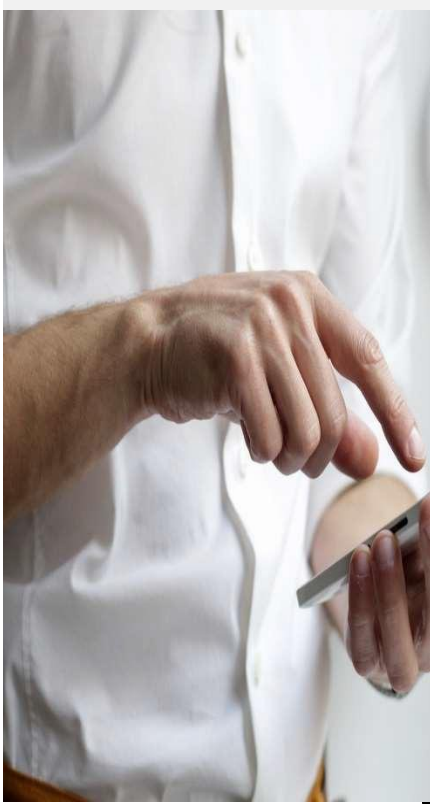
Reliant General Insurance Services

PO Box 459 Escondido, CA 92033 CA License #0N14040

Required Documents

☐ 1. Complete Producer Questionnaire
☐ 2. Commission Deposit Form
☐ 3. Withdrawal Authorization Form
☐ 4. Tax ID Form (W9)
☐ 5. Copy of Current E&O
☐ 6. Copy of License
☐ 7. Copy of Bond

Important Contacts



Keith Moon- President keith.moon@reliantgeneral.com 972-299-8508

David Purcell-Claims Director david.purcell@reliantgeneral.com x5557

Cindy Paul –Inside Marketing Rep. cindy.paul@connectinsurance.com
(214) 329-0461 & Cell (972) 514-9204

Jessica Oviedo -Inside Marketing Rep. jessica.oviedo@connectinsurance.com
Cell (956) 867-0441

Main Number - 800-959-9956
Fax Number - 858-592-0992

Claims Number - 888-999-2200
Claims Fax - 858-879-2630

Claims Mail - PO Box 459 Escondido, CA 92033

Send applications to marketing@reliantgeneral.com

New Producer Questionnaire

Complete& send with copies of:

Your **License**, **Bond**, **E&O Dec Page**, **Loss Ratios** & any **IRS document** that shows your correct TIN or EIN

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Date Completed: ______________

Attach DOI name approval if DBA not shown on license

Broker Name		**DBA**	
Street Address	/ City / St / Zip		
Mailing Address	/ City / St / Zip		

Sales Phone #	Service Phone #	Fax #	Web Site Address

*** Primary E-Mail** ______________ *** Additional E-mail** ______________

* *Reliant General uses e-mail to keep you informed about our products, promotions, and industry news. Your information is kept highly confidential – we do not share or distribute our mailing lists.* **Do you agree to receive our communications via e-mail? Yes** ☐ **No** ☐

- **# of Employees** ___________
- **Check Type of Ownership**: Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐

Name(s) & Title(s) of Key Personnel including Solicitors

- **9 Digit Fed. Tax ID #** ______
- **ADR Account #** ______
- **FSC Account #** ______
- **Date Established** ______
- **Annual Premium Volume** ______
- **# Non-Standard Auto Apps/Month** ______
- **# Excess Auto Apps/Month** ______
- **Area(s) of Specialty** ______
- **Other Business Activities:** ______
- **How do you generate customer leads?** ______

Additional Locations

- **Do you need Separate Producer Codes for each office? Yes** ☐ **No** ☐

Attach separate sheet if you have more than 1 additional location. List the following contact, address, ADR and FSC information for each.

Manager / Contact Name	E-Mail	Phone #	Fax #

Street Address, City, State, Zip	ADR Account #

Mailing Address if Different from Street	FSC Account #

3 Leading Companies *Attach copies of Loss Ratio reports*	Apps per Month	Est. Annual Premium	Loss Ratio
1)			
2)			
3)			

- **How were you introduced to Reliant General?** ______________________________

I hereby certify that all of the information I have supplied in this application is true, correct and complete.

Name (please print) ______________________ **Signature**: ______________________

Thank you for your interest in Reliant General! Remember to submit your completed Producer Questionnaire with copies of your License, Bond, E&O Dec. Page, Loss Ratios for 3 Leading Companies and any IRS document showing your correct TIN or EIN.

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PO Box 459
Escondido, CA 92033
Phone: (800) 959-9956
Fax: (858) 592-0992

Producer Commission Deposit Authorization

IMPORTANT: This form must be returned to Reliant General Insurance Services before automatic deposits of commission can be initiated. The effective date to start using the automatic deposit of commission will be communicated to you via phone.

Reliant General Insurance Services (RELIANT) is hereby authorized to present credit items of any amount on the producer's account indicated below. This authorization, when completed constitutes compliance with NACHAACH rules.

The authority is to remain in effect until RELIANT has received written notification of its termination in such time and manner as to afford RELIANT and the financial institution a reasonable opportunity to act on it.

Any changes to the account mentioned below will require completion of new forms and voided check copy.

