

# Family Plan

Coverage provided by American Guaranty Insurance Company  
A member of:  
Life of the South Group (LOTS)



## North Carolina Agent Guidelines

Provided by:  
Reliable Policy Management, LLC  
2141 Enterprise Dr.  
PO Box 100521  
Florence, SC 29502-0521  
Phone: 843.673.1921 / 800.866.7773  
Fax: 843.673.1922 / 800.313.0645



# *RPM*

---

*C*ontact Reliable Policy Management between the hours of 9:00 A.M. and 5:00 P.M., Monday through Friday.

*Reliable Policy Management, LLC  
2141 Enterprise Drive  
PO Box 100521  
Florence, SC 29502-0521*

*phone - 843.673.1921*

*phone - 800.866.7773*

*fax - 843.673.1922*

*fax - 800.313.0645*

*e-mail - [beth.miles@reliablepolicymgt.com](mailto:beth.miles@reliablepolicymgt.com)*

**R**eliable Policy Management, LLC is a general agent representing several carriers and specializing in providing the following types of coverage:

- ▶ Accidental Death & Dismemberment Insurance
- ▶ Hospital Indemnity Travel Plans (HITP)
- ▶ Motor Clubs
- ✿ All products are **not** offered in each state.

▶▶ **RPM's Vision**

*Our vision is to be an excellent and reliable provider of insurance products.*

▶▶ **The RPM Mission**

- ▶ *To be a highly motivated, professional, integrity driven servicer by:*
- ▶ *Helping our clients achieve economic success*
- ▶ *Helping our carriers achieve economic success*
- ▶ *Training our employees well for the specific jobs they perform*
- ▶ *Using foresight to plan for long-term financial and market security*

*Reliable Policy Management, LLC is a General Agency located in Florence, SC and serving agents in South Carolina, North Carolina, Virginia and Maryland. RPM was established July 1, 1996 when BB&T Insurance Services, Inc. bought an existing book of business from the James R. Lingle Agency of Florence, South Carolina. RPM became a subsidiary of Prime Rate Premium Finance Corporation as of June 8, 2001.*

▶▶ **In N.C. RPM represents the following companies as a general agency:**

- ▶ *The Life of the South Group (Life of the South Ins. Co. and Lyndon Southern Ins. Co.) for Accidental Death and Dismemberment coverage*
- ▶ *Nation Safe Drivers for Motor Club*

▶▶ **In NC Reliable Policy Management writes the following types of policies directly for the consumer:**

- ▶ *In N.C RPM represents Foremost Ins. Co. as a producer*
  - *Snowmobiles*
  - *Dwellings*
  - *Manufactured Home Insurance*
  - *Motorcycles*
  - *Dune Buggies*
  - *Jet Skies*
  - *Golf Carts*
  - *Commercial Manufactured Homes*
  - *All Terrain Vehicles (ATV)*
  - *Motor Homes*
  - *Boats & Personal Watercraft*

# ***Reliable Policy Management, LLC***

## ***Notice of Privacy Policy***

### **Reliable Policy Management, LLC (RPM) Consumer Privacy**

RPM places the highest value on the information you share with us, and we are committed to protecting your privacy. This commitment forms the cornerstone of trust and confidence on which we hope to build long-lasting relationships with the clients we serve. Our Consumer Privacy Notice ("Notice") reaffirms our commitment to safeguarding your information.

### **Reliable Policy Management, LLC Consumer Privacy Notice**

Our Notice tells you the kind of information we collect about you, with whom we share it, and how we protect it responsibly. Our Notice applies to individuals who obtain insurance products or services for personal, family or household purposes. The examples that you will find throughout this Notice are for purposes of illustration only and should not be considered a complete description of our information practices. For example, we may not collect or disclose all of the categories of information described in this Notice in every transaction. If you terminate your relationship with us or your policy lapses or becomes inactive, we will continue to treat the information we have collected about you in accordance with our privacy policy.

### **Categories of Information We May Collect**

We may collect information directly from you and from other sources in order to provide the products and services you have requested and to service your policy. We may collect the following categories of information about you from the following sources:

- Information we receive from you on applications, or other forms and other oral, written or electronic communications, such as your name, address, social security number, assets and income;
- Information about your transactions with us, such as transaction history, policy coverage, premiums and payment history;
- Information we receive from third parties, including consumer reporting agencies and persons providing services in connection with your transactions, such as credit reports; and
- Information collected from our internet web site, such as information you provide to us and information necessary to manage your online session with us.

### **Disclosure of Information to Others**

We do not disclose information about you to third parties, including affiliates, except as required or permitted by law. For example, in the course of our general business practices, we may disclose information contained in applications and other forms that we collect, as previously described, to the following types of third parties for the reasons described:

- To a third party to perform a business or professional function for us;
- To an insurance company, agent or insurance

support organization to detect or prevent fraud, criminal activity, or misrepresentation in connection with an insurance transaction;

- To an insurance company, agent or insurance support organization to perform a function in connection with an insurance transaction involving you; and
- To an insurance regulatory authority, or law enforcement or other governmental authority to prevent or prosecute fraud, or if we believe that you have conducted illegal activities.

### **How to Review and Correct Your Personal Information**

Under applicable law, you may request to see the personal information about you in our records except for certain documents related to claims and lawsuits. We may direct you to a consumer reporting agency to obtain certain consumer report information.

**Virginia residents:** Unless you tell us not to, we may share information about you with insurance companies and other third parties described above in order to give you appropriate insurance coverage upon expiration of your policy. You may direct us not to share this information by calling RPM at (843) 673-1921.

### **Our Security Procedures**

We maintain physical, electronic and procedural safeguards that comply with federal guidelines to safeguard consumer information. Our employees are bound by our Code of Ethics and policies to access consumer information only for legitimate business purposes and to keep information about you confidential.

### **Other Privacy Protections**

You may have other privacy protections under some state laws. We will comply with applicable state laws as to information about you. For example, certain state laws may require us to provide you with an additional notice.

