

# Prime AD

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



## South Carolina Agent Guidelines

Provided by:  
Reliable Policy Management, LLC  
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PO Box 100521  
Florence, SC 29502-0521  
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# *RPM*

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

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**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 S.C. RPM represents the following companies as a general agency:**

- ▶ Certain Underwriters at Lloyds, London for the Nation Safe Drivers AD&D Travel Program (HITP)
- ▶ The Life of the South Group (Life of the South Ins. Co. and Lyndon Southern Ins. Co.) for Accidental Death and Dismemberment coverage
- ▶ Nations Safe Drivers for Motor Club

▶▶ **In S.C. RPM represents the following companies as producer: Aegis Security Ins. Co. and Foremost Ins. Co.**

- ▶ RPM is a subproducer for Southern Cross Underwriters (Aegis Security Ins. Co.)
- ▶ In SC Reliable Policy Management writes the following types of policies directly for the consumer:
  - Snowmobiles
  - Dwellings
  - Manufactured Home Insurance
  - Motorcycles
  - Dune Buggies
  - Jet Skies
  - Golf Carts
  - Commercial Manufactured Homes
  - All Terrain Vehicles (ATV)
  - Motor Homes
  - Boats & Personal Watercraft
  - Travel Trailer

# ***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!

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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 **Prime AD** 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)

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# 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.

# Reliable Policy Management SC Product Summary

## Prime AD and Family Plan

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

- ▶ Written through Life of the South
- ▶ Prime AD carrier = Life of the South Ins. Co.
- ▶ Family Plan carrier = Lyndon Southern Ins. Co.

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

### **Commission Rates:**

- Prime AD: 60% with charge backs
- Family Plan: 50% with charge backs
- ▶ Life, Accident & Health license required for Prime AD; P & C license for Family Plan.

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

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

▶▶ The premiums for all of the above products 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!

# Reliable Policy Management SC Product Summary

## **Nation Safe Drivers**

### **HITP - Hospital Indemnity Travel Plan**

#### **▶ Hospital Indemnity Coverage**

- ▶ Coverage is provided by Certain Underwriters at Lloyds, London.
- ▶ Coverage for injuries sustained in reported traffic accidents, whether the Insured is a driver or a passenger.

#### **▶ Coverages:**

- ▶ Accident Medical Expense
- ▶ Daily Hospital Room Coverage
- ▶ Accidental Death & Dismemberment

#### **▶ Travel Benefits:**

- ▶ Reservation Assistance
- ▶ Credit Card Protection
- ▶ Lost Luggage Protection
- ▶ Rent-a-Car Discounts
- ▶ Emergency Cash Loan
- ▶ Policy also includes membership to MatureRx®

#### **▶ Prescription Drug Program, which offers:**

- ▶ Discount prescriptions through a mail service provider
- ▶ Discount prescriptions at local participating pharmacies
- ▶ Preferred pricing on Brand Name
- ▶ Prescriptions for common medical conditions
- ▶ Various Plans and Premiums are available, [see later pages](#) for commission rates and plans.
- ▶ A Property & Casualty license is required.

**★ NEW! ★ NEW! ★ NEW! ★ NEW!**

**NSD - HITP is NOW AVAILABLE on  
Prime Rate Premium Finance Corp's  
website!**

▶▶ The premiums for all of the above products 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>Nation Safe Drivers (HITP) Rates effective 1-1-06</b>					
<b>12-MONTH INDIVIDUAL PLAN</b>					NEW PLAN
<b>Plan:</b>	A	B	C	D	*OPTION 3
Premium:	\$140	\$116	\$90	\$76	\$50
Commission:	\$90	\$66	\$40	\$26	\$25
<b>12-MONTH FAMILY PLAN</b>					
<b>Plan:</b>	A	B	C	D	
Premium:	\$200	\$176	\$150	\$136	
Commission:	\$130	\$106	\$80	\$66	
<b>6-MONTH INDIVIDUAL PLAN</b>					
<b>Plan:</b>	A	B	C	D	*OPTION 3
Premium:	\$70	\$58	\$45	\$38	\$30
Commission:	\$44	\$32	\$19	\$12	\$15
<b>6-MONTH FAMILY PLAN</b>					
<b>Plan:</b>	A	B	C	D	
Premium:	\$100	\$88	\$75	\$68	
Commission:	\$64	\$52	\$39	\$32	
<p><i><b>Description of "Plan":</b> Plans A, B, C, and D are representations of coverage amounts that the client can opt to purchase. The amounts descend in alphabetical order.</i></p> <p><i><b>NOTE:</b> The commission is a straight dollar amount for the agent, not a percentage.</i></p> <p><i><b>Cancellations:</b> RPM and NSD return commission ONLY if the policy cancels flat. The Agent always returns commission on any cancellation. When the cancellation is not flat, RPM and NSD keep 100% of their commission; the agent, however, pays return commission on all cancellations. All cancellations are computed on a pro-rata basis.</i></p>					
<b>*All other HITP plans sold by RPM are Option 1.</b>					
<b>See the NSDLLY - HI Contract 090105 for full details and all options NSD offers</b>					
<b>BENEFITS:</b>				OPTION 1	OPTION 3
Accidental Death & Dismemberment				\$10,000	\$5,000
Medical Benefit				\$1,000	\$500
Daily rate for In-hospital confinement				\$125	\$50
Travel Discounts				5%	3%
Emergency Cash Loan				\$100	\$50
<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

