# REQUEST FOR ACH PERMISSION

This form is a request for information to be provided by the Agency/Broker ("Broker") identified below in order to make use of ACH transactions with NIP Group, Inc. ("NIP").

**Name of Broker:** _____

Address for accounting
(If not handled by main office) _____
_____
_____

Accounting Contact for Broker: _____

Bank Name: _____ Contact: _____ Contact's Title: _____

Bank Address: _____

Account #:_____ ABA Routing #: _____ Type of Account: _____

☐ I/We authorize NIP to initiate DEBIT transactions to my/our account at the above referenced financial institution beginning on _____, 20____.

☐ I/We authorize NIP to initiate CREDIT transactions to my/our account at the above referenced financial institution beginning on _____, 20____.

I/We acknowledge and accept responsibility for the accuracy and correctness of all information provided in this form and agree to be responsible for any costs, expenses, penalties, delays or other events that may arise resulting from any error in this form, including but not limited to any fine applied by the National Automated Clearinghouse Association.

This authorization is to remain in full force and effect until NIP has received written notification from Broker specifically revising or terminating such authority in such time and in such manner to afford NIP and Broker a reasonable opportunity to resolve any pending transactions.

Special Instructions (If any):
_____
_____

**IN WITNESS WHEREOF**, the undersigned have executed this Agreement by their respective duly authorized officers as of the day and year first written above.

| NIP Group, Inc. | Broker |
|---|---|
| By: _____ | By: _____ |
| Title: _____ | Title: _____ |
| Date: _____ | Date: _____ |

## FRAUD STATEMENTS

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison (or any combination thereof**). *Applies in MD Only. **Applies in AL Only

**Applicable in CA:** For your protection California law requires the following to appear on this application. Fraud Statement: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL, ID, IN:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony *of the third degree. *Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

**Applicable in KY, NY and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation*). *Applies in NY Only.

**Applicable in ME, TN, VA and WA:**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may*) include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

**Applicable in NH:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OH:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Applicable in OK:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Applicable in OR:** Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**FRAUD STATEMENT (All Other States):**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or

incomplete, notice of such change, will be reported in writing to the Insurer immediately. The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

**DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THE APPLICATION AND FRAUD WARNINGS.**

**I have reviewed the contents of this application and with my signature, declare that to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that I may be inspected by the Insurance Company at any time.**

Applicant/Print Name: _____ Title: _____

Signature: _____ Date: _____

Name and Address of Producing Agency: _____

Signature of Producing Agent: _____ License #: _____ Date: _____



NIP GROUP 2024