### **Insurance Providers**

Please note that the insurance companies that issue your policies may have personal information about you. Our Privacy Notice does not govern their use of information about you. You should review the privacy notices of your insurance providers to understand how they collect, use and disclose information.

### **Our Commitment**

We will continue to maintain our dedication to protecting your privacy. If you have questions concerning our Notice, please call our Customer Service Department at (843) 673-1921. Our Privacy Notice may also be found on our web site at: [www.reliablepolicymgt.com/privacy](http://www.reliablepolicymgt.com/privacy).

# Welcome to the RPM Family!

---

We are pleased to have you on board as a RPM agent and we hope that this will be the beginning of a long and prosperous relationship.

This manual contains guidelines for the **NC Family Plan** product as well as some general RPM agent guidelines. We hope that you will use this as a reference guide for any questions you might have concerning our procedures.

Although the answers to most of the questions you might have are in this manual, you may certainly call us at anytime. Our normal hours of operation are **Monday - Friday, 9 a.m. - 5 p.m. Call us toll free at 800.866.7773.** We invite you to look through the information for the other products that we offer in your state on the Product Summary page. If you are interested in selling one of these products please contact us today!

***Thank you for choosing RPM. We are here to serve you!***

## **Beth P. Miles**

toll free: 800.866.7773

phone: 843.673.1921, ext. 25172

fax: 1.800.313.0645

e-mail: [beth.miles@reliablepolicymgt.com](mailto:beth.miles@reliablepolicymgt.com)

## ***Table of Contents***

<b><u>General Information</u></b> .....	<b>2-3</b>
<b><u>Notice of Privacy Policy</u></b> .....	<b>4</b>
<b><u>Welcome</u></b> .....	<b>5</b>
<b><u>General RPM Agent Guidelines</u></b> .....	<b>7-8</b>
<b><u>RPM Product Summary and Commission Rates</u></b> .....	<b>9-10</b>
<b><u>Agency Set Up and Licensing Requirements</u></b> .....	<b>11</b>
<b><u>Fact Sheet</u></b> .....	<b>12</b>
<b><u>Life of the South Appointment forms for Family Plan</u></b> .....	<b>14-16</b>
<b><u>W-9 Form</u></b> .....	<b>17-20</b>
<b><u>At-A-Glance Agent Guidelines</u></b> .....	<b>21</b>
<b><u>Underwriting</u></b> .....	<b>22</b>
<b><u>Policy Coverages and Benefits</u></b> .....	<b>23-24</b>
<b><u>Correcting Errors/Endorsements</u></b> .....	<b>25</b>
<b><u>Claims</u></b> .....	<b>26</b>
<b><u>Family Plan Claim Form</u></b> .....	<b>27-28</b>
<b><u>Cancellations</u></b> .....	<b>29</b>
<b><u>Family Plan Cancellation Form</u></b> .....	<b>30</b>
<b><u>Supplies</u></b> .....	<b>31</b>
<b><u>N.C. Family Plan Supply Order Form</u></b> .....	<b>32</b>
<b><u>Family Plan Endorsement Form</u></b> .....	<b>33</b>

# General RPM Agent Guidelines

If you comply with our general guidelines, your policies, claims and requests will be processed in the most efficient manner possible. Most of the guidelines are expanded upon in each section of the manual.

## Agent Appointments

Please send all Agent license requests directly to RPM.

## Cancellations

All cancellation requests should be sent directly to RPM.

We process cancellation requests once a month, at the end of each month, at which time return premiums are sent out either to you, the premium finance company or the insured. If you need a policy cancelled and the return premium before the end of the month, please attach a cover sheet requesting immediate return of the unearned premium.

In the interest of protecting you and RPM legally, please have only the Named Insured sign the request to cancel a policy. Even though several policies written *for different people* were financed on one (1) Premium Finance account, please be sure to fill out a request for each policy written, if all are to be cancelled – each Named Insured must sign a request to cancel his/her own policy, i.e. we cannot honor a request to cancel John Doe's policy if Jane Doe signs the request to cancel. Cancellation requests with incorrect signatures, or incorrect/missing information will be sent back to you for correction, which may delay the processing time.

## Month-End Close Out

Typically, we perform our month end close out procedures 2 working days before the actual end of the month. During this time we refer to as 'close out', we cease all data entry and payments, but process all cancellation requests and reinstatements.

You may call us at any time to determine our close out date for the month. Please do not fax policies written the day before close out and ask that we process them.

## Request Letters

Occasionally there are times when we will receive payment either from you or the finance company for a policy premium, but not receive the actual policy. There may also be times when we receive the policy from you, but not the payment. In either of these cases, our system prints request letters for the missing items. The first letter is issued 20 days after we process our data.

If you receive one of these letters, please pay close attention to what the request is for (either money or the policy) and respond accordingly AS SOON AS POSSIBLE. Please pay special attention to the response options, i.e. if you receive a letter requesting a copy of the policy, but you know the policy was not issued and we were paid in error, then you need to put the appropriate option number by that policy and sign your name at the bottom of the form so that we can return the premium either to the finance company or your agency. You will receive two of these letters; if the problem is not resolved after 20 days from the first notice, you will receive your final notice. If the problem is not resolved within a total of 40 days, the policy will be cancelled flat for non-payment or the premium will be returned if no policy is received.

## ***Submitting Policies***

All policies should be mailed to RPM on a daily or weekly basis. Policies should not be held in your office longer than one (1) week for ANY reason.

For your convenience, we offer RPM self-addressed envelopes. We urge you to send your policies to RPM in these envelopes. They may be mailed to us, or, if you are a Prime Rate agent, **please seal the policies in the envelope** and mail it along with your contracts in Prime Rate's postage paid envelope. Please be sure, though, to **keep the RPM policies separate from the Prime Rate contracts**. These policies should NOT for ANY reason be **stapled** to the finance agreement going to Prime Rate.

## ***Suspense Items***

When important information is left off of a policy or something has been done incorrectly the policy will be placed in suspense and sent back to your office for correction along with a letter explaining what is needed. Please attempt to correct these problems as soon as possible. You will receive a total of (3) letters, one about every 10 days requesting the information or correction. If the policy is still in suspense after 30 days, it will be cancelled flat and no commission will be paid. **Please** call our office if you are unsure what corrections need to be made.

