



New Nevada Updates!

10-Day Grace Period Now Offered

Effective: May 1, 2014

- Producers will be able to reinstate a policy without any lapse in coverage up to 10-days after the policy has been cancelled or expired.
- Producers will no longer need to contact our Underwriting Department on reinstatement payments for policies cancelled.
 - You will now have access to process a reinstatement without any lapse on our payment screen.
 - You must collect the revised reinstatement payment amount displayed on the billing screen.
 - This feature does not include expired policies. Please continue to contact the Fast Track Zone (Customer Service Department) for all renewals at 888-663-5443.
- Producers must complete our No Loss Statement Form with an insured's signature. Once completed, the form must be faxed to our Underwriting Department immediately at 866-276-6860.

Please make sure you are quoting us on all of your business. We offer competitive commissions, and rates in your area may be more competitive than ever!

Thank you for choosing American Access!

Questions?

Please contact your Underwriter or Underwriting Department at 888-663-5443 or your Marketing Representative, Monica Maldonado, at 702-612-3293.



NO LOSS STATEMENT

NAMED INSURED: _____

POLICY NUMBER: _____

I certify that there have been no losses or accidents that might give rise to a claim under my automobile insurance policy listed above from the cancellation/expiration date of _____ at 12:01 am until _____ (date and time).

I will not make any claim against American Access Casualty Company for any claim arising during the period listed above. I understand that I will be personally responsible for any claims that may occur during the time period listed above for myself, any members of my household, and anyone defined as an insured under the policy contract.

I agree to indemnify and hold American Access Casualty Company harmless from any and all damages, including attorney fees, arising as a result of any inaccuracy in this statement.

I understand that American Access Casualty Company is relying upon this statement and would NOT have reinstated or renewed my policy without a lapse in coverage if I could not honestly sign this statement.

Insured's Signature

Date and Time

Agent's Signature