

Account Data Sheet

CSO: Account Number _____
 CSO: Appt. Approval Date _____
 Logic _____ Date _____
 Audited by _____ Date _____

☐ New Account ☐ New Branch of # _____ ☐ Reinstatement

Submitted by: _____ Date: _____ Phone: _____

Account Legal /License Name: _____

☐ DBA or ☐ AKA Name: _____

Account Taxpayer ID#: _____ Incorporated? ☐ Yes ☐ No

Mailing Address _____ City _____ State _____ Zip _____

Physical Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Contact Person _____ Title _____ E-mail _____

Contract Levels	Fee Split				Home Office Use Only	
	Life		Disability		Code	Remit Lev _____ Claim Not _____
	Single	Joint	Single	Joint		
1. Account _____	_____ %	_____ %	_____ %	_____ %	_____	RC1 _____
2. _____	_____ %	_____ %	_____ %	_____ %	_____	RC2 _____
3. _____	_____ %	_____ %	_____ %	_____ %	_____	RC3 _____
4. _____	_____ %	_____ %	_____ %	_____ %	_____	User Area _____
5. _____	_____ %	_____ %	_____ %	_____ %	_____	US2 _____
6. _____	_____ %	_____ %	_____ %	_____ %	_____	US5 _____
7. _____	_____ %	_____ %	_____ %	_____ %	_____	CSR _____
8. _____	_____ %	_____ %	_____ %	_____ %	_____	Rate Class _____
Totals	_____ %	_____ %	_____ %	_____ %		<input type="checkbox"/> Acct <input type="checkbox"/> GA retro # _____ & _____ %

Home Office Use only:

Underwriting Limits: (Limit Name: _____)

Certificate Form # _____ (CID # - _____) Lease: ☐ No ☐ Yes

Florida Insurance License Number (for Group Application & Group Master Policy: _____)

Reinsured: CSO Group -A _____ CSO Group-B _____

Billing Method: ☐ Remit (C) ☐ Bill (B) ☐ Electronic File (E) ☐ Special Handling (S) _____

Type of Creditor: ☐ Auto Dealer (01) ☐ Bank (02) ☐ Credit Union (04) ☐ Marine (06) ☐ Other _____

Is account affiliated with an association or group? ☐ No ☐ Yes (indicate name) _____

Previous Carrier _____

Is business to be reinsured? ☐ No ☐ Yes – Name of insurer _____

Estimated Annual Premium Production for credit insurance \$ _____

Does this account have branch locations which will offer insurance? ☐ No ☐ If yes, complete a separate data sheet for each location. On the separate data sheet, indicate if the branch needs their own account number or will use the main location number.

SUPPLIES:

Number of supply kits needed _____ Number of Product Knowledge Manuals needed _____
Need to arrive at destination by _____ Ship to: ☐ GA or ☐ Account _____

CONTRACTS:

- ☐ Send to GA to hand deliver ☐ Need to arrive at destination by _____
☐ Ship to account separate from supplies. Attn: _____
☐ Email to: _____
☐ Ship with supplies *If supplies are shipped with contract, the account must be licensed and appointed.

SYSTEMS:**Bank:**

Loan Origination System: _____ (CSO copy to: _____)
Laser Printing ☐ Yes ☐ No ☐ Bill Account ☐ Bill General Agent
System Contact _____ Phone _____
System Contact at Account _____ Phone _____

Dealer:

DMS Vendor: _____ (Account needs to contact vendor)
Laser Printing ☐ No ☐ Yes
Menu Provider : _____

Quik Calc: Quoting Program is available at www.cso.com. Instructions included with contract or Administration Manual.

LICENSING INFORMATION - Processing may be delayed if not completed.

Corporate License - If required by state: ☐ Yes ☐ No

If no, provide corporate license application and attach payment

Corporate Name on license _____

Individual Agent License - If required by state: ☐ Yes ☐ No

List all agents that are licensed below (name on license and license #):

To determine state requirements, go to www.CSO.com/statelicensing. This site also provides instructions on how to obtain a license as well as license renewal instructions.

Comments/Notes: _____