If the item is put into suspense because of missing the insured's signature or the agent's signature, the original policy will be returned to your office. **If the insured's signature is missing, please have the insured sign the original policy and return the original to RPM. If the agent's signature is missing, please have the appointed agent sign the original policy and return the original to RPM.** If the original policy cannot be located, sign and return a legible copy of the policy. Please do **not** have the insured or agent sign **only** our suspense letter; he/she must sign the policy/application.

# NC Family Plan

## Reliable Policy Management NC Product Summary

---

### **Prime AD and Family Plan**

#### **Accidental Death & Dismemberment Coverage**

Written through Life of the South  
(Prime AD carrier = Triangle Life Ins. Co  
Family Plan carrier = American Guaranty Ins. Co.)

- ▶ A variety of options are available with this product to ensure your customers get the coverage they need.

#### **Prime AD Coverage (Individual):**

Accidental Death  
Accidental Disability  
Accidental Dismemberment  
Accident Medical  
Accident Hospital

#### **Family Plan Coverage (Individual or Family):**

Death, Dismemberment, Loss of Sight  
Daily Hospital Indemnity / Income for Loss of Time  
Medical & Ambulance Expense

- ▶ **Commission Rates:** Prime AD: 60% with charge backs
- ▶ Family Plan: 50% with charge backs
- ▶ Life & Health license required for Prime AD; P & L license for Family Plan.

▶▶ The premiums for all of the above products with the **exception** of the Nation Safe Drivers Roadmaster motor club **can be financed** with Prime Rate PFC or the premium finance company of your choice. Our accidental death and motor club products are designed to be easy to write and affordable for your customer!

# NC Aegis Underwriting Reliable Policy Management NC Product Summary

---

## **Roadmaster**

### **Motor Club Membership: Reimbursement Auto Club Plan or Roadside Assistance Plan**

Written through Nation Safe Drivers

#### **Some of the Benefits Include:**

- Emergency Road Service
- Rental Reimbursement
- Emergency Trip Interruption
- Nationwide Trip Routing
- Auto Theft and Hit & Run Rewards
- Hotel Discounts
- Legal Defense
- Towing
- Auto Rental Discounts

- ▶ Premium cannot be financed, but refer to the Roadmaster guidelines for alternate payment methods through Prime Rate Premium Finance Corporation.

A motor club license is required, call RPM for details at: 1-800-866-7773

▶ The premiums for all of the above products with the **exception** of the Nation Safe Drivers Roadmaster motor club **can be financed** with Prime Rate PFC or the premium finance company of your choice. Our accidental death and motor club products are designed to be easy to write and affordable for your customer!

## Commission Rates

<b>Roadmaster (Motor Club) Rates effective 5-1-06</b>					
<b>Plan:</b>	<b>Reimbursement 6 Months</b>	<b>Reimbursement 12 Months</b>	<b>Roadside Assistance 6 Months</b>	<b>Roadside Assistance 12 Months</b>	<b>Classic 12 Months</b>
<b>Retail Price:</b>	\$48	\$80	\$45	\$70	\$110
<b>Agent's Commission:</b>	\$24	\$50	\$22.50	\$35	\$50.50

# NC Family Plan Agency Set-up and Licensing Requirements

In North Carolina, a {"Property & Liability" license} or a {"Property" license and "Casualty" license} is required to begin selling Family Plan. In order to begin selling Family Plan through RPM, please complete the following:

## Agency Set Up

For an Agency to begin selling Family Plan **RPM must receive:**

1. Agency Fact Sheet (Complete sections 1 and 2 of the form found on page 12)
2. The properly completed and signed Agent Profile form and the Violent Crime Form for each agent to be appointed. **RPM must receive the originals of all forms that bear a signature; the carrier demands the document bearing the "original" signature(s). (See pages 13-16 and make copies as needed - RPM must receive one completed set bearing the original signatures for each agent to be appointed.)**
3. The Form W-9 (Complete and sign page 17 of this form found on pages 17-20.)
4. A good legible copy of the appropriate license for each agent to be appointed

## Licensing Requirements

For Agents with an existing "Property & Liability" license or an Agent who holds (a "Property" license and a "Casualty" License):

1. Complete the Agent Profile form and the Violent Crime Form; **RPM must receive the originals of all forms that bear a signature; the carrier demands the document bearing the "original" signature(s).**
2. **Attach a copy of (your existing "Property & Liability" license) or (a "Property" license and "Casualty" license.)**

For a NC Agent who has just received his first "Property" license and his first "Casualty" license:

1. Complete the Agent Profile form and the Violent Crime form; **RPM must receive the originals of all forms that bear a signature; the carrier demands the document bearing the "original" signature(s).**
2. **Attach a copy of (your new "Property" license and your new "Casualty" license.) \*\*Both licenses are required to sell this product.**

If you have any questions or need any additional instruction, forms or guidelines, please contact Beth Miles at 1-800-866-7773, ext. 25172.

Please mail all forms directly to Reliable Policy Management, LLC:

Attention: Beth Miles  
Reliable Policy Management, LLC  
PO Box 100521  
Florence, SC 29502-0521



