

NC Prime AD

Agency Set-up and Licensing Requirements

In North Carolina, a {"**Life, Accident & Health**" license} or a {"**Life & Health**" license} is required for the Agent who desires to begin selling the Prime AD policy through RPM/Reliable Policy Management and Life of the South Insurance Group.

Agency Set Up

For an agency to begin selling Prime AD **RPM must receive:**

1. The 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 copy for each agent to be appointed.)
3. The W-9 form (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 an Agent with an existing "Life, Accident & Health" license or an Agent who holds (a "**Life & Health**" 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 "**Life, Accident & Health**" license) or (your existing "**Life & Health**" license).

For a NC Agent who has just received his **first "Life & Health" 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 "Life & Health" license.)**

If you have any questions or need any additional instructions, forms or guidelines, please contact Beth Miles at 1-800-866-7773, ext. 1366.

Please mail the completed forms and documents to Reliable Policy Management, LLC:

Attention: Beth Miles
Reliable Policy Management
P O 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						
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.						
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...						
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.						
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.						
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/Conditions(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.

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.

Note: If the account is in more than one name, see the chart on page 4 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. 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.)

Sign Here

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 9
Broker transactions	Exempt recipients 1 through 13 . 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 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt recipients 1 through 7 ²

¹ See **Form 1099-MISC**, Miscellaneous Income, and its instructions.

² 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. 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.

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 ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
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

¹ 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.

² Circle the minor's name and furnish the minor's SSN.

³ **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).

⁴ 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.



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 _____

Prime AD 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

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

N.C. Prime AD Supply Order Form

Reliable Policy Management, LLC

PO Box 100521 Florence, SC 29502

Phone: 1-800-866-7773

Fax 1-800-313-0645

Date: ____ / ____ / ____ Order Requested By: _____

Please Ship Order To:

Attention: _____ Agency Code: _____

Agency: _____

Address: _____

Please be sure to include your **street address** - not a Post Office Box number.

Supply Item	Form #	Quantity Requested
NC - Prime AD Insured's Provisions	14-022856-02	
NC - Prime AD Manual Application (Pre-printed)	14-022845-01	
Prime AD Endorsement Request Form	PADEND 1002	
Prime AD Claim Form	11-014534-04	
N.C. Prime AD Supply Order Form	AGTPAD (16) NC 0906	
Agent Profile/Background Authorization		
Violent Crime Control and Law Enforcement...form	16-022129-00	
RPM, white 9" x 12" self addressed envelope		
NC Prime AD Agent Guidelines		
Prime AD Cancellation Request Form	PADCXL 0601	



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: bmiles@reliablepolicymgt.com

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

Prime AD 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