

U.S. AUTO INSURANCE SERVICES

VOID REQUEST FORM

POLICY NUMBER _____

PRIMARY INSURED NAME _____

TRANSACTION DATE ____/____/____

Please check the reason for this request. FAX this signed form to U.S. Auto at **972-385-0795** in Dallas or **800-392-2405** outside of Dallas so that it is received within 7 days of the transaction or it will not be accepted.

POLICY

An error (or a duplicate) was found on policy # _____ (VOID) *on the day that it was written* and new policy # _____ (CORRECT) was written to replace the policy with the error. (Errors found after the day that the policy was written must be corrected by endorsement.)

The customer changed their mind and decided that they did not want policy # _____ (VOID). Money was NOT received from the customer **and** paperwork was NOT faxed anywhere **and** the customer did NOT leave the office with any paperwork.

MONTHLY PAYMENTS

An error was made (or a duplicate) on monthly payment receipt # _____ (VOID) and a new receipt # _____ (CORRECT) was created to replace it.

The customer changed their mind and decided that they did not want to make this payment for receipt # _____ (VOID). Money was NOT received from the customer **and** the customer did NOT leave the office with a receipt.

MGA **112** SELLING AGENT NUMBER _ _ _ _ _

SELLING AGENT NAME (PRINTED) _____

AGENT PHONE _____ FAX _____

SELLING AGENT SIGNATURE _____

DATE ____/____/____

U.S. AUTO INSURANCE SERVICES RETURNED CHECK FORM

POLICY NUMBER _____

PRIMARY INSURED NAME _____

TRANSACTION DATE ____/____/____

Please check the reason for this request:

POLICY The bank returned as unpaid the check that the customer used to make the down payment for this policy. The coverage needs to be reversed which will rescind this policy.

MONTHLY PAYMENT The bank returned as unpaid the check that the customer used to make a monthly payment. The coverage from Receipt # _____ needs to be reversed. This may cause the policy to be cancelled.

ENDORSEMENT The bank returned as unpaid the check that the customer used to pay for Receipt # _____ for an endorsement. This endorsement will be reversed and any coverage provided by the endorsement will be reversed. This will not cause the entire policy to be canceled.

INSTRUCTIONS TO AGENT:

Please do not try to collect this check from the customer. Please attach the original returned check to this completed form and make sure that it is delivered to U.S. Auto at P.O. Box 802205 Dallas, TX 75380-2205 within 30 days after the transaction was recorded in the U.S. Auto system. Please then contact the customer to make an additional monthly payment or to write a new policy. This check must have been deposited on the next banking day after the transaction and then be returned by the bank.

MGA 112 SELLING AGENT NUMBER _____

SELLING AGENT NAME (PRINTED) _____

AGENT PHONE _____ FAX _____

SELLING AGENT SIGNATURE _____

DATE ____/____/____

U.S. AUTO INSURANCE SERVICES ENDORSEMENT REVERSAL FORM

POLICY NUMBER _____

PRIMARY INSURED NAME _____

CUSTOMER SIGNATURE _____

TODAY'S DATE ____/____/____

The Endorsement done **TODAY** for this policy is incorrect and needs to be reversed. Please use Fax number 972-385-0795 in Dallas or 800-392-2405 outside of Dallas. If a receipt was created, it is Receipt # _____. When faxing in this request, please call the Agent Help Desk at 972-233-0720 in Dallas or 888-886-1201 outside of Dallas for further instructions.

No additional endorsement can be done until this is reversed. If this form is not completed and is not received at U.S. Auto by Fax prior to 7:00 PM on the day that the endorsement is done, it will not be reversed and a new endorsement will be required to correct the error. If this form is not received on the day that this endorsement was completed and a vehicle was dropped, a new policy will be required to provide coverage for the dropped vehicle.

This endorsement will be reversed and any coverage provided by the endorsement will be reversed. This will not cause the entire policy to be canceled.

MGA 112 SELLING AGENT NUMBER _____

SELLING AGENT NAME (PRINTED) _____

AGENT PHONE _____ FAX _____

SELLING AGENT SIGNATURE _____

DATE ____/____/____

U.S. AUTO INSURANCE SERVICES CUSTOMER CORRECTION FORM

POLICY NUMBER _____

PRIMARY INSURED NAME _____

DATE POLICY WAS WRITTEN ____/____/____

NAME ON POLICY NEEDING CORRECTION _____

CORRECT NAME _____

CORRECT BIRTHDAY ____/____/____ AGE _____

CORRECT SEX _____ CORRECT MARITAL STATUS _____

DRIVER LICENSE (or EXCLUDED) _____ STATE _____

RULES:

If the policy was written today, simply write another policy, have the customer sign the new paperwork, and request a Void for the original policy. If these changes result in a premium increase, the customer will be billed at home for any increased premium retroactive to the day that the policy was written.

If the date the policy was written is more than 30 days before today's date, the agent must call the Agent Help Desk for an endorsement. A signature from the primary insured will be required on the endorsement paperwork. In addition, U.S. Auto will charge a \$15 fee.

Please use Fax number 972-385-0795 in Dallas or 800392-2405 outside of Dallas. This form must be received at U.S. Auto before 30 days are up or it will not be processed and a regular endorsement will be required.

MGA 112 SELLING AGENT NUMBER _____

SELLING AGENT NAME (PRINTED) _____

AGENT PHONE _____ FAX _____

SELLING AGENT SIGNATURE _____

DATE ____/____/____

U.S. AUTO INSURANCE SERVICES CUSTOMER ADDRESS CHANGE FORM

POLICY NUMBER _____

PRIMARY INSURED NAME _____

NEW GARAGE ADDRESS:

STREET _____

APT # _____

CITY _____ STATE TX

ZIP CODE _____

Please use Fax number 972-385-0795 in Dallas or 800-392-2405 outside of Dallas.

MGA 112 SELLING AGENT NUMBER _____

SELLING AGENT NAME (PRINTED) _____

AGENT PHONE _____ FAX _____

SELLING AGENT SIGNATURE _____

DATE ____/____/____

7/18/2004