:

ABA (ROUTING) NUMBER:

I understand that this authorization will remain in effect until I notify *Nations Insurance Services, Inc.* that I no longer desire this service, giving responsible time to act upon notification. Notification will be given in writing.

I understand and authorize the above agreement by my signatures below.

AUTHORIZED SIGNATURE:

DATE:

(Attached voided check here)

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AUTHORIZATION AGREEMENT FOR WITHDRAWALS FROM YOUR TRUST ACCOUNT

This agreement authorizes **Nations Insurance Services, Inc.** to automatically debit the bank account as designated below. Additionally, if any electronic debit(s) should be returned as "non-sufficient funds" by your bank, I authorize **Nations Insurance Company**, to collect a returned item fee of \$20 per item by electronic debit from my trust account.

PRODUCER CODES:

ALL PRODUCER CODES: YES / NO

BANK NAME:

NAME ON THE ACCOUNT:

BRANCH LOCATION (CITY/STATE):

ACCOUNT NUMBER:

ABA (ROUTING) NUMBER:

I understand that this authorization will remain in effect until I notify **Nations Insurance Services, Inc.** that I no longer desire this service, giving responsible time to act upon notification. Notification will be given in writing.

I understand and authorize the above agreement by my signatures below.

AUTHORIZED SIGNATURE:

DATE:

(Attached voided check here)