

# U. S. AUTO INSURANCE SERVICES, INC. REQUEST FOR AGENT ACCESS

Agent \_\_\_\_\_

under identification code 1 1 2 - \_ \_ \_ (NEW) requests that access be granted for myself and all of my employees to all U. S. Auto Insurance Services policies that were previously written under the identification \_ \_ \_ - \_ \_ \_ (OLD). Access is necessary for receipt of payments and processing policy changes. This access is being requested for the following reason:

CONSOLIDATION -- The (OLD) agency is being consolidated into the (NEW) agency. No new policies will be written under the old identification number. I understand that commission will continue to be paid under the old agreement for these policies. If a remittance address is changing for the closing agency, an Address Change Form is attached.

MGA CHANGE – I need to be able to service the policies written by my agency under a previous MGA agreement. I am going to write all new business with a different MGA. I understand that commission on these old policies will continue to be paid under the old agreement. If a remittance address is changing, an Address Change Form is attached.

AGENCY SOLD – The (NEW) agency has purchased the (OLD) agency. A copy of the purchase agreement is attached. Commission on policies written by the (OLD) agency will be paid to the (New) agency. If the old location is remaining open, new agent setup paperwork is required. If the agency bank account is changing, attach a Bank Information Update Form.

Agent Name \_\_\_\_\_

Agent Signature \_\_\_\_\_

Date signed \_\_\_\_\_

Requested effective date for the change \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Please allow at least 7 days for processing.)

MGA: Describe in detail what is happening: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MGA Signature \_\_\_\_\_