RELIABLE PREMIUM MANAGEMENT
AUTHORIZATION FOR PREMIUM REMITTAL

Securely submit your completed and signed form at ReliablePremium.com/New-Account-Form/. Alternatively, you may email the form to RPMSetup@ReliablePremium.com, although email communication may be less secure.

I, _____ certify that I am an authorized representative of the company listed below and that I have the authority to enter into this agreement on the Company's behalf. I authorize Reliable Premium Management, Inc (RPM) to calculate, collect, and remit my workers' compensation premiums. I authorize RPM to automatically deduct these payments to escrow and remit to my insurance carrier. I authorize my insurance carrier to share my policy documents and information with RPM for the purpose of this service.

Company Name _____ Carrier Name _____

Company Contact Name _____ FEIN _____

Address _____ Address Line 2 _____

City _____ State _____ Zip _____

Phone _____ Contact Email _____

Authorized Company Contacts

I hereby authorize the following individual(s) to communicate with RPM regarding my payroll and workers' compensation matters. These individual(s) have the authority to discuss the classification of my employees and online access to payroll reports with my payroll vendor. I understand that the following individual(s) will be notified via email prior to any charges being withdrawn from my account.

Name _____ Email _____ Phone _____

Name _____ Email _____ Phone _____

Name _____ Email _____ Phone _____

Payroll Provider

I authorize RPM access to our payroll reports through our payroll provider listed below.

Name of Payroll Company _____ Payroll Client ID _____

Payroll Frequency ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly

Servicing Insurance Agent & Policy Information

Agency Name _____ Agent/Broker Name _____

Phone _____ Email _____

Policy Number (if available) _____ Policy Effective Date _____

Required fields highlighted in red.
For questions, please contact us at (888) 731-8703 or email us at info@reliablepremium.com.

The fees listed on this authorization form are subject to change without notice. RPM reserves the right to modify pricing at any time, reflecting changes in market conditions, supplier costs, or other unforeseen factors. While we strive to provide accurate and up-to-date pricing information, it is recommended that you contact us with any questions regarding this.

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Payment Authorization Agreement

_____ I understand that a one-time $100 Initial Setup Charge will be automatically debited from my specified payment method on my first invoice. (Please Initial)

☐ **Option 1: ACH Debit**
$12 weekly admin fee or $16 bi-weekly/semi-monthly admin fee per pay period.

This Agreement governs ACH transactions initiated by Reliable Premium Management to debit or credit the Company indicated below. Both parties agree that this Agreement in conjunction with any of the designated methods constitutes authorization to debit Company's business bank account, and Company agrees not to dispute any debits with its bank provided the transaction(s) correspond to the terms indicated in this Agreement. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) Company understands that Reliable Premium Management may at its discretion attempt to process the charge again up to 3 times within 30 days, and agrees to an additional $40 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized payment. Company has certified that the business bank account below is enabled for ACH transactions, and agrees to reimburse Reliable Premium Management for all penalties and fees incurred as a result of Company's bank rejecting ACH debits or credits as a result of the account not being properly configured for ACH transactions.

Company Name on Account _____ Bank Name _____

Bank Routing Number _____ Bank Account Number _____

☐ **Option 2: Credit Card** (4.25% Convenience Fee applies to credit card transaction)
$12 weekly admin fee or $16 bi-weekly/semi-monthly admin fee per pay period.

I authorize Reliable Premium Management to charge the credit card indicated on this form. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; provided the transactions correspond to the terms indicated in this authorization form.

Account Type Visa MasterCard AMEX Discover

Cardholder Name _____ Card Number _____

Expiration Date _____ CVC _____

Billing Address _____ Billing Address Line 2 _____

City _____ State _____ Zip _____

I understand that being a part of the pay-as-you-owe program means that I will run payroll on a weekly, bi-weekly, or semimonthly basis. RPM may assess the monthly minimum premium as per your policy when or if no payroll is run for an entire month to ensure that your policy remains active and is not subject to cancel due to non-payment of premium. RPM is required to report to the insurance carrier whether payroll is posted or not, therefore, the admin fee will be assessed per pay period. RPM is not responsible for any balances due upon completion of a work comp audit by the insurance carrier.

Signature _____ Date _____

Name _____ Title _____

Required fields highlighted in red.
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