

UCA GENERAL INSURANCE SERVICES, INC.

“SERVICE IS OUR STRENGTH”®

“UCA EZ-Pay”

Direct Bill System



Broker Manual

**This document is intended to serve as a guide and will be revised or replaced as new information becomes available

“UCA EZ-Pay” Direct Bill System Broker Manual

INTRODUCTION

UCA is pleased to offer a new payment plan called *UCA EZ-Pay*. Here are a few key points about *UCA EZ-Pay*:

- This is an 8-pay direct bill program with a monthly processing fee of \$10.
- UCA will offer a revised quote proposal that will include all details (see attachment #1 & 2)
- There is no maximum size for the UCA EZ-Pay system but there is a minimum premium requirement of \$1,500

COMMISSIONS

With the *UCA EZ-Pay* system the broker retains 100% of their annual commission up front.

- The broker is required to collect the gross down payment plus any fees at the time the risk is bound.
- The broker will then retain their commission as indicated on the direct bill worksheet.

PAYMENTS

After sending the down payment the broker is no longer involved in the accounting process (unless the policy is endorsed, cancelled or reinstated). You will receive a second monthly statement that will summarize all activities on direct bill accounts, (see attachment #6).

We will offer two due dates a month, the 15th & the last day of the month.

- Policies booked from the 1st through the 15th will have a due date of the 15th of the following month.
- Policies booked from the 16th through the end of the month will have a due date of the last day of the following month.
- The insured will receive a monthly invoice and a one-time installment plan agreement (see attachment #3 & 4).
- The invoices will be sent approximately 21 days before the due date of the payment.
- The insured will have the option of paying off their balance in as many as 8 or as few as 2 payments.

When a late payment is received it will be applied in the following manner:

1. Past due down payment
2. Past due fees
3. Past due installment

PROCESSING

The broker **MUST** request that we set up the account in the *UCA EZ-Pay* system at the time of binding. Once the policy has been bound and processed we cannot change the billing.

When an *EZ-Pay* risk is to be bound we request that you send the following:

- a copy of the direct bill worksheet (this will let us know that you want the risk set up on *UCA EZ-Pay*)
- Binding Request
- Down Payment, (the down payment is due within 7 business days of the policy effective date).

Each EZ-Pay account must have its own policy number. We cannot set up multiple accounts with different policy numbers on one payment plan.

ENDORSEMENTS

Endorsed premiums will either be added to (or removed from) the total remaining premium due and will be spread out over the remaining monthly payments.

- If the pro-rated additional premium is \$500 or more the broker must collect a down-payment.
- If the pro-rated additional premium is less than \$500 we will simply bill the full amount.

For additional premium amounts that exceed a pro-rated premium of \$500, the broker will be allowed to retain their commission out of the gross down payment and submit the net amount to UCA. For amounts that generate a pro-rated premium of less than \$500, the broker does not need to collect a down payment and will receive their commission on the next billing cycle and this amount will be reflected on their direct bill statement, (see attachment #6). These commissions will be paid to the broker within 45 days.

For return premium amounts the total remaining premium will be adjusted and the remaining monthly payments will be reduced accordingly. The broker will then be responsible to the insured for any unearned commissions (as outlined in the Direct Bill Brokerage Agreement and the amount due to UCA will again be reflected in their monthly direct bill statement.

Endorsements that are made AFTER the direct bill term has ended (after the 8th payment has been received), will be required to be paid in full just as is currently required on all normally billed policies.

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CANCELLATIONS/REINSTATEMENTS

A \$25 late-payment/reinstatement fee will be assessed on late payments. We will allow a 5 business day grace period for monthly invoice payments. Once that time has lapsed the system will generate a cancellation notice (see attachment #5), both the insured and broker will receive a copy. At that point the insured is given 15 days to pay the unpaid balance due (plus the \$25 late/reinstatement fee).