## Agency Set-up and Licensing Requirements

**In South Carolina, a Life, Accident & 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 (forms are found on pages 13-21 of this document)**

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 13-17 and make copies as needed –RPM must receive one completed copy for each agent to be appointed.)**
3. The W-9 form (Complete, sign & return only **page 18** of this form found on pages 18-21.)
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:

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 SC Agent who has just received his **first Life, Accident & 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, Accident & 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. 25172.

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?	
<b>IF THE ANSWER TO ANY QUESTION ABOVE IS "YES" GIVE FULL DETAIL(S) ON REVERSE SIDE</b>			
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 Judgment(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 13) 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.**

<b>Print or type See Specific Instructions on page 2.</b>	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 ▶
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### 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

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1. Complete the application in its entirety, including proper address, age, beneficiary, relationship of beneficiary and signatures of both the named insured (named insured ONLY) and the appointed AGENT.
2. All policies are issued for a twelve (12) months term.
3. Minimum coverage is \$2,500.00 - one unit of the ACCIDENTAL DEATH BENEFIT. At least one unit of Accidental Death coverage must be selected to purchase any additional options. If the Prime AD policy is written in conjunction with any other policy, the following limitations apply:

	<b>Maximum number of units</b>	
	<u>6 Months Auto Policies</u>	<u>12 Months Auto Policies</u>
ACCIDENTAL DEATH	5	10
ALL OTHER COVERAGES	3	5

If the policy is written as a stand-alone (i.e., not in conjunction with an auto policy), the maximum number of units allowed is 10 for ACCIDENTAL DEATH BENEFIT, and 5 for ALL OTHER COVERAGES - **The maximum number of accidental death units on an individual should never exceed 10 at any time.**

4. CALCULATING THE PREMIUM – Although there is a figure in the “Annual Premium per Unit” column, do NOT use this rate to calculate the premiums. Please see the pages titled “Rating Calculations” for directions and examples. The premiums are NOT to be rounded to the nearest dollar. The number of months will always be 12.
5. A POLICY FEE of \$6.50 is charged for each policy. Only when the policy is cancelled flat within the first 30 days following inception will the \$6.50 policy fee be refunded.
6. AGE LIMITS – Insurance should not be written for anyone who is obviously in POOR HEALTH.
  - Minimum age in S.C. – **18 years** of age.
  - Minimum age in N.C. – **15 years** of age.
  - Maximum age limit in any state – **73 years of age at inception of policy, cannot turn 75 within policy period.**
7. REQUIRED SIGNATURES – The named insured must sign the policy and is the only one authorized to request an endorsement. (ARIC will NOT allow spouses to sign for each other). If an insured signs by using an “X,” his/her mark will need to be witnessed by TWO people who see him sign using the “X.”
  - Agents are not allowed to sign for the Named Insured.
8. Only a duly licensed agent is authorized to countersign the policy. In the space provided, insert the agent’s license I.D. Number (not his social security number). For SC agents this number is the “Individual Number” assigned by S.C.D.O.I.
9. Clients should be informed that this coverage is strictly OPTIONAL and that they have a 30-day free look with this policy.
10. COMPUTER GENERATED – Mail one of the signed copies to our office (RPM). Give the insured one signed copy and keep one copy for your records. Along with one copy of the policy declaration page generated by your system, attach one set of the Insured’s Provisions. There are 100 sets of Insured’s Provisions to each pad provided for you by Life of the South.