# LIFE OF THE SOUTH

Credit Insurance Administration  
 (800) 888-2738 / Fax (904) 350-1069

## AGENT PROFILE / BACKGROUND AUTHORIZATION & DISCLOSURE

PERSONAL DATA						
Applicant's Full Name		Last Name		First Name		Middle Name
Social Sec. #		Birth Date / /		Home Phone # ( )		
Business Name & Address				Business Phone # ( )		
Business Mailing Address				Business Fax # ( )		
Home Address for past five (5) years (use additional paper if needed)						
Street	City	State	Zip Code	County	From	To
					/	/
					/	/
					/	/
LICENSING INFORMATION						
Have you ever held a license to solicit any type of insurance <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, what type of license?						
Yes	No	BACKGROUND INFORMATION				
		1. Have you ever been charged with, been convicted of, or plead "no contest" to:				
		a. any felony or misdemeanor, other than a minor traffic violation?				
		b. any violation of state insurance department regulation or statute?				
		c. any violation of federal or state securities or investment related regulation or statute?				
		2. Have you ever or do you currently have any outstanding or unsatisfied judgments or liens against you?				
		3. Have you ever filed for bankruptcy or insolvent, either personally or in business?				
		4. Have you ever been or are you currently the subject of a consumer-initiated complaint or proceeding?				
		5. Have you ever had an insurance license denied, refused, suspended or revoked?				
IF THE ANSWER TO ANY QUESTION ABOVE IS "YES" GIVE FULL DETAIL(S) ON REVERSE SIDE						
APPLICANT AUTHORIZATION & DISCLOSURE						
<p>As a routine part of the due diligence effort, Life of the South, any of its subsidiaries companies or administered companies (Hereinafter Life of the South Insurance Company, Classic Life Assurance company, Southern Financial Insurance Company, Bankers Life Insurance Company, Insurance Company of the South, Lyndon Property Insurance Company, Lyndon Southern Insurance Company, American Republic Insurance Company or Century Life Assurance Company), intends to conduct a verification of my background. I hereby certify that the statements contains in this Agent Profile are true and correct to the best of my knowledge and belief.</p> <p>By completing this profile, I understood that a consumer report may be obtained from a consumer reporting agency regarding the information I have provided. I further understand that upon written request to Life of the South, and within a reasonable amount of time, I would like to request a copy of this report. Check if yes...</p> <p>I authorize any consumer reporting agency to release information about my background to Life of the South. This authorization original or facsimile form, shall be valid for this and any future reports done while licensed or appointed with Life of the South or any of its subsidiaries as named above.</p> <p>To insure full compliance with the Fair Credit Reporting Act, I hereby acknowledge that I have read and been given a copy of this authorization and disclosure.</p>						
SIGNED THIS _____ DAY OF _____ 200__ SIGNATURE _____						

**Detail regarding Background Information.**  
**(If needed, attach a separate sheet of paper with further details)**

1. \_\_\_\_\_ Charged \_\_\_\_\_  
\_\_\_\_\_ Convicted \_\_\_\_\_  
\_\_\_\_\_ No-Contest \_\_\_\_\_  
Reason/Condition(s) \_\_\_\_\_

Location (City, State, County) \_\_\_\_\_

Final Adjudication: \_\_\_\_\_ Discharge \_\_\_\_\_ Dismissed \_\_\_\_\_ Pending  
\_\_\_\_\_ Other \_\_\_\_\_

Date of Final Adjudication: \_\_\_\_\_

2. \_\_\_\_\_ Outstanding Judgment(s) \_\_\_\_\_  
\_\_\_\_\_ Unsatisfied Judgement(s) \_\_\_\_\_  
\_\_\_\_\_ Lien(s) \_\_\_\_\_  
Reasons/Condition(s) \_\_\_\_\_

Location (City, State, County) \_\_\_\_\_

Date(s): \_\_\_\_\_

Lien Holder(s): \_\_\_\_\_

3. \_\_\_\_\_ Bankruptcy \_\_\_\_\_ Business  
\_\_\_\_\_ Insolvent \_\_\_\_\_ Personal  
Reason/Condition(s) \_\_\_\_\_

Location (City, State, County) \_\_\_\_\_

Date Filed: \_\_\_\_\_ Chapter: \_\_\_\_\_

Adjudication: \_\_\_\_\_ Discharge \_\_\_\_\_ Dismissed \_\_\_\_\_ Pending  
\_\_\_\_\_ Other \_\_\_\_\_

Date of Final Adjudication: \_\_\_\_\_

4. Give details of consumer initiated complaint or proceedings? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Insurance License \_\_\_\_\_ Denied \_\_\_\_\_ Refused \_\_\_\_\_ Suspended \_\_\_\_\_ Revoked  
Reason/Condition(s) \_\_\_\_\_

Location -- State(s) \_\_\_\_\_

Date(s): \_\_\_\_\_

**SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 200\_\_\_\_\_**  
**SIGNATURE**

If all questions on the AGENT PROFILE form (page 12) are answered "NO", write "N/A" across each section on this page then sign this page.

Please read and sign only once on the bottom of the “Violent Crime Control and Law Enforcement Act of 1994” form.

The top signature line is the appropriate line to sign if you have **NEVER** been convicted of a felony involving dishonesty or a breach of trust.

### VIOLENT CRIME CONTROL AND LAW ENFORCEMENT ACT OF 1994

Under the Violent Crime Control and Law Enforcement Act of 1994, Title 18 United States Code Sections 1003(e)(1)(A) and 1034, it is a criminal offense to willfully participate in or to willfully permit a prohibited person to conduct insurance activity, unless the prohibited person has been granted written consent to engage in the business of insurance by the appropriate regulatory official.

A ‘prohibited person’ is an individual who has been convicted of any felony involving dishonesty or a breach of trust, or who has been convicted of an offense under Title 18 U.S.C. §1033. It is a criminal offense for such person to willfully engage in the business of insurance where activities affect interstate commerce or to participate in such business. Therefore, if a person is deemed to be a prohibited person under the federal law, they must request the appropriate regulatory official for written consent to engage in the business of insurance and the consent must specify that it is granted for the purpose of Title 18 U.S.C. § 1033.

Both the prohibited person, and any entity employing such person, whose business affects interstate commerce, has the responsibility of notifying the appropriate regulatory official of all employees who are prohibited persons under this law. Those persons must request written consent from that official before engaging in any insurance activity.

Crimes of dishonesty have generally been held to include all offenses which have as an element falsehood, deceit or falsification, e.g., forgery, counterfeiting, perjury, subornation of perjury and offenses affecting the public administration of justice.

A “breach of trust” has been found to be a violation by a trustee of any duty which, as trustee, he owes to the beneficiary. Under Section 1033, a breach of trust would seem to be limited to violations involving specific fiduciary relationships, not simply a breach of the “public trust.”

Please read the following statements and provide your name and signature to the statement as applicable for your situation.

