

AGENT BALANCE BILLING INQUIRY FORM

Please check the box of the appropriate Receivership that pertains to your inquiry.

- VESTA FIRE INSURANCE CORPORATION IN RECEIVERSHIP
- SHELBY CASUALTY INSURANCE COMPANY IN RECEIVERSHIP
- THE SHELBY INSURANCE COMPANY IN RECEIVERSHIP
- TEXAS SELECT LLOYDS INSURANCE COMPANY IN RECEIVERSHIP
- SELECT INSURANCE SERVICES, INC. IN RECEIVERSHIP
- VESTA INSURANCE CORPORATION. IN RECEIVERSHIP

Name of Agency: _____
Agent No.: _____
Address: _____

Contact Person: _____
Phone Number: _____
E-Mail Address: _____

Description of Billing Inquiry:

Identification of Particular Commission Statement Summary Dispute (check appropriate box)

- Policy Number and/or Insured not client of Agent
- Commission Rate Incorrect
- Date of Policy Cancellation Incorrect
- Premium Amount Incorrect
- Other

List of Supporting Documentation Provided:

- 1.
- 2.
- 3.
- 4.
- 5.

Note: Please mail this Form and Supporting Documentation to Prime Tempus, 27310 Ranch Road 12, Dripping Springs, TX 78620. After our review of this completed Form and Supporting Documentation, a Staff Member will contact you. Thank you for your cooperation.