______________________________ ____________________
Authorized Signature (as shown on Account) Date

Bank Information

____
Bank Name and Branch (or Main Office) and Phone Number

____
Bank Address (street, city, state, zip)

____
Title of Bank Account

________________ ________________ __________
Account Number ABA Routing Number (9 digits) Account Type

____
Producer Name

____
Producer Contact Person and Telephone Number

AFFIX VOIDED CHECK HERE

FOR OFFICE USE ONLY:

Producer Number____________________EFFECTIVE DATE to begin Electronic Commission process ________________________

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PRODUCER Electronic Withdrawal Authorization

IMPORTANT: This form must be returned to Reliant General Insurance Services before Electronic Withdrawal can be initiated. The effective date to start using the Electronic Withdrawal process for payments will be communicated to you via phone.

Electronic Withdrawal for New Business, Installment, Endorsement and Restart Payments

Reliant General Insurance Services (RELIANT) is hereby authorized to present electronic withdrawal items on the agency's account indicated below and the depository named below for payment of settlements due to RELIANT by the agency. This arrangement does not affect the agency's primary obligation for payment. This authorization is to remain in effect until RELIANT is notified in writing to the contrary. Payments receipted on the RELIANT website as producer e-checks will be withdrawn from the agency's account. *NOTE: Insured checks and credit card payments should be receipted as such. Only guaranteed funds (cash, money orders, cashier's checks, etc.) should be receipted as producer e-checks.**

* RELIANT will not refund producer if insured check or credit card payment for installment or endorsement payment is deposited to agent's account and is returned unpaid for any reason. However, if original down payment is deposited to agent's account and returned unpaid for any reason, RELIANT will consider refunding producer IF producer follows the steps outlined in the Electronic Withdrawal Procedures and the underwriting guidelines.

______________________________ Authorized Signature (as shown on Account)

______________________________ Date

Bank Information

____
Bank Name and Branch (or Main Office) and Phone Number

____
Bank Address (street, city, state, zip)

____
Title of Bank Account

______________________________ Account Number

______________________________ ABA Routing Number (9 digits)

______________________________ Account Type

____
Producer Name

____
Producer Contact Person and Telephone Number

AFFIX VOIDED CHECK HERE

FOR OFFICE USE ONLY:

Producer Number*____________________ *EFFECTIVE DATE to begin Electronic Withdrawal process ______________________

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PRODUCER Electronic Withdrawal Procedures

- Producers must use the reliant.connectinsurance.com website to post 100% of money received in their office for down payment and installments.
- Producer must complete the PRODUCER Electronic Withdrawal Authorization form and fax it to the RELIANT Insurance. office at 888-664-5889 (this form can be printed from the reliant.connectinsurance.com website under Forms/ Resources.')
- Authorization does not become complete until RELIANT calls and advises you the PRODUCER Electronic Withdrawal Authorization form has been processed.
- Only select 'Producer E-Check' payment for guaranteed funds (cash, money orders, cashier's checks, etc.). Insured checks and/or credit card payments should be paid to the company by selecting 'Insured E-Check' or 'Insured Credit Card.' RELIANT will not honor insured checks or credit card payments for installments or endorsements deposited in the agent's account and returned unpaid for any reason. However, if original down payment is deposited to agent's account and returned unpaid for any reason, RELIANT will consider refunding producer IF producer follows the steps outlined below for the appropriate state.
- Producers should print a Transmittal Report each day for balancing purposes. The Transmittal Report is located under 'Mail/Reports - Transmittal Report.'
- Within three business days, an electronic transfer will generate for the total amount posted as 'Producer E-Check' for down payments on new business policies and another electronic transfer will generate for the total amount posted as 'Producer E-Check' for installment payments. (NOTE: The check number will print on the Transmittal Report once the electronic transfer has been generated in our office. Therefore, you may wish to print the Transmittal Report the day the money posted for balancing purposes, then print it again the next day to keep as your record with the check number(s) showing. There is also a 'Balance Report' available which is helpful when balancing against a bank statement as it is run by the electronic transfer date, not the payment date.)
- If unable to access the internet to upload new business or to post payments, please contact our office immediately for instructions.

Original Down Payment to Producer Not Honored by Financial Institution

If the procedures listed below are followed, RELIANT will flat cancel the policy and refund the down payment to the account listed above.

- Producers must make no attempt to collect unpaid funds from the insured.
- Policy must have had no amount paid for claims yet.
- RELIANT must be notified within 30 days of the policy effective date.
- Monies returned unpaid to producer must be the only money received and posted to the policy. (If other monies have been received and posted to the policy, please contact our office immediately for instructions.)
- Producer must fax a copy of the NSF check (front and back) or documentation showing credit card payment declined, rejected, or disputed to the RELIANT at 888-664-5889, Attention: Accounting. Be sure to include the insured's name and policy number.

If the above steps are followed, we will flat cancel the policy and refund to producer. We will make every attempt to mail the refund within 3 business days. We will fax confirmation once the refund check has been mailed. If you fail to receive this faxed confirmation by noon on the third business day, please contact our office immediately.

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . ________

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ________

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) ________

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) ________

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number

☐☐ – ☐☐☐☐☐☐☐

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person** **Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they