11. MANUAL ISSUE – Mail the top copy marked “This copy to Life of the South” to RPM. Give the Insured the last pages of the policy, marked “Insured’s Copy.” Keep the “Agent’s Copy” and “Cancellation Copy.”
12. Please do not discard/throw away any printed and numbered applications! Return **all** copies of voided applications (mark “VOID” across front) to RPM.
13. In the event of the death of an insured, the premium is fully earned. Part of a policy cannot be cancelled.
14. It is very important to submit all cancellation requests to RPM on a day by day basis (please do not hold any cancellation request over a week).
- ★ 15. 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 requested by a properly completed, dated and signed endorsement form.
16. If it is necessary to ENDORSE a policy, please be sure that you have the named insured sign the endorsement request. You may print computer generated endorsement forms, or use the ACORD form or RPM form. If RPM finds it necessary to endorse a policy (to correct for underwriting/issuance purposes) we will mail you a copy of that endorsement.
17. Our month end close out date varies now from month to month – typically the last date for us to enter new business and process cancellations is the 25th for a 31-day month with no holiday at the month’s end. We “set” the close out date on the first working day of the month; it may occasionally be moved forward or back by a day; please feel free to call RPM if you need to know our scheduled close out date.  
“Close out” is our term for the day we finish processing all business and cancellations for that month. Reinstatements received on or prior to the time of “close out” ARE processed. Only in special approved situations can any policy be reinstated after “close out.”
18. A POWER OF ATTORNEY can be used to obtain the Prime AD policy – with proper documentation attached to the policy (until further notice).

## Policy Coverage

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Prime A.D. is an accidental death product with added benefit options of accidental dismemberment, accidental disability, accident medical and accident hospital protection. It is a single premium, nonrenewable policy that may provide term coverage for up to a maximum of 12 months. At the time of enrollment, the customer may purchase from one to five units of protection for each coverage option for the same fixed term. The various coverages are described as:

- ▶ **Accidental Death:** Provides coverage for accidental bodily injuries, which are the direct cause of death within 90 days of the accident. The benefit is the basic amount times the number of units shown in the policy schedule.
  
- ▶ **Accidental Dismemberment:** This benefit covers accidental bodily injuries which cause one of the covered losses (as defined in the policy) within 90 days:
  - Loss:* Both hands; both feet; sight of both eyes; one hand and one foot; one hand or one foot and sight of one eye. The benefit is the basic amount times the number of units shown in the policy schedule.
  - Loss:* One hand or one foot or sight of one eye. The benefit is one half the basic amount times the number of units shown in the policy schedule.
  
- ▶ **Accidental Disability:** Covers disability due to accidental injuries. A monthly benefit is paid each month, not to exceed the maximum benefit period for the units purchased as listed in the policy schedule. This benefit has an elimination period of 15 days and a maximum benefit period of 6 months.
  
- ▶ **Accident Hospital:** Bodily injury which causes hospital confinement within 90 days of accident. The benefit payable is a daily rate of the monthly benefit times the number of units purchased as shown in the policy schedule for each day in the hospital. The benefit is from the first day to a maximum benefit period of six months. Hospitalization caused partially by disease is not covered.
  
- ▶ **Accident Medical:** Reimbursement for outpatient treatment required, due to accidental injuries, in a hospital emergency room or by a physician. Treatment must begin within 72 hours of the accident. The total benefit payable will not exceed the basic amount of units purchased as listed in the policy schedule.

**NOTE:** **The customer must purchase the accidental death coverage; other benefits are optional.**

## ***Eligibility/Termination***

To be eligible for Prime A.D. insurance, the insured must be between the **ages of 18-73** and not reach his/her 75th birthday before the expiration of the term. The termination age is 75.

## ***Policy Term***

Prime A.D. is available in terms of 12 months. The policy is nonrenewable after the stated term. The term selected must be consistent for all coverage options.

## ***Exclusions***

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

- ▶ Suicide (sane or insane) or any attempt thereof; or
- ▶ Injuries suffered while a member of any armed forces (pro rata premium to be returned to you for the period you were in such service); or
- ▶ War (declared or undeclared) or any act thereof; or
- ▶ Disease or the medical or surgical treatment thereof; or
- ▶ Intentionally self-inflicted injuries; or
- ▶ Travel in any aircraft except as a fare-paying passenger; or
- ▶ Commission or attempt to commit a felony; or
- ▶ Engaging in an illegal occupation; or
- ▶ Care in connection with the detection and correction by manual or mechanical means of structural imbalance, distortion, or subluxation in the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment, or subluxation of, or in the vertebral column; or
- ▶ The insured being under the influence of any narcotic, drug or alcohol unless taken on the advice of a physician.

