



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

Items Needed

- ☐ 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

Nancy Galvan -Marketing & Compliance Director
(nancy.galvan@reliantgeneral.com) x2055

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

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

Jessica Oviedo-Marketing Rep.(jessica.oviedo@connectinsurance.com)
1-888-664-7127 Ext 4406 & 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

Complete & send with copies of:

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



New Producer Questionnaire

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	
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* 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.



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 producers's account indicated below. This authorization, when completed constitutes compliance with NACHA ACH 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 _____

CommAuth (2018/02)



PO Box 260599
Plano, TX 75026-0599
Phone: (888) 664-7127
Fax: (888) 664-5889

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

Account Type

Beginning Check Number

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 _____



PO Box 260599
Plano, TX 75026-0599
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PRODUCER Electronic Withdrawal Procedures

- Producer 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 to 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.
- Producer 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.

- Producer must make no attempt to collect the 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.

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.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
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. Also see *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 ►
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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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.