- If the payment is NOT received within 15 days the underwriting department is then notified and the cancellation will be processed. It is the responsibility of the broker to return the unearned commissions to the insured.
- Once a policy has been assessed two (2) late-payment/reinstatement notices it will not be considered for reinstatement unless the outstanding premium due for the policy is paid in full.
- Payments made with insufficient funds will also be assessed a \$25 fee that must be paid in full, along with the last payment or the policy will be cancelled.

CALCULATION OF PAYMENTS

Payments will be calculated in the following manner:

Premium	\$3,000
Fees:	\$200
Total Premium:	\$3,200
Gross Down Payment (25% of premium + fees)	\$950
Remaining Premium Due	\$2,250
Monthly Payments (Remaining premium due ÷ 8 + \$10 per payment processing fee)	\$291.25

PAYMENTS

ALL payments are to be made directly to UCA. The payment must include the payment section of the insured's monthly direct bill invoice and be returned to UCA in the provided pre-addressed envelope. All payments should be sent to the following address:

UCA General Insurance Services, Inc.
Attn: EZ-Pay Department
PO Box 1570
La Mirada, CA 90637

Currently we are accepting payment by check or by money order. We are not able to accept payment by credit card at this time but you will be notified when this option becomes available.

If you should need to contact a representative you can e-mail our UCA EZ-Pay department at ezpay@ucageneral.com or you can call us directly at 800.222.5582 and ask to speak to an EZ-Pay representative.

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UCA EZ-Pay -Direct Bill Brokerage Agreement

This agreement is made and entered into by and between UCA General Insurance Services Inc., and

Company Name

with respect to the EZ-Pay Direct Bill facility UCA General Insurance Services, Inc. has installed for the use on the policies issued of the Preferred Program through Delos Insurance Company or designated carriers effective as of this date ____/____/____.

Section I – General Rules

1. The Insured is to remit installment payments directly to UCA General Insurance Services, Inc, (UCA).
2. There will be a Direct Bill Statement separate from the regular Account Statement brokers now receive.
3. Brokers will still receive and distribute ALL policies and endorsements; ALL cancellation or non-renewal notices; as well as any other pertinent documentation.
4. Brokers' commissions remain the same rate as agreed in the quote proposal for the insured location.
5. Brokers are required to collect as the down payment from the Insured, 25% of the annual premium plus any and all fees. The down payment is to due to UCA within 7 business days of policy effective date.
6. Brokers will retain their annual commission from this down payment amount. The balance of the down payment is to be remitted to UCA along with the binding request and the EZ-Pay worksheet.
7. Broker hereby guarantees the repayment of unearned commissions to the insured if policy is cancelled before its expiration.
8. For an Endorsement resulting in over \$500.00 in additional premiums, insured may elect to add the additional premiums to the EZ-pay plan by paying a down payment of 25% of the additional premium. If Broker collects the down payment, Broker is permitted to retain his commission and remit the balance to UCA.
9. Endorsements resulting in pro-rated amounts that total less than \$500.00 will not require a down payment. The Broker's commission will be reflected in their Direct Bill Agent Statement and will be sent to them within 45 days of the transaction.
10. Broker agrees to hold harmless and to indemnify UCA against any and all claims, complaints and/or actions arising out of or attributable to the action or inaction in part or in full of Broker in the performance of this contract.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date and year as noted above.

UCA General Insurance Services, Inc.

