



Dear Agent seeking appointment,

Please read the following:

Read over and fill out all the included forms. Be sure to include the following:

- Voided Check**
- Copy of your current Errors & Omissions Policy**
- Copy of your license**

Please use the Required Appointment Checklist as a guide for a list of all items that need to be completed and mailed to us for an appointment.

Once completed, please e-mail or fax all the required documents to:

tomr@travisins.com

Fax: (830) 755-5117

Our address is:

Travis Insurance Services, Inc.

P. O. Box 1142

Boerne, Texas 78006

Should you need to contact us, please call (830) 755-5116.

Thank you for your interest in U S Auto. We look forward to hearing from you very soon.



REQUIRED INFORMATION CHECKLIST

- Signed **U.S. Auto Agent Agreement/Contract**
 - Copy of current **Insurance License** (Corporate or Individual)
 - Copy of current **Errors & Omissions Declaration page** (Showing a minimum limit of liability of at least \$300,000 aggregate and listing all store locations) Address on declarations page must match that of requested locations for appointment.
- Binders must show the following:
- Physical addresses of all Insurance locations
 - E&O policy number
 - Expiration date of policy
 - Deductible amount/Aggregate amount
 - Name and address of E&O Company
- Signed and completed **W-9**
 - Completed **Agent ID & Request for Bank Information**
 - Copy of a **Voided Check**
 - Completed **Request for Employee Password and Maintenance** (Each employee that receives payments or writes policies must have their own personal ID number from U S Auto) **One form for each employee**
 - Background Check Form** (If not already licensed with State & County Mutual...verification on TDI Website) If this form is required, you must also submit a **check for \$32 payable to U S Auto Insurance.**

**U. S. AUTO INSURANCE SERVICES
REQUEST FOR AGENCY ID**

MGA NUMBER **112**

AGENCY NAME _____

STREET ADDRESS _____

CITY _____ ZIP _____

REMITTANCE ADDRESS (IF DIFFERENT) _____ CITY _____ ZIP _____
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E-MAIL _____

PHONE NUMBER _____ FAX NUMBER _____

AGENT NAME ON LICENSE _____

TAX ID # _____

DRAFTING INFORMATION U. S. Auto may on the next day after the receipt of funds, issue a transfer against the agency's account for all payments received. Bank Name _____ Routing # _____ Account # _____ Include a Copy of a Voided Agency Check (not a deposit slip).

A copy of the agent license (PC, LPC, Temporary Trainee PC), proof of current E&O Coverage, W-9, agent ID request forms for all employees, and all required State and County appointment forms must be received with this form at:

U. S. Auto Insurance 13702 Gamma Rd. Dallas, TX 75244

If not previously appointed at State and County include: A check for \$32 payable to U. S. Auto, and a background check form. (If a corporate license is to be appointed the check must be \$10 and no background check form is required.)

The undersigned agent agrees to complete financial responsibility for all employees and to keep U. S. Auto informed of all employees for assignment of identification numbers and passwords.

NAME OF PRESIDENT (If a Corp. License) _____

AGENT/PRES. SIGNATURE _____ DATE ___/___/___

MGA SIGNATURE _____ DATE ___/___/___

U.S. AUTO INSURANCE SERVICES AGENT ID AND PASSWORD MAINTENANCE

MGA TRAVIS MGA NUMBER 112

AGENCY _____ AGENCY NUMBER _____

AGENCY ADDRESS

STREET _____

CITY _____ ZIP _____

E-MAIL _____

PHONE _____

FAX _____

EMPLOYEE NAME _____

AGENT NAME _____

The undersigned employee agrees to keep their assigned password secret from all others. Upon receipt of their password, the undersigned agrees to sign on to the U.S. Auto System and to change their password. If their password becomes known to anyone else (or if they suspect that someone may know their password), they agree to sign on the U.S. Auto System and to change their password.

The undersigned agent agrees to report to U.S. Auto at 888-886-1201 when anyone who is assigned an ID and password leaves their employment so that their password can be deleted.

The employee will be contacted directly and given their assigned id and password.

EMPLOYEE SIGNATURE _____

AGENT SIGNATURE _____

DATE ___/___/___ FAX TO 830-755-5117

----- U.S. AUTO OFFICE USE BELOW -----

ASSIGNED ID _____ PASSWORD _____

**AUTHORIZATION AND RELEASE FORM TO
CONDUCT A BACKGROUND CHECK**

I, the undersigned applicant, do hereby authorize State and County Mutual Fire Insurance Company or State National Insurance Company, Inc. or State National Specialty Insurance Company, as applicable, (together, the "Company") by and through its independent contractor, Professional Resource Screening, Inc.. ("PRSI"), to conduct a background investigation on me.

The above mentioned background investigation may include, but is not limited to, employment and education verifications, social security verification, driving record information and criminal history. I further understand that an acceptable background check will allow me to continue the licensing/appointment process and that an unacceptable background check may result in the discontinuation of the licensing/appointment process.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any criminal background search prepared on me upon written request to PRSI within a reasonable time after the date of such search.

I further authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to the Company, by and through PRSI, including but not limited to, any courthouse, any public agency, and all law enforcement agencies regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release the Company, PRSI and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, by me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with compilation or preparation of the background information check hereby authorized. I hereby give my permission to share any unacceptable findings to the managing general agent requesting my appointment.

Applicant Name:

Other names used:

Date of Birth:

Place of Birth:

Social Security Number:

Current Address, including county:

Previous Address including counties (list all addresses for the past seven years)

Signature

Date