I, \_\_\_\_\_, certify that I have never been convicted of a felony involving dishonest or a breach of trust.

\_\_\_\_\_  
Agent’s Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, certify that I have been convicted of a felony involving dishonesty or a breach of trust, I understand I should advise, and get approval from, an appropriate regulatory authority before engaging in any insurance activity.

\_\_\_\_\_  
Agent’s Signature

\_\_\_\_\_  
Date

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2:	Name	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

Social security number

or

Employer identification number

**Note:** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### 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. person (including a U.S. resident alien).

**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 on page 4.)

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**Note:** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Foreign person.** If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

### Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a **nonresident alien or a foreign entity** not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments (29% after December 31, 2003; 28% after December 31, 2005). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

#### Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate **Instructions for the Requester of Form W-9**.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

**Other entities.** Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Note:** *You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).*

### Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note:** *If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.*

**Exempt payees.** Backup withholding is **not required** on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2);
2. The United States or any of its agencies or instrumentalities;
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities;
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities; or
5. An international organization or any of its agencies or instrumentalities.

Other payees that **may be exempt** from backup withholding include:

6. A corporation;
7. A foreign central bank of issue;
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States;

- 9. A futures commission merchant registered with the Commodity Futures Trading Commission;
- 10. A real estate investment trust;
- 11. An entity registered at all times during the tax year under the Investment Company Act of 1940;
- 12. A common trust fund operated by a bank under section 584(a);
- 13. A financial institution;
- 14. A middleman known in the investment community as a nominee or custodian; or
- 15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, **1** through **15**.

If the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for <b>9</b>
Broker transactions	Exempt recipients <b>1</b> through <b>13</b> . Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients <b>1</b> through <b>5</b>
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt recipients <b>1</b> through <b>7</b> <sup>2</sup>

<sup>1</sup> See **Form 1099-MISC**, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are **not exempt** from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a Federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner **LLC** that is disregarded as an entity separate from its owner (see **Limited liability company (LLC)** on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

**Note:** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office or get this form on-line at [www.ssa.gov/online/ss5.html](http://www.ssa.gov/online/ss5.html). You may also get this form by calling 1-800-772-1213. Use **Form W-7**, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at [www.irs.gov](http://www.irs.gov).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Writing "Applied For" means that you have already applied for a TIN **or** that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA or Archer MSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> **You must show your individual name**, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, or to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

## At-A-Glance Agent Guidelines

1. Complete the application in its entirety. Only INDIVIDUALS can be the Named Insured (no business names or d/b/a). Do NOT list two individuals as the Named Insured.
2. The premium is calculated by multiplying the number of units selected by the RATE per unit for the selected plan.

### **Example:**

The rate per unit for a 6-month Family Plan policy is \$18. Suppose a client wants to purchase 4 units. The premium would be calculated as:

$$4 \times \$18 = \$72 \text{ plus a } \$4 \text{ policy fee, totaling } \$76.$$

A 40% rate-per-unit discount is applied if the client opts to purchase a 12-month Family Plan policy. The premium for 4 units would be calculated as:

$$4 \times \$30 = \$120 \text{ *plus* a } \$4 \text{ policy fee*}, \text{ totaling } \$124.$$

*\*Added to all policies.*

3. REQUIRED SIGNATURES – The Named Insured must sign the application/policy and is the **only** person authorized to sign the policy, or to request an endorsement or cancellation of the policy. If the applicant signs using an “X”, his mark will need to be witnessed by 2 people who sign as his witnesses.
4. A duly licensed agent who is appointed with American Guaranty must countersign the application/policy.
5. Sub-producers should inform clients that this coverage is strictly optional and that they have a 10 day free look. (If the Named Insured signs a request for cancellation within 10 days of the inception date on the policy, the policy will be cancelled flat). Please clearly indicate on every request for cancellation the date he/she wishes the cancellation to be effective and the date he/she actually signs the request.
6. Plain Paper Computer Applications – Applications generated from your system are to be supplemented by attaching the Insured’s Policy Provisions to one copy of the application. Policies generated from your system are numbered applications and must NOT be discarded. Applications that are printed incorrectly must be voided by writing “VOID” in large letters across the face of the policy and **all** copies must be returned to RPM in a timely manner. Please make a copy for your files. This procedure also applies to manually issued/pre-printed applications policies. (see below)
7. Pre-Printed Applications – The top copy is for RPM/LOTS; the “Agents Copy” and the “Cancellation Copy” is for your file. Give the remaining pages to the customer. If the pre-printed application is written by hand, PLEASE write legibly. There are separate applications for the 6 and 12 months terms, please be sure to complete the correct one.
8. Applications should be remitted to RPM daily and in no instance longer than weekly.
9. Applications printed with errors can be corrected while the Named Insured is still in the office by striking through the incorrect data and having the Named Insured initial the correction. Changes or corrections to be made after the policy has been processed by RPM must be made by a properly completed, dated and signed endorsement form. The endorsement form is provided at the end of the guidelines. Make copies as needed but keep the original in your guidelines.
10. A Power of Attorney can be used to obtain this policy and must be attached to the application when submitted.
11. The Named Insured must be at least 15 years of age to apply for coverage.

# Underwriting Guidelines

## Product Description

This policy is designed to provide coverage for losses due to bodily injury caused solely through accidental means in the following circumstances:

- ▶ While riding in or on, or getting in or out of a motor vehicle owned by the insured
- ▶ While riding in or on, or getting in or out of, or being struck by any motor vehicle

“Motor vehicle” means private passenger autos, station wagons, vans, motorcycles or pick up trucks. All other vehicle types are excluded.

## Persons Insured

There are two Plans from which to choose: Please disregard the “Benefit Plan 2” column on the full certificate of insurance policy form. RPM offers multiple units of Benefit Plan 1.

- ▶ **Individual Plan**
  - ▶ Only the Named Insured is covered.
- ▶ **Family Plan**
  - ▶ The Named Insured, his/her spouse, and/or any unmarried child under the age of 19 is covered. The term “spouse” does not include one who is divorced or separated.
  - ▶ Coverage will remain in effect after age 19 while a child is incapable of self support due to a mental or physical handicap.
  - ▶ Children includes step-children and adopted children as long as they are dependent on the parent.