BROKER:

By: _____

By: _____

Print Name: _____

Print Name: _____

Title: _____

Title (if any): _____

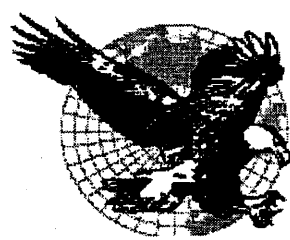
License #: 0670192

License #: _____

Address: UCA General Insurance Services, Inc.
16700 Valley View
Penthouse
La Mirada, CA 90670

Federal ID: _____

Address: _____



UCA General Insurance Services

"SERVICE IS OUR STRENGTH"

Quote:
Policy:

Inland Marine

Accts Receivable - at Loc. shown -in metal file cabinet
Valuable Papers - at Loc. Shown - in metal file cabinet

<u>Limits of Insurance</u>	<u>Deductible</u>
5,000	
5,000	250

Exclusions and Optional Coverages:

Employee Related Issues Excluded
Equipment Breakdown Coverage Included

Mold/Fungus Exclusion
Terrorism and War Exclusion

Quote Expires 04/26/2007

A Net Deposit of \$3,810.00 is required to bind this account.

Premium Total:	\$36,100.00
CIGA:	\$0.00
Fee:	\$200.00
Policy Total :	\$36,300.00

UCA EZ-PAY Direct Bill:

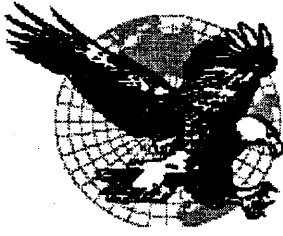
UCA General Insurance is pleased to offer our new EZ-Pay Direct Bill payment plan. If you choose to use our direct payment option the down payment is 25% of the total premium + the policy fee. Based on the premium calculation above, the down payment would be 9,225.00. The remaining premium will then be divided over eight (8) monthly payments of 3,384.38 (a \$10 charge will be applied per payment).

Remarks :

Coverage for Certified Acts of Terrorism can be added for a premium of \$255.00 or Coverage for Certified Acts of Terrorism Excluding Nuclear, Biological and Chemical causes can be added for a premium of \$161.00.

Diana Cannon

This is a premium indication ONLY based upon information provided at the time of operation. The coverage descriptions in this proposal are abbreviated. You will need to refer to the policy(ies) for all terms, conditions, limitations and exclusions. If there is any conflict between the coverage statements within this proposal and the actual insurance policy, the policy provisions will prevail.



UCA *General Insurance Services*

"SERVICE IS OUR STRENGTH"

Quote:
Policy:

UCA EZ-PAY DIRECT BILL WORKSHEET

Please find below all of the information that you, the broker will need to set up this account on UCA's new EZ-Pay system.

You will be required to collect the full down payment amount as well as any fees. You will then be allowed to retain your full annual commission and send the remaining amount to UCA as indicated in the NET DOWN PAYMENT DUE.

It is MANDATORY that the down payment is collected by you, the broker and then sent to UCA on or before the effective date of the policy - we will NOT bill for the down payment.

PLEASE SEND A COPY OF THIS WORKSHEET ALONG WITH YOUR BINDING REQUEST AND THE NET DOWN PAYMENT

SUMMARY OF THE POLICY

Quote #:
Expiring Policy#:
Named Insured:
DBA
Billing Address

*** Please note: If this billing address is incorrect, please write in the correct address in the area provided below. This is the address where the invoices and notices will be sent.*

Correct Billing Address: _____

ACCOUNTING BREAK DOWN

Premium:	\$36,100.00
Fees:	\$200.00
Total Premium:	\$36,300.00
Gross Down Payment: (Amount to be collected at the time of binding)	\$9,225.00
Annual Commission earned by the broker:	\$5,415.00
NET DOWN PAYMENT DUE upon binding: (Gross Down Payment less Annual Commission)	\$3,810.00

This is a premium indication ONLY based upon information provided at the time of operation. The coverage descriptions in this proposal are abbreviated. You will need to refer to the policy(ies) for all terms, conditions, limitations and exclusions. If there is any conflict between the coverage statements within this proposal and the actual insurance policy, the policy provisions will prevail.

