



INTRODUCTION

Thank you for agreeing to participate in Direct Bill Commission Statement downloads with AMERISAFE. Our download partnership should prove to be beneficial to both your agency and our company, as our databases will contain commission information that mirrors each other.

ABOUT THIS DOCUMENTATION

This document outlines the information necessary to set up your agency management system to receive direct bill commission statement downloads from the AMERISAFE. Since procedures vary with different vendor systems, you will need to refer to your agency management system documentation or help desk for specific information required to complete the setup screens.

This setup must be completed before AMERISAFE can start downloading to your agency.

DIRECT BILL COMMISSION STATEMENT RECEIVED THROUGH DOWNLOAD

The file will contain the detail of commissions paid the first working day of the month for premium received and posted in our office for the prior month.

POLICY NUMBERS

AMERISAFE policies contain 6 characters, followed by 10 numeric digits with no spaces. If you don't currently have AMERISAFE policy numbers stored in your agency management system you must update the numbers in order for the download to find a match.

INFORMATION NEEDED FOR SETUP

AMERISAFE information that you will likely need to setup for download is as follows:

NAIC CODES ARE AS FOLLOWS:

- American Interstate Insurance Company 31895
- American Interstate Insurance Company of Texas 12228
- Silver Oak Casualty, Inc. 26869

AMERISAFE'S ORIGINATION ADDRESS:

- IBM337AMSAFE



IVANS DBCS TRANSMISSION

REQUEST FOR PAYMENT & STATEMENT OF COMMISSIONS BY ELECTRONIC FUNDS
TRANSFER & IVANS DBCS TRANSMISSION

IVANS Direct Bill Commissions Statement Transmission Information Required by IVANS for Registration of Your Account

AGENCY NAME: _____

AGENCY NUMBER: _____

ADDRESS: _____

ADDRESS LINE 2: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ALTERNATE NAME: _____ E-MAIL: _____

PHONE NUMBER: _____ FAX NUMBER: _____

MAILING ADDRESS: _____

MAILING ADDRESS LINE 2: _____

MAILING CITY: _____ MAILING STATE: _____ MAILING ZIP CODE: _____

SYSTEM INFORMATION

VENDOR: _____ PRODUCT: _____

IVANS "Y" ACCOUNT NUMBER: _____ IVANS USER ID: _____

I DO NOT HAVE AN IVANS "Y" ACCOUNT NUMBER, PLEASE SET UP ONE FOR ME:

(Check here if applicable)

Signature of Agency Principle: _____ Date: _____

Please return the Direct Deposit for Commissions form by scanning and emailing to commissions@amerisafe.com or by fax at 337.460.3329.