## Term

Six (6) or twelve (12) months term - the term of the American Guaranty policy should match the term of the corresponding policy with which this policy was written/financed. For example, if the AD&D policy is written in conjunction with a 12 months auto policy, a 12 months American Guaranty policy should be written.

## Maximum Amount of Coverage

- ▶ 10 units for Individual Plans; 5 units for Family Plan
- ▶ Maximum Family Plan aggregate for each benefit is 5 times the Individual Plan benefit.

## Commission Rate

- ▶ A maximum of 50%.
- ▶ All policies are subject to unearned commission

## *Policy Coverages and Benefits*

---

### ***Death, Dismemberment & Loss of Sight***

- ▶ Death, dismemberment and loss of sight benefits will be the Basic Amount listed times the number of units stated in the Policy Schedule. The loss must occur within 90 days of the accident.

### ***Daily Hospital Indemnity***

- ▶ Benefit is paid if the insured is confined to a hospital due to injury within 10 days of the accident.
- ▶ The amount of the benefit is the Daily Benefit times the number of units as shown on the Policy Schedule.
- ▶ The maximum benefit period is 5 days.

### ***Medical Expense***

- ▶ Benefit is paid if the insured requires medical treatment resulting from an accident described above.
- ▶ The amount of the benefit is the Benefit Amount times the number of units as shown on the Policy Schedule.

### ***Ambulance Expense***

- ▶ Benefit is paid if the insured requires emergency ambulance services due to an accident described above.
- ▶ The amount of the benefit is the Benefit Amount times the number of units as shown on the Policy Schedule.

### ***Daily Income for Loss of Time***

- ▶ Benefit is paid if the insured is totally disabled due to an accident described above.
- ▶ Disability must occur within 10 days of the accident.
- ▶ The amount of the benefit is the Benefit Amount times the number of units as shown on the Policy Schedule. The maximum benefit period is 6 days.

### ***Premiums***

	<b><i>Price Per Unit</i></b>	
	<b>6 Months</b>	<b>12 Months</b>
<b>Individual Plan</b>	\$12	\$20*
<b>Family Plan</b>	\$18	\$30*



\*Don't forget that a \$4 fully earned policy fee is to be added to both 6 months and 12-months policy premiums ([refer to pg. 21 for example](#)).

## ***Policy Exclusions***

This policy does not cover any loss caused by or related to:

- ▶ Intentionally self-inflicted injuries (sane or insane)
- ▶ Disease or infection (except pyogenic or bacteria infection which occurs through an accidental cut or wound)
- ▶ War (declared or undeclared or any act thereof). However, accidental death as a result of involuntary exposure to nuclear explosion, nuclear energy or nuclear elements will not be grounds for denying a claim
- ▶ Driving in a race or speed contest
- ▶ Operating a vehicle for hire. Losses sustained or contracted because a person insured is intoxicated or under the influence of a narcotic are not covered under this policy. This exception does not apply to narcotics taken on the advice of a Physician.

This policy does not cover an employee of an automobile dealership, repair shop, service station, storage garage, or public parking place, if the accident arises out of the operation thereof.

This Policy does not pay benefits for treatment in a Veteran's Hospital or when the person insured is eligible for and collecting worker's compensation benefits.

## ***Eligibility / Termination***

To be eligible for the N.C. Family Plan insurance product, the insured/applicant must be between the ages of **15** and **73** (applicant cannot reach his 75th birthday before the expiration of the term.) The termination age is 75. {\*The applicant qualifies at age 74 **only** if the term of the policy is "6 months" **and** the applicant will not reach age 75 by the expiration of the 6 months term.}

## Policy Issuance

Policies are issued at the time of application as long as underwriting guidelines are met. The Insured's Provisions are to be attached to the customer's portion of the application.

### Correcting Errors on the Application

★ If you make an error on the Family Plan policy, we prefer that you strike through the incorrect data, write the correct data legibly above the incorrect data, and **have the Named Insured initial this correction.**

#### Example:

Named Insured is John C Doe

Policy Date: 04/10/2006

Date needs to be changed to... 04/15/2006

*Here's how it should look after the correction has been made:*

Policy Date: 04/15/2006  
~~04/10/2006~~

JCD

If you realize an error has been made after the point of sale (after the customer has left your office), **or** for any change that needs to be made after you have submitted the original application to RPM, please complete one of the Family Plan Endorsement forms (see page 33) then mail the completed and signed form to RPM.

### Policy Profiler Generated Applications

Please make all Staff aware of the following notice!

- ▶ All Numbered applications/policies are to be sent to RPM, even ones you wish to void or reprint, etc. Please do not discard any numbered application/policy that you print, regardless of its condition or correctness. Write VOID across the page and send ALL copies to RPM.
- ▶ If your system "uses" a policy number but the application fails to print, it is very important that you notify RPM in writing either by mail or fax – immediately. RPM and the Company must account for EVERY policy number.
- ▶ **When we ask for a policy to be endorsed,** please do not reprint the application. This will assign the policy a new number and will delay the time it takes to process and pay the policy.
- ▶ When renewal time comes for your customer, please be sure to follow the correct procedure for printing a new policy for the upcoming period; do not "renew" the add-on product with the auto policy. These policies are non-renewable and the policy numbers CANNOT be reused. ATI or your field representative can explain the correct procedure. You may contact ATI at 1-800- 336-4284.

# Claims

## Service Time

Processing time is approximately 15 days from the date Life of the South receives the claim. If a claim occurs within two years of the effective date of insurance, Life of the South will investigate the insured's past medical history. This is to ensure the accuracy of the information the customer provided at the time of the application. Investigated claims take approximately four weeks to process. **Mail** (do not fax) original claim forms and required attachments to RPM. **Reliable Policy Management, LLC**

**P O Box 100521**

**Florence, SC 29502-0521**

## Claim Review

A complete **death** claim includes:

- ✓ 1. Completed claim form. (The claim form must be signed by the beneficiary, if the beneficiary is the Estate, it should be signed by the next of kin, if the beneficiary is a minor, the form must be signed by the guardian.) Use claim form 11-014534-04. \*"Statement of Physician" and "Statement of Employer" sections are not required for a death claim.
- ✓ 2. Copy of the Certificate of Insurance (a copy of the policy).
- ✓ 3. Certified death certificate.

