

NATIONS INSURANCE SERVICES, INC.

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: Yolanda Zuniga Berning
yolanda@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:
Current address:		
Mailing address:		
Corporation/ Partnership/ Sole Proprietor <i>(Please circle)</i>	Owner/Contact Person: _____	Additional Locations: Yes/No Comparative Rating System: FSC/Web-Rater/Other _____
ADDITIONAL INFORMATION		
Name(s) on License:		
License Number:	Date Established:	
Licensed as: Agent/Broker Agency <i>(Please circle)</i>	Tax ID/SSN: _____ _____	DBA: _____ (filed with the DOI)
E&O Carrier:	Limits:	
Policy #:	Expiration of E&O:	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 Application		
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
FOR ELECTRONIC COMMISSION *DEPOSITS* INTO YOUR ACCOUNT

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

PRODUCER CODES:
ALL PRODUCER CODES: YES OR 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)

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT FORM)

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FOR WITHDRAWALS FROM YOUR 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 OR 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)