

Attention: PENNSYLVANIA Agents!
Omni IS BACK With IZZY and LOWER Rates!
New Business Effective November 18, 2008

Omni is BACK with a new look and a proven internet rating system known as IZZY! Quoting and submitting new business to Omni will now be seamless and easy. With just a few clicks, IZZY enables you to **monitor agency production, make policy endorsements on-line and view your real-time commission statements daily!** Below are the highlights of this revision:

- **We've lowered rates significantly!** – We'll be more competitive on all your business! Start quoting Omni TODAY to see how competitive we can be!
- **Agency Incentive** – To motivate your agency to use IZZY, we are offering an award of \$125 for the first seven apps you write with Omni and the ability to earn up to \$700 if you write 30 apps during the next 60 days! Please contact your Marketing Rep for details or Marketing Support at: 866-300-6433 Ext. 29039.
- **NEW One Month Down Payment** - Insureds can now pay as little as 16.67% down on six month policies (8.3% on annual policies) with **NO** restrictions, making Omni even more affordable for your insureds!
- **Reinstatement With a Lapse up to 30 Days** – Insureds cancelled for non-payment of premium will have 30 days to reinstate their policy with a lapse in coverage, while retaining ALL discounts! There is a \$15 reinstatement fee associated with this benefit.
- **Simplified Rating Process** - IZZY will be available for you to quote and submit new business to Omni effective November 18, 2008 at: www.omniagents.com. The rating process has been streamlined along with bridging from the ITC comparative rater to make Omni quick and easy to use!

Other changes:

- **New Producer Code** – Conversion to IZZY requires a new producer code be assigned to your agency. The new code will be provided when your agency is set up on IZZY. **If a marketing representative does not contact you soon, please contact the Omni Help Desk at: 866-300-6433 Ext. 22551 to assist you with the initial IZZY setup.**

We are responding to your requests for more competitive rates and simplified rating. **Quote Omni on your next ten auto risks and see how competitive this new product can be.** To review all details of this revision, please download the new underwriting guide at our web site: www.Omni-Insurance.com. If you have **not yet registered** for Izzy, please do so today by completing and faxing the attached forms to our Marketing Support Team at 770-956 -9441. Upon receipt of your licensing data, we will register you in the system and provide sign-in credentials for Omni's new website: www.omniagents.com. If you have any questions regarding these changes, please call our Customer Service Team at: 866-300-6433.

PA Marketing Representatives
Omni Marketing Support Team

Adam Niad, Kim Carney, Bill Glynn

800-954-2442
866-300-6433 Ext. 29039



Omni Insurance Group
Agent Licensing Data Sheet & User Setup

Please ensure that ALL data requested is provided for the agency principal, each individual producer, and unlicensed employees within the agency.

Please type or print clearly so we can enter your information correctly.

Agency Name: _____ **Agent Code:** _____

Licensed Producers

1. Agent Name: _____ Social Security#: _____
Home Address: _____ Date of Birth: _____
City, State _____ Phone Number: _____
License Number: _____ Expiration Date: _____
Email Address: _____
Should this person have access to view commission information? Yes No

2. Agent Name: _____ Social Security#: _____
Home Address: _____ Date of Birth: _____
City, State _____ Phone Number: _____
License Number: _____ Expiration Date: _____
Email Address: _____
Should this person have access to view commission information? Yes No

3. Agent Name: _____ Social Security#: _____
Home Address: _____ Date of Birth: _____
City, State _____ Phone Number: _____
License Number: _____ Expiration Date: _____
Email Address: _____
Should this person have access to view commission information? Yes No

Unlicensed Employees

1. Name: _____
Should this person have access to enter payments? Yes No
Should this person have access to view commission information? Yes No

2. Name: _____
Should this person have access to enter payments? Yes No
Should this person have access to view commission information? Yes No

3. Name: _____
Should this person have access to enter payments? Yes No
Should this person have access to view commission information? Yes No

What is the return check fee by your banking institution when an insured's check is NSF? **Documentation is required for your file.** \$ _____

****Attach additional sheets if necessary****

Please type or print clearly so we can enter your information correctly.

Fax all documents to Omni Agency Licensing & Contracting at 770-956-9441



AUTOMATED DEBIT AUTHORIZATION AGREEMENT

**Fax completed form to 770-303-2588. Please allow 48 hours to process
To verify bank information on file, please contact Marketing Support at 866-300-6433 ext 29039**

This is my authorization for Omni Insurance Group, Inc. or any of its authorized subsidiaries/affiliates, to automatically *debit* the *checking account* designated below.

Effective Date: _____ Marketing Rep (if new appointment): _____

Agency Name(if new appointment)/Omni Producer Number(s) _____
(Please list *all* codes having the same bank information)

Account Name: _____

Bank Name: _____

Branch Location (city, state): _____

Account Number: _____

ABA Routing Number: _____

I understand that this authorization will remain in effect until I notify Omni Insurance Group, Inc. or one of its authorized agents that I no longer desire this service, allowing reasonable time to act on my notification. I also understand that if corrections to the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

Please Print: Principal/President/Agent Agency Name

() _____
Agency Phone Number

Signature of authorized Officer/Principal/President/Agent Date

Please attach a voided check from your designated business account. If there is no check copy available because checks are not utilized for transactions involving this account, please sign below:

Signature of authorized Officer/Principal/President/Agent Date

Place voided check copy here.

Revised 11/30/07 DRD

IMPORTANT...

TO: OMNI AGENTS IN PENNSYLVANIA

FROM: Omni Insurance Group

DATE: November 18, 2008

In an effort to provide your agency with access to Omni Insurance sponsored products from ChoicePoint, we need to know if your agency is currently setup to access ChoicePoint information products for any other sponsoring company. **If your agency currently has a ChoicePoint Node ID**, please complete the information in the box below and fax this letter to the number at the bottom of the page. This letter will serve as confirmation to setup your agency with an Omni Insurance sponsored account, which will allow you to quote business via the Omni web site.

Agency Name:	
Address:	
City, State, Zip:	
Contact Name:	Phone:
ChoicePoint Node ID:	Fax:
OMNI Code:	

If your Agency is **NOT** currently setup to access ChoicePoint Information products for any other sponsor **please call the ChoicePoint support Desk for more information at: 1-800-456-6432 press option 2, then option 1.**

- ❖ Please complete the above and fax to: **770-956-9441**. (Your agency will not be billed for reports ordered using your Omni account).
- ❖ Attach a copy of your business license

****PLEASE REMEMBER TO FAX A COPY OF YOUR BUSINESS LICENSE****