## ***Deductible***

Prime A.D. does not require any deductibles.

# Underwriting

## General Health

Insurance should not be written for anyone who is obviously in poor health.

## Age / Termination Limitations

To be eligible for Prime A.D. insurance, the insured must be between the **ages of 18-73** (The insured cannot reach his 75th birthday before the expiration of the term. The termination age is 75.)

## Terms of Coverage

A term of 12 months may be selected. The term selected must be consistent for all coverage options.

## Maximum Amount of Coverage

RPM, LLC RPM, LLC RPM, LLC RPM, LLC RPM, LLC RPM, LLC	Maximum Number of Units	
	6 Month Auto Policies	12 Months Auto Policies
Accidental Death	5	10
All Other Coverages	3	5

## Coverage Limitations

At least one unit of Accidental Death coverage must be selected to purchase any additional options.

# Rating Calculations

The Coverage options available and their cost are listed below:

COVERAGES	LIMITS OF LIABILITY	ANNUAL PREMIUM PER UNIT	BASIC AMOUNT PER UNIT	1. # UNITS PURCHASED	2. MONTHLY PREMIUM PER UNIT TERM	PREMIUM (#OF UNITS 1. X MONTHLY PREMIUM 2. X TERM IN MONTHS)	TOTAL COVERAGE EQUALS BASIC AMOUNT X UNITS PURCHASED
ACCIDENTAL DEATH BENEFIT	BASIC AMOUNT OF INSURANCE	6.50	\$2,500.00		0.54		
ACCIDENTAL DISMEMBERMENT BENEFIT	BASIC AMOUNT OF INSURANCE	1.50	\$5,000.00		0.13		
ACCIDENTAL DISABILITY BENEFIT	MONTHLY BENEFIT ELIMINATION PERIOD 15 DAYS MAXIMUM BENEFIT PERIOD - 6 MO.	22.00	\$125.00		1.83		
ACCIDENT HOSPITAL BENEFIT	MONTHLY BENEFIT FROM FIRST DAY MAXIMUM BENEFIT PERIOD - 6 MO.	2.00	\$250.00		0.17		
ACCIDENT MEDICAL BENEFIT	OUTPATIENT TREATMENT	16.00	\$75.00		\$1.33		

**Do not use these rates to calculate premiums!**

**Use these factors to rate and calculate premiums.**

**Reminder!**

**Prime A.D. can be written for only a 12-month term!**

**Example: John Smith wants to purchase \$5,000 of Accidental Death Benefit and \$375 of Accidental Disability Benefit for 12 months. How much is his total premium?**

Accidental Death Benefit	The Basic Amount per unit of this Benefit is \$2,500. Dividing 5,000 by 2,500 indicates that 2 units will be purchased. The monthly premium for this particular Benefit is \$.54 per unit, so the calculation is as follows:	Accidental Disability Benefit	The Basic Amount per unit of this Benefit is \$125. Dividing 375 by 125 indicates that 3 units will be purchased. The monthly premium for this particular Benefit is \$1.83 per unit, so the calculation is as follows:
	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; border-radius: 15px; padding: 5px; text-align: center;">Units purchased 2</div> <div style="font-size: 2em; margin: 0 10px;">×</div> <div style="border: 1px solid black; border-radius: 15px; padding: 5px; text-align: center;">Monthly Premium per Unit .54</div> <div style="font-size: 2em; margin: 0 10px;">×</div> <div style="border: 1px solid black; border-radius: 15px; padding: 5px; text-align: center;">Duration of Policy (in Months) 12</div> </div> <p><b>Cost of Premium: \$12.96</b></p>		<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; border-radius: 15px; padding: 5px; text-align: center;">Units Purchased 3</div> <div style="font-size: 2em; margin: 0 10px;">×</div> <div style="border: 1px solid black; border-radius: 15px; padding: 5px; text-align: center;">Monthly Premium per Unit 1.83</div> <div style="font-size: 2em; margin: 0 10px;">×</div> <div style="border: 1px solid black; border-radius: 15px; padding: 5px; text-align: center;">Duration of Policy (in Months) 12</div> </div> <p><b>Cost of Premium: \$65.88</b></p>
		<div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="margin-right: 10px;">12.96</div> <div style="margin-right: 10px;">65.88</div> <div style="margin-right: 10px;">+ 6.50</div> <div style="border-top: 1px solid black; width: 20px;"></div> </div> <p><b>DON'T FORGET THE POLICY FEE!</b></p> <p><b>COST OF TOTAL PREMIUM: \$85.34</b></p>	