UCA EZ-PAY INVOICE

PREMIUM BILLING NOTICE - UCA General Insurance Services, Inc.

www.ucageneral.com 1-800-2-CALL-UCA
P.O. Box 1570, La Mirada, CA 90637-3704

Named Insured Name Here
1313 Mockingbird Lane
La Mirada, CA 90638

Customer Name: Named Insured Name Here
Policy Number: 555555-00 04/08/2007 - 04/08/2008
Notice Date: 04/24/2007
Invoice Number: 83516-1
Due Date: 05/15/2007

Agent Name: Agent Name Here

The next installment on your account is now due. Thank you for your business.

Summary

PAYMENT SCHEDULE

Table with columns: Policy Premium, Deposit Premiums and Policy Fee, Total Installments Due, Invoice Amount, Invoice Fee Amount, Other Fees, Current Amt Due, Payment #, Due Date, Amount, Service Chrg, Total, Current Payoff Amount.

Please Note:

The Policy will be cancelled if payment is not received with five (5) days after the due date.

The Policy will be reinstated only if payment of a \$25.00 reinstatement fee is received within fifteen (15) days.

There will be a \$25.00 service charge for each returned check.

Cancellation Reason (in the event the Policy is cancelled): Non Payment of Premium. You are entitled upon written request to know the specific items of information concerning you that supports the company's decision and the sources of that information.

Please detach and return payment coupon below with your check payable to UCA General Insurance Services, Inc.

UCA EZ-PAY PAYMENT COUPON

UCA General Insurance Services, Inc.

www.ucageneral.com 1-800-2-CALL-UCA
P.O. Box 1570, La Mirada, CA 90637-3704

UCA General Insurance Services, Inc.
P.O. Box 1570
La Mirada, CA 90637-3704

Customer Name: Named Insured Name Here
Policy Number: 555555-00
Notice Date: 04/24/2007
Invoice Number: 83516-1
Due Date: 05/15/2007
Current Amount Due: \$2,925.34

Agency: Agency Name Here

Amount Enclosed: _____

If Change of Address, please print new address in space provided above

Please make check payable to UCA General Insurance Services, Inc.
Please write Policy Number on check - DO NOT SEND CASH.

**UCA EZ-PAY
INSTALLEMENT PLAN AGREEMENT**

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UCA General Insurance Services, Inc.

www.ucageneral.com 1-800-2-CALL-UCA
P.O. Box 1570, La Mirada, CA 90637-3704

Agent: Agent Name Here.

Named Insured:

1313 Mockingbird Lane
La Mirada, CA 90638

Policy Number:	555555-00	Effective Date:	04/15/2007 - 04/15/2008
Policy Premium:	\$46,111.00		
Fees & Taxes:	\$200.00		
<u>Total Premium & Fees & Taxes:</u>	<u>\$46,311.00</u>		
Down Payment:	\$11,727.75		
<u>Unpaid Balance:</u>	<u>\$34,583.25</u>		
Total Service Charges (8):	\$80.00		
<u>Monthly Payment Amount:</u>	<u>\$4,322.91</u>		
Total of Payments:	\$34,663.25		

Payment is due by the 30th of each month for eight (8) payments beginning on 5/30/2007.

Please make your checks payable to:

UCA General Insurance Services, Inc.
P.O. Box 1570
La Mirada, CA 90637-3704

Please Note:

The Policy will be cancelled if payment is not received with five (5) days after the due date.

The Policy will be reinstated only upon payment of a \$25.00 reinstatement fee.

There will be a \$25.00 service charge for each returned check.

**UCA EZ-PAY
CANCELLATION NOTICE**

UCA General Insurance representing Delos Insurance Company

www.ucageneral.com 1-800-2-CALL-UCA
P.O. Box 1570, La Mirada, CA 90637-3704

Insured Name Here

Customer Name: Customer Name Here

1313 Mockingbird Lane
La Mirada, CA 90638

Policy Number: 555555555-00 06/07/2007 - 06/07/2008
Cancellation Date: 08/23/2007
Mailing Date: 08/08/2007

The policy will be cancelled on the Cancellation Date shown above for the following reason:

Non Payment of Deposit Premium

Premium Due:	\$2,112.50
Reinstatement Fee:	\$0.00
PLEASE PAY THIS AMOUNT:	\$2,112.50

The Policy will not be reinstated unless both the Premium and the Reinstatement Fee is Fully Paid.

