



Authorization Form
Please fax completed form to
619-234-6500

Or email forms to submissions@nextwaveins.com

TSMs should complete the highlighted fields prior to forwarding to the agency/brokerage principal.

1. Please complete this form by “tabbing” through the fields and typing in your information. This will allow the forms that follow to pre-fill with repeatable information.
2. Separate background check forms must be completed for each producer who will submit business
3. Once the forms have been completed, print and sign pages 1, 3, and 4.
4. Include copies of your current E&O dec page, voided checks for your ACH accounts and your W9.
5. Brokers must include a copy of their broker bond.
6. Complete and sign Agency or Broker agreement (separate documents).
7. Fax or email all documents back to the number or email above

TSM:			
Traditional Agency Code:		Affinity Agency Code:	
		Agency Grade: Select drop down	
Agency Marketing Access (for Affinity appointments only) : Select from drop down			
Business Name:			
Legal Name:			
Group Name (if applicable): Next Wave Insurance Services			
Physical Address:			PO Box:
City, State, Zip:			PO Zip:
County:		Phone:	Fax:
Email Address:		Website:	
Tax ID or SSN:		AL3 Setup: Select from drop down	
Legal Entity Type: Select from drop down			
Additional Locations (please select one):			
<input type="checkbox"/> Option 1 – All output (insured decs) and commission data should be sent to the office address shown on this form			
<input type="checkbox"/> Option 2 – All output and commission data should be sent to a different office location. Send to agency code:			
<input type="checkbox"/> Option 3 – All output should be sent to the address on this form and commission data should be sent to agency code:			
Principal Owner:			Principal Phone #:
Home Address:			
City, State, Zip:			
Social Security Number:		Date of Birth: m/d/yyyy	
By providing your fax number and email address, you agree the Company may send you product and promotional information via Fax, email or other medium.			
Do business locations need to be combined for volume purposes: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Principal Owner's Signature			Date: 4/21/2011

Producer Information Form

List producers (including principal/owner) below and indicate if they need to SUBMIT business or SERVICE business (only needs to look up policy data or take payments). Please include all producers' work email addresses. Producers not currently submitting business with the Company must complete a background check form where required by the state's DOI (separate from this document).

A pre-filled form for the Principal/Owner is on page 4 of this document. The background form for all other producers is separate from this packet.

	Producer Name	Position	SSN	DOB m/d/yyyy	NPN or PC License #	Work Email	Submit or Service
1		Owner					Select
2		Select					Select
3		Select					Select
4		Select					Select
5		Select					Select
6		Select					Select
7		Select					Select
8		Select					Select
9		Select					Select
10		Select					Select

**GMAC Insurance Authorization Agreement
For Automatic Drafts and Deposits
You must include copies of voided checks with this document**

Part 1: Premium Draft/Adjustments Credit

I authorize the Company to draft premiums from the accounts with the banking information shown below, in the amount indicated by the payment and/or new business received by the Company from the producer. Additionally, I understand reimbursement for fees or uncollected premiums will be credited to this account. Any disputes regarding the amount drafted from or credited to the producer's account shall be resolved as soon as practical. The producer is also granted limited authority to endorse "For Deposit Only" checks made payable to companies in the GMAC Insurance Group which will be drafted from the producer's account.

Traditional Agency Code		Affinity Agency Code	
Business Name			
Phone Number		Fax Number	
Principal/Officer			
Bank Name			
City/State			
Routing transit number (9 digits)			
Account Number			

Part 2: Deposit of Commissions

I authorize the Company to automatically credit producer's account with any commissions due producer from Company.

Bank Name	
City/State	
Routing transit number (9 digits)	
Account Number	

The above authorization is nonnegotiable and nontransferable.

I understand the Authorization for Automatic Drafts by Company shall remain in full force and effect unless and until such time as producer has given the Company ten days prior written notice of the intent to terminate the Authorization and provided all outstanding obligations of producer to Company have been satisfied.

Authorized Producer Signature	Date
	4/21/2011

- Any changes made to the accounts mentioned above will require completion of new forms and new voided check copies.
- Questions may be directed to the ACH Department at 877-468-3466, Ext 48481.

**GMAC Insurance
Producer Background Information Form**

Traditional Agency Code		Affinity Agency Code		
Business Name:				
Producer Name:				
Social Security Number:		Date of Birth:	NPN #	
Present Home Address:		Work Email:		
Previous Home Address:				
Please check yes or no for each question			Yes	No
1. In the last 5 years, have you filed for or been discharged from any bankruptcy (including personal bankruptcy), insolvency or assignment for the benefit of creditors.			<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have outstanding debts totaling over \$10,000 that are delinquent (add together tax liens, consumer debt, child support and/or alimony payments, civil judgments and all other past due debts)			<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been the subject of an administrative proceeding regarding any professional or occupational license that resulted in disciplinary action outside of continuing education compliance?			<input type="checkbox"/>	<input type="checkbox"/>
4. Has your insurance license ever been suspended, revoked or surrendered by any regulatory agency, or have you ever been fined, penalized, sanctioned or subject to any other disciplinary action by a state or federal regulatory agency or are you currently under investigation as a result of your activities in the business of insurance, securities, banking, investment banking or real estate?			<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had an insurance producer contract or any other business relationship with an insurance carrier severed for any alleged misconduct			<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been convicted of, plead guilty or no contest to, or are you currently charged with or under investigation for any misdemeanor involving dishonesty or breach of trust or any felony?			<input type="checkbox"/>	<input type="checkbox"/>
7. Are you currently the subject of any complaint, investigation or proceeding that could result in a "yes" answer to any of these questions?			<input type="checkbox"/>	<input type="checkbox"/>

Disclosure/Authorization

In conjunction with entering into a business relationship with you, one or more insurance companies in the GMAC Insurance Group of Companies, hereinafter referred to as Company, may obtain one or more consumer reports on you. The reports may include information about your character, general reputation, personal characteristics and mode of living. To facilitate easy access to all information necessary, please complete, sign, and return this form.

I authorize all persons and entities (including but not limited to businesses, corporations, former supervisors, credit agencies, governmental agencies, law enforcement authorities, education institutions, state insurance departments, the NASD, and all military services) to release all written and verbal information to the Company. I release and agree to hold harmless each such person or entity from all liability and responsibility for doing so.

I also hereby certify that all of the information herein is accurate and complete. I acknowledge and agree that entering into a business relationship with the Company will, in part, be based on information found on or generated from this background information form, and any falsification, misrepresentation or omission of information from this form may result in the withholding, withdrawal from or the revocation of a business relationship with the Company whenever discovered.

I specifically authorize the Company to procure consumer reports on myself. I understand these consumer reports will contain information about my background, character, general reputation, personal characteristics and mode of living. I also understand I have the right to ask Company for a complete and accurate written disclosure of the nature and scope of such reports. This request must be made in writing within a reasonable time after signing this form. This authorization, in original or copy form, is valid now and any time in the future, until I revoke it in writing. I have retained a copy of this document.

Producer Name	Producer Signature	Date
		4/21/2011

ONLY applicable to California Producers

I wish to receive a copy of my Investigative Consumer Report per CA Investigative Consumer Reporting Agencies Act 1786.16