## *Insurance Application*

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The application is designed to be short and simple. Make sure that:

- ▶ All blanks are filled.
- ▶ The appointed agent and the proposed insured **signed** the application.
- ▶ Your account code and branch number is noted at the bottom of the application. (Branch # = your agency code with RPM)
- ▶ You have informed the applicant about the nonrefundable policy fee\*

### ***Instructions For Completing The Prime A.D. Application***

**NAME OF THE PROPOSED INSURED** – Provide the complete name of the applicant – first name, middle initial and last name.

**DATE OF BIRTH** – Indicate the applicant’s date of birth.

**AGE** – Indicate the applicant’s age

**POLICY DATE** – Indicate the date the applicant applies for the insurance (can be a future date)

**EXPIRATION DATE** – Indicate the date the insurance will expire.

**STREET ADDRESS** – Indicate the applicant’s mailing address.

**TERM** – Indicate in months the term desired. The only term allowed is 12 months.

**CITY, STATE, AND ZIP CODE** – Indicate complete city, state and zip code of applicant.

**OCCUPATION** – Provide the occupation of the applicant.

**BENEFICIARY** – Indicate the complete name of the beneficiary.

**RELATIONSHIP** – Indicate the relationship of the beneficiary for each coverage option.

**# OF UNITS PURCHASED** – Indicate the number of units desired for each coverage option.

**PREMIUM** – Determine premium by multiplying number of units purchased by monthly premium per unit by 12.

**TOTAL COVERAGE** – Determine total coverage by multiplying the basic amount per unit by number of units purchased.

**GROSS PREMIUM** – Determine gross premium by adding premium of each coverage option.

**POLICY FEE** – This policy includes a \$6.50 nonrefundable policy fee.

**TOTAL** – Add gross premium to policy fee to attain total premium.

**TOTAL COVERAGE** – Equals Basic Amount multiplied by the number of units purchased.

**SIGNATURE OF LICENSED AGENT** – An agent appointed with Life of the South Ins. Co. must sign the application.

**AGENTS LICENSED I.D. NUMBER** – Indicate licensed agent’s I.D. Number. (Not his social security number.) For SC agents this is the “Individual Number” assigned by S.C.D.O.I.

**SIGNATURE OF APPLICANT** – Applicant must sign the application here.

**AGENT CODE/BRANCH CODE** – Indicate agent/branch code here. (This is your RPM agency code)

\*It is the responsibility of the agent to inform the insured of the nonrefundable policy fee. Life of the South is not responsible for policy fee refund disputes.

## 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 Prime AD 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 and the policy has already been mailed to RPM, please complete one of the enclosed Prime AD Endorsement forms and mail it 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. If you use ATI's software to print your Prime AD policies, ATI or your Prime Rate 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 at 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\_\_\_\_\_  
Last Day of Duty
3. Is this a Workmen's Compensation case? \_\_\_\_\_
4. Date \_\_\_\_\_, 20\_\_\_\_\_  
Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Signature \_\_\_\_\_  
Official Person \_\_\_\_\_

## ***Cancellations***

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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 30 days of receipt of policy will be processed for a **full** refund. After 30 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 30 days of the inception of the policy. (The insured's signature on the request to cancel the policy flat must be dated within 30 days of the inception of the policy.)

# *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

\_\_\_\_\_  
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

Prime AD Appointment Request Forms

Supply Order Forms

# S.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 <b>street address</b> - not a Post Office Box number.	

Supply Item	Form #	Quantity Requested
SC - Prime AD Insured's Provisions	14-022857-02	
SC - Prime AD Manual Application (Pre-printed)	14-022846-01	
Prime AD Endorsement Request Form	PADEND 1002	
Prime AD Claim Form	11-014534-04	
S.C. Prime AD Supply Order Form	AGTPAD (16) SC 0906	
Agent Profile/Background Authorization		
Violent Crime Control and Law Enforcement...form	16-022129-00	
RPM, white 9" x 12" self addressed envelope		
RPM, kraft #14 envelope		
SC 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: [beth.miles@reliablepolicymgt.com](mailto:beth.miles@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