

# TEXAS AUTOMOBILE INSURANCE PLAN ASSOCIATION PRODUCER PERFORMANCE COMPLAINT FORM

THIS FORM IS TO BE USED IF A PRODUCER HAS FAILED TO CONFORM TO PERFORMANCE STANDARDS IN THE  
RULES OF OPERATION FOR PRODUCER CERTIFICATION

Insured's Name	Binder/Policy Number	Date	
Producer's Name		Producer's TDI ID Number	
Producer's Address	City	State	Zip Code
Insurance Company Name			
Insurance Company Address	City	State	Zip Code

## PERFORMANCE STANDARDS FOR PRODUCERS

Has Producer complied with the following requirements?  
Mark an "X" in the checkbox for any requirements not met.

<b>1.</b>	<b>ORIGINAL APPLICATIONS – Applications shall be fully complete and must include:</b>	<input type="checkbox"/> Necessary information to rate and write the policy, prepare a bill, and make any required filings <input type="checkbox"/> Name, address, and TDI License Number of the producer. <input type="checkbox"/> Signature of applicant and producer. <input type="checkbox"/> Premium payment submitted gross with the application in accordance with the Association rules. The premium payment or deposit shall be either by producer's check, applicant's check, certified check, cashier's check, premium finance company check, or money order payable to the Texas Automobile Insurance Plan Association. <input type="checkbox"/> A producer may not submit an application for assignment if: (1) the applicant or any person who usually drives the motor vehicle does not hold a valid Texas Driver's license; and, (2) the applicant was previously assigned through the Association and was terminated or non-renewed for failure to obtain, or make a good faith effort to obtain, a Texas Driver's license; and, (3) the producer submitted the application that resulted in the previous assignment.
<b>2.</b>	<b>RENEWAL</b>	<input type="checkbox"/> The renewal premium shall be submitted gross to the assigned insurer in accordance with Association rules. <input type="checkbox"/> The renewal premium must be in the form of a producer's check, insured's check, certified check, cashier's check, premium finance company check, or money order payable to the assigned insurer.
<b>3.</b>	<b>RETURN COMPENSATION</b>	<input type="checkbox"/> Return compensation shall be paid within forty (40) calendar days from the date of notice to the producer.
<b>4.</b>	<b>POLICY CHANGE REQUEST</b>	<input type="checkbox"/> Producers must submit policy change requests in writing. Reduction/elimination of coverage must be signed by the insured.
<b>5.</b>	<b>PAYMENTS</b>	<input type="checkbox"/> Additional premium payments shall be submitted gross by producer's check, insured's check, certified check, cashier's check, premium finance company check, or money order payable to the assigned insurer.
<b>6.</b>	<b>FRAUD OR MISREPRESENTATION</b>	<input type="checkbox"/> No producer shall engage either in fraud or misrepresentation with regard to the contents of an application, the necessary information to rate and write a policy, a claim, or any other information material to underwriting a risk.
<b>7.</b>	<b>CLAIMS</b>	<input type="checkbox"/> When an insured reports an accident or claim to the producer, the producer shall report it to the insurer within one (1) working day in accordance with the instructions of the insurer.
<b>8.</b>	<b>DISHONORED CHECKS</b>	<input type="checkbox"/> Dishonored checks shall be reported to the Association
<b>9.</b>	<b>MISCELLANEOUS</b>	<input type="checkbox"/> _____ _____
<b>PRODUCER'S RESPONSE:</b>		<input type="checkbox"/> <b>VALID</b> <input type="checkbox"/> <b>INVALID</b> – If invalid, a full explanation is required. Please provide all details on reverse side.

SEND TAIPA COPY TO:

**TEXAS AUTOMOBILE INSURANCE PLAN ASSOCIATION**  
 PRODUCER CERTIFICATION  
 P.O. BOX 149144  
 AUSTIN, TEXAS 78714-9144

**PLEASE RESPOND WITHIN 20  
DAYS OF THIS NOTICE**