A complete **dismemberment** claim includes:

- ✓ 1. Completed claim form 11-014534-04. **All** sections are to be completed.
- ✓ 2. Copy of the Certificate of Insurance (a copy of the policy).

## Submitting Claims

Please **mail** claim form 11-014534-04 and any receipts, medical bills, death certificates, employer's statements, etc. along with a copy of the policy to:

**Reliable Policy Management, LLC**

**P O Box 100521**

**Florence, SC 29502-0521**

To check on the status of a claim, please call Life of the South 1.800.888.2738, ext. 8390



**Agents - Please be sure to keep legible copies of anything you submit**

**ACCIDENTAL DEATH, DISMEMBERMENT OR LOSS OF SIGHT CLAIM FORM**

**Claims Service Center**

P.O. Box 45153 / Jacksonville, FL 32232-5153

Phone: 904-350-9660 / Fax 904-355-5878

Toll Free 1-800-888-2738, Extension 8390

PLEASE ANSWER ALL QUESTIONS TO AVOID DELAY IN PROCESSING THIS CLAIM. ITEMIZED BILLS FOR ANY HOSPITAL OR TRANSPORTATION RELATED EXPENSES MUST BE ATTACHED.

**TO BE COMPLETED BY AGENT**

Full Name of Insured \_\_\_\_\_ Policy No. \_\_\_\_\_

Full Name of Policy Holder \_\_\_\_\_ Loan No. \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_

Policy Issued by: Reliable Policy Management, LLC - PO Box 100521, Florence, SC 29502-0521

Effective Date \_\_\_\_\_ Term \_\_\_\_\_ Expiration Date \_\_\_\_\_

Amount of Policy \$ \_\_\_\_\_ Amount Claimed \$ \_\_\_\_\_ Premium Paid \$ \_\_\_\_\_

Beneficiary's Name \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Does Claimant wish payment be made in a lump sum or installments? \_\_\_\_\_

**STATEMENT OF INSURED OR AUTHORIZED PERSON**

Claimant's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Was accident job related? \_\_\_\_\_

If answer is yes, is workman's compensation claim being filed? \_\_\_\_\_

Claim is for: Accidental Death \_\_\_\_\_ Dismemberment \_\_\_\_\_ Fracture \_\_\_\_\_ Other \_\_\_\_\_

\* IF CLAIM IS FOR ACCIDENTAL DEATH, YOU MUST ATTACH A **CERTIFIED COPY** OF THE DEATH CERTIFICATE OR CORONER'S REPORT.

Date of accident or injury \_\_\_\_\_ Give specific description of nature of accident and resulting injury: \_\_\_\_\_

• IF ACCIDENT OCCURRED WHILE RIDING IN OR WAS DUE TO A MOTOR VEHICLE, PLEASE ATTACH A COPY OF THE POLICE REPORT.

I certify that the answers given above are true, and I assume full responsibility for the statements given. I hereby authorize any hospital, physician, or other person who has attended or examined me, to furnish the above insurance company, or its authorized representative any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital records. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Signed By \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

**Statement of Physician**  
(To be furnished without expense to Company)

1. Diagnosis: (Describe complications, if any) ICD Code \_\_\_\_\_
2. Date symptoms first appeared: \_\_\_\_\_
3. Is this a result of an accident? \_\_\_\_\_ Yes \_\_\_\_\_ No (if "yes," please describe) \_\_\_\_\_
4. Date patient first consulted you for this condition? \_\_\_\_\_
5. Name and address of any referring physician \_\_\_\_\_
6. According to history as represented to you by the patient, when did disability condition originate?  
\_\_\_\_\_  
When was diagnosis made? \_\_\_\_\_
7. GIVE ALL DATES OF TREATMENT \_\_\_\_\_
8. Is patient still under care for this condition? \_\_\_\_\_ Yes \_\_\_\_\_ No (if discharged, give date) \_\_\_\_\_
9. If patient hospitalized, give name and address of hospital.  
\_\_\_\_\_  
Hospital \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Hospital Record No. \_\_\_\_\_ Admitted \_\_\_\_\_ Discharged \_\_\_\_\_
10. How long was patient continuously and totally disabled? From \_\_\_\_\_ Through \_\_\_\_\_
11. If still disabled, date patient will be able to return to work? \_\_\_\_\_
12. Remarks, if any \_\_\_\_\_

Physicians Name & Degree (type or print) \_\_\_\_\_ Physicians Signature \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

**Statement of Employer**  
(To be completed by employer only)

1. I hereby certify that \_\_\_\_\_ was totally disabled from performing any part of his work from \_\_\_\_\_, 20\_\_\_\_\_  
Last Day of Duty
2. Date returned to full or part-time duties: \_\_\_\_\_, 20\_\_\_\_\_
3. Is this a Workmen's Compensation case? \_\_\_\_\_
4. Date \_\_\_\_\_, 20\_\_\_\_\_ Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Signature \_\_\_\_\_  
Official Person \_\_\_\_\_

## **Cancellations**

---

If an insured desires a cancellation, there is a reasonable chance that a new policy cannot be obtained for the amount of the refund. If the insured still chooses to cancel the insurance, he/she should send a completed and signed request for cancellation to Reliable Policy Management, LLC.



**NOTE:** All requests made within 10 days of receipt of policy will be processed for a full refund. After 10 days, refunds are calculated by the pro rata method. All refunds processed will include a charge back of compensation corresponding to the refund amount.