DIRECT BILL AGENT STATEMENT

FOR: Agency
1234 Main Street
City, CA 90249

As of: 02/26/2007
Date Prepared: 02/26/2007

FROM: UCA GENERAL INSURANCE SERVICES
P.O. Box 37040
La Mirada, CA 90637-3704

Policy Transactions: Account Transactions:

NB - New Business AJ - Adjustment OF - Outside Financed
CA - Cancellation CD - Check PM - Payment
EN - Endorsement FP - Finance Premium PS - Payment Schedule
RE - Reinstatement IN - Payment by Insured WC - Deposit Premium
RN - Renewal JE - Journal Entry

Agent Code: 99999-1

Policy #	Named Insured	Entry Date	Effective Date	Trn Code	Gross Premium / Payments	Rate	Commission	Inv Fees	Pol Fees	Net Due	Current	Past Due
[68] Sirius America Insurance Company												
000000000-00	STALKERS				52,632.24		0.00	20.00	200.00	52,852.24	0.00	52,852.24
000000000-01	STALKERS				52,632.24		0.00	20.00	200.00	52,852.24	0.00	52,852.24
CPP	1111111-00		02/22/07	01/21/07	CA	-1,755.00	0.00%	0.00	-200.00	-1,955.00		
	1111111-00				-438.75		0.00	20.00	-200.00	-618.75	-618.75	0.00
CPP	111111111-00		02/02/07	02/01/07	NB	1,636.00	0.00%	0.00	20.00	1,856.00		
CPP	111111111-00		02/21/07		WC	-609.00				-609.00		
	111111111-00				1,027.00		0.00	20.00	200.00	1,247.00	1,247.00	0.00
	111111111-01				1,407.00		0.00	20.00	200.00	1,627.00	0.00	1,627.00
	111111111-02				1,407.00		0.00	20.00	1,000.00	2,427.00	0.00	2,427.00
CPP	111111111-05		02/07/07	12/01/06	NB	7,139.00	0.00%	0.00	20.00	7,359.00		
	111111111-05				7,139.00		0.00	20.00	200.00	7,359.00	7,359.00	0.00
CPP	111111111-08		02/08/07	02/15/07	NB	4,418.00	0.00%	0.00	20.00	4,638.00		
	111111111-08				4,418.00		0.00	20.00	200.00	4,638.00	4,638.00	0.00
CPP	111111111-09		02/08/07	02/15/08	RN	2,613.00	0.00%	0.00	20.00	2,833.00		
	111111111-09				2,613.00		0.00	20.00	200.00	2,833.00	2,833.00	0.00
CPP	111111111-10		02/08/07	08/01/06	RN	4,181.00	0.00%	0.00	50.00	4,431.00		
	111111111-10				1,729.84		0.00	50.00	200.00	1,979.84	1,979.84	0.00
CPP	111111111-11		02/09/07		IN	-431.41				-431.41		
CPP	111111111-11		02/09/07	02/09/07	CA	-2,130.00	0.00%	0.00	0.00	-2,130.00		
CPP	111111111-11		02/09/07	02/09/07	RE	2,130.00	0.00%	0.00	25.00	2,155.00		
	111111111-11				582.79		0.00	70.00	225.00	877.79	877.79	0.00
CPP	111111111-16		02/09/07		WC	-751.10				-751.10		
	111111111-16				-751.10		0.00	0.00	0.00	-751.10	-751.10	0.00
CPP	111111111-20		02/09/07	09/01/06	NB	2,613.00	0.00%	0.00	20.00	2,833.00		