

**FSC – NEW HAMPSHIRE INSURANCE COMPANY**

**FLOOD INSURANCE PROGRAM**

**AGENCY ENROLLMENT FORM – 9860**



The information requested below is required to enroll an agency in the **FSC-New Hampshire** flood insurance program with NFS as the approved vendor.

- 1. Complete and return this form to NFS via mail, fax or email. (Return information below).
- 2. Attach W-9.
- 3. Attach completed ACH forms to set up direct deposit for commission and/or ACH for payment method.
- 4. Provide ALL Producer’s Names and P & C License Numbers that will access the flood web site. (Space provided below).

*Please Print or Type*

Agency Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip+4 \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Business Phone No.: (     ) \_\_\_\_\_ Business Fax No.:     ) \_\_\_\_\_

Agency Contact Person: \_\_\_\_\_

IRS Tax ID No.: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Commission Checks Payable To: \_\_\_\_\_

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Errors & Omissions Policy:  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Commission Statement ACH Direct Deposit (complete & return ACH Credit form) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Payment option: ACH Debit (complete & return ACH Debit form)                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does agency currently write flood insurance?                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Number of Policies \_\_\_\_\_  
Premium Volume \_\_\_\_\_

Will agency transfer business to New Hampshire?  Yes  No

Is agency interested in flood training?  Yes  No

Commission % New 17% % Renewal 15% % Rollover 17%

**Provide ALL Licensed Flood Producers/Licensed CSR’s Names and License Numbers:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature

Date

**Mail/Fax/Email Completed Enrollment Form, W-9 and ACH forms to:**

FSC-New Hampshire Insurance Company  
P.O. Box 2057  
Kalispell, MT 59903-2057

Fax: 406.257.1629  
Email: [Agency.Services@nfsmt.com](mailto:Agency.Services@nfsmt.com)

A welcome letter will be sent to the agent



# Commission Statement ACH Direct Deposit FSC – New Hampshire Flood Program

## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)

Company Name NATIONAL FLOOD SERVICES, INC (the "Company")

I (we) hereby authorize the Company to initiate credit entries and to initiate, if necessary, debit entries and adjustments to my (our) account described below:

Checking Account No. \_\_\_\_\_ OR Savings Account No. \_\_\_\_\_

Financial Institution's Name \_\_\_\_\_

Financial Institution's Address \_\_\_\_\_  
\_\_\_\_\_

This authority is to remain in full force and effect until the Company has received written notification from me (or either one of us) of its termination in such time and manner as to afford the Company and Financial Institution a reasonable opportunity to act on it.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Full Name \_\_\_\_\_ Full Name \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Telephone Number (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Flood Producer Number(s) \_\_\_\_\_

When you elect to receive your commission electronically, your statement will not be mailed to you. Please select one of the statement receipt options listed below:

**Please send copy of my commission statement to me by:**

Fax: (Fax #) \_\_\_\_\_ **or**

E-Mail: (E-Mail address) \_\_\_\_\_

**ATTACH A VOIDED CHECK FOR CHECKING ACCOUNT OR  
DEPOSIT SLIP FOR SAVINGS ACCOUNT  
FAX TO NFS: 866.221.2442 or [SpecialAccounts@FloodPro.net](mailto:SpecialAccounts@FloodPro.net)**

**AUTHORIZATION AGREEMENT  
FOR AUTOMATIC PAYMENT (ACH DEBITS)  
FSC/New Hampshire Flood Program  
*Optional Form***

**ACH payments will only be debited for flood insurance premiums by National Flood Services after flood applications/endorsements have been submitted. This will be set up as a payment option on the flood processing web site.**

Company Name NATIONAL FLOOD SERVICES, INC (the "Company")

I (we) authorize the Company to initiate entries to debit my (our) account described below:

Checking Account No \_\_\_\_\_ OR Savings Account No \_\_\_\_\_

Financial Institution's Name \_\_\_\_\_

Financial Institution's Address \_\_\_\_\_

Attach a voided check, savings slip or provide the Financial Institution's Routing No. \_\_\_\_\_  
(between these symbols :    ■ :    ■ on the bottom left of your check)

**This authority is to remain in full force and effect until the Company has received written notification from me (or either one of us) of its termination in such time and manner as to afford the Company a reasonable opportunity to act on it.**

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Full Name \_\_\_\_\_

Full Name \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Agency Name** \_\_\_\_\_

**Producer Number(s)** \_\_\_\_\_

FAX or save and scan this form along with copy of voided check for checking account or voided deposit slip for savings account. Fax to NFS at: **866.221.2442** or [SpecialAccounts@FloodPro.net](mailto:SpecialAccounts@FloodPro.net)