- ▶ Flat cancellation must be requested in writing from the named insured within 10 days of the inception of the policy. (The insured's signature on the request to cancel the policy flat must be dated within 10 days of the inception of the policy.)
- ▶ We cannot guarantee **flat** cancellations without a properly signed and properly dated cancellation request. This request should be received by RPM within 10 days of the INCEPTION DATE. **The request has to be dated and signed by the insured within 10 days of the inception date for a flat cancellation.** We will do our best to assist you in getting the largest refund possible for your customer.
- ▶ **The critical factor is the date the insured signs to request the flat cancellation.** We need to receive the request in a timely manner to keep our records with the company current, of course, but please keep in mind the insured's signature on the request to cancel flat must be within the right to examine period stated in the policy, which is 10 days.
- ▶ You may use the ACORD Cancellation form, a computer generated form or the cancellation form on the following page. We will, of course, also honor the insured's handwritten request to cancel his/her policy. If you receive the request from your client in the mail and the memo is not dated, please send us the postmarked envelope in which the memo was received.
- ▶ Beneficiaries, spouses, etc. may NOT sign to request endorsement or cancellation of a policy; only the NAMED INSURED may sign. All signatures must be dated and witnessed.
- ▶ If the Family Plan policy was written along with an auto policy, homeowner's policy, etc. and the client wishes to cancel, please be sure to have him/her sign a request to cancel the Family Plan Policy along with the auto, homeowner's policy. You also may simply include both carrier names on the cancellation request, along with the policy numbers as long as you are sure to send a copy to BOTH carriers, one to the Auto/HO carrier and one to RPM.

# Family Plan Cancellation Request Form

## POLICY INFORMATION - Required for cancellation

Effective Date of Cancellation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Policy Effective Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Policy Number: \_\_\_\_\_

Finance Company Account #: \_\_\_\_\_

Insured's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

All information in this section is  
**REQUIRED** in order to  
cancel this policy!

## REASON FOR CANCELLATION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## AGENCY INFORMATION

Agency: \_\_\_\_\_

Agent Code: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Named Insured's Signature (Only the Named Insured on this policy is  
authorized to sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

***Please mail this form to Reliable Policy Management, LLC • PO Box 100521 • Florence, SC 29502-0521***

# Supplies

All supplies should be ordered directly from Reliable Policy Management. Some of the supplies will be sent from Life of the South, others will be sent by RPM. Please see below for the list of supplies provided by LOTS, you will need to allow at least 30 days for delivery for these supplies, so please be sure to place an order before you are completely out of stock.

## Placing a Supply Order

All supply orders should be sent to Reliable Policy Management in 1 of 4 ways:



1. **Call 1-800-866-7773**: please be prepared to provide the type of supply needed, form number and quantity needed. We will ship the supply order to the attention of the caller/person requesting the order, unless you provide a different name.



2. **Fax the following supply order form to 1-800-313-0645**: please be sure all of the agency information requested is provided, as well as the type of supply needed, quantity needed, and the name of the individual requesting the order.



3. **Mail** the supply order form (*see next page*) to address given below: please be sure all of the agency information requested is provided, as well as the type of supply needed, quantity needed, and the name of the individual requesting the order.



**Reliable Policy Management, LLC**  
**PO Box 100521**  
**Florence, SC 29502-0521**

4. **Email** your order to: [beth.miles@reliablepolicymgt.com](mailto:beth.miles@reliablepolicymgt.com)

## Supplies Provided by Life of the South/LOTS

The following supplies should be ordered from RPM, but will be shipped from LOTS. These items should be ordered at least 30 days before your supply runs out.

Insured's Provisions

Manual Applications/Pre-printed Applications

## Supplies Provided by Reliable Policy Management

The supplies listed below are to be ordered from and shipped from Reliable Policy Management.

Endorsement Request Forms

Cancellation Request Forms

Claim Forms

Family Plan Appointment Request Forms

Supply Order Forms

# NC Family Plan Supply Order Form

**Reliable Policy Management, LLC**

PO Box 100521 Florence, SC 29501

Phone: 1-800-866-7773

Fax 1-800-313-0645

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Order Requested By: \_\_\_\_\_

Please Ship Order To:	
Attention: _____	Agency Code: _____
Agency: _____	<i>Please be sure to include your <u>street address</u> - not a Post Office Box number.</i>
Address: _____	
_____	

Supply Item	Form #	Quantity Requested
NC - Family Plan Insured's Provisions - 6 or 12 Months	14-022875-03	
NC Family Plan Manual Application - 6 or 12 Months	14-022870-03	
Family Plan Endorsement Request Form	FAMEND 1002	
Family Plan Cancellation Form	FAMCXL 1101	
Claim Form	11-014534-04 (12/95)	
NC Family Plan Supply Order Form	AGT NCF (17) 0307	
Producer Profile/Background Authorization	Producer Profile-2004-LOTS	
Violent Crime Form	16-022129-00	
RPM, 9 x 12 self-addressed envelope	n/a	
RPM, kraft #14 self-addressed envelope	n/a	
NC Family Plan Agent Guidelines	n/a	



**Please allow up to 30 days for delivery for some items.**

***Please use one of the following methods to place your order:***



**Call** in your order: 1.800.866.7773



**Fax** your order to: 1.800.313.0645



**Mail** this form to: Reliable Policy Management, LLC

PO Box 100521

Florence, SC 29502-0521



**Email** your order to: [beth.miles@reliablepolicymgt.com](mailto:beth.miles@reliablepolicymgt.com)

**If you have any questions concerning your supply order, please call 1.800.866.7773.**

## **Family Plan Endorsement Form**

Policy Number: \_\_\_\_\_ Agency / Agent Code: \_\_\_\_\_

Named Insured: \_\_\_\_\_

Address: \_\_\_\_\_

Inception of Policy: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Effective Date of Endorsement: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **Beneficiary Changes**

Add the following beneficiary(ies) to my policy (this is in addition to persons already named):

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Revoking all previous designations, I request the beneficiary on the above policy be changed to (delete current beneficiary and add the following):

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **Address Change**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Corrections**

Correct the spelling of the Named Insured to: \_\_\_\_\_

Correct the spelling of the Beneficiary to: \_\_\_\_\_

Correct the effective date to show: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **Other**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

Please mail this form to: Reliable Policy Management, LLC PO Box 100521 Florence, SC 29502-0521