Submit to:
DCC Administration
PO Box 641668
Omaha, NE 68164
Phone: 888-453-5125
Fax: 888-453-5126
E-Mail: dcc.administrator@cso.com

# Debt Cancellation
# Financial Institution Data Sheet

Administrator Use Only:
Date Received:

**Form to be completed and submitted by Marketing Representative**

## *Marketing Rep. Information*

Date Submitted _____     Requestor _____

Marketing Rep. Account Number _____     Marketing Rep. Name or Region _____

## *New Account Information*

Requested Effective Date _____     New Account Number _____
(Completed by CSO)

☐ New Account          ☐ Current CSO Credit Account          ☐ Former CSO Credit Account

CLP Issued To _____

CLP State _____

Account Name (Legal Name) _____

DBA (If Applicable) _____

Does the Account have or will have Affiliates & Subsidiaries? ☐ Yes     ☐ No

Financial Institution Entity Type _____
(Ex. Holding Company, National/Commercial Bank, Credit Union, State Bank etc.)

Tax ID # _____     Incorporated? ☐ Yes ☐ No     Estimated Annual Production for DCC Fees: $ _____

Account has multiple locations? ☐Yes ☐No If Yes, report under separate account numbers? ☐Yes ☐No (If Yes, Attach list of Locations)

If LPAC, has account completed LMBA Membership application and submitted payment to **LMBA**? ☐Yes   ☐No

| | |
|---|---|
| Street Address | Mailing Address |
| City State and Zip | City State and Zip |
| Phone | Fax |
| County | Sr. Officer or Owner Name and Title |
| Key Administrative Contact Name and Title | |
| Key Administrative Contact phone, fax and e-mail address | |
| (Phone)                    (Fax)                    (E-Mail) | |

## Account Information

| Name & Number | Fee % of Gross | | | LOGIC Type | LOGIC Coding |
|---|---|---|---|---|---|
| | | | | **CSO will complete this section** | |
| 1. | Life | DI | DI / IU | 1. | Remit Level _____ |
| 2. | Life | DI | DI / IU | 2. | Report Code 1 _____ |

**Marketing Rep Fee Based on % of CLP Converted to % of Gross**
(1-Account Percent) x % of CLP = Mkt. Rep Percent of Gross

| Name & Number | % of Gross L | % of CLP L | % of Gross DI | % of CLP DI | %of Gross DI / IU | % of CLP DI / IU | LOGIC Type | LOGIC Coding |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | Report Code 2 _____ |
| | | | | | | | | Report Code 3 _____ |
| 1. | | | | | | | 1. | User Area _____ |
| 2. | | | | | | | 2. | User Select Code _____ |
| 3. | | | | | | | 3. | Rate Class _____ |
| | | | | | | | | Reins Code _____ |
| | | | | | | | | Deviation Code _____ |

## *Product Information:*

| Program/Base Addendum | Details |
|---|---|
| ☐ **74C** Closed End NO IU Calculation=% of Payment | Has a Proposal been completed? ☐Yes ☐No Rates used: ☐ Standard ☐ Customized |
| ☐ **75C** Closed End Calculation=% of Payment | Has a Proposal been completed? ☐Yes ☒No Rates used: ☐ Standard ☐ Customized |
| ☐ **72P** ☐**72NP** Open End All Cause Disability benefit _____% | Has a Proposal been completed? ☐Yes ☐No Rates used: ☐ Standard ☐ Customized |
| ☐ **73P** ☐**72NP** Open End Accident Only Disability benefit _____% | Has a Proposal been completed? ☐Yes ☐No Rates used: ☐ Standard ☐ Customized |
| ☐ Account Specific Addendum? | Has a Proposal been completed? ☐Yes ☐No Rates used: ☐ Standard ☐ Customized |

**Please complete page 2**

**Comments**

*Agreements & Supplies:*

Need to arrive at destination by:  Agreements: _____   Supplies: _____
(Date)                                        (Date)

Agreements should be  ☐ Emailed     Email Address: _____
☐ Mailed       Attn: _____

Supplies will be mailed  ☐ With Agreements          ☐ Number of supply kits needed _____
(count)

☐ Without Agreements

☐ Mail to requester

☐ Mail to account       Attn:_____
Address:_____
_____

**Comments**

*ezDCC:*
Quoting Software for DCC is available via the web.
☐ Send a list of users in Excel spreadsheet or text file to dcc.administrator@cso.com

*Software Information:*
(where available)

Laser Company _____   Mainframe Company_____

Loan Doc Vendor Contact_____   Phone Number_____

Mainframe Vendor Contact_____   Phone Number_____

Systems Contact at Account_____   Phone Number_____

*Revisions* – Check boxes below and indicate changes on page 1 or above. Include account name and number on page 1.

☐ Convert to new Addendum      ☐ Convert to new Addendum and CLP:  ☐LPAC   ☐Censtat Casualty Company
☐ Convert to new rates:_____

Conversion documents should be  ☐ Emailed  Email Address: _____
☐ Mailed    Attn: _____

☐ Change Account Name.  List new name, new tax ID number on front of page.
Previous Account Name_____

☐ Cancel Account.  Reason: ☐Out of Business   ☐Buy Out   ☐Low Production   ☐New Carrier   ☐Other_____
Future cancellations processed by:

Name_____

Complete Address_____

Contact and Phone Number_____

Standard cancellation letter will be sent unless otherwise requested.

☐Add a product.  Check box under "Products" on previous page.

☐Existing Location or Account     ☐Buy Out     ☐GA Change     ☐Number Change     ☐Number Cancel

*Administrator Use Only:*

Contractual Liability Company: ☐LPAC     ☐Censtat Casualty Company

| | |
|---|---|
| **Account added to LOGIC:** | **Date:** |
| **LOGIC Audited:** | **Date:** |
| **Access Completed:** | **Date:** |
| **Final LOGIC Setup Audited** | **Date:** |

11/6/13