

Become a producer with ASB—just follow these easy steps.

Send us the following documents included in this PDF:

- Confidential Producer Survey
- Independent Contractors Agreement
- Signed W-9
- Direct Deposit of Commissions Authorization Form

Also send the following documents:

- Copy of your current E&O declarations page
- Copy of your current insurance license

Email or fax all of the above to:

email: tiffany@asbagent.com / fax: 866-298-8252

When we receive your forms, we'll email you confirmation, along with your login to access online quoting and agent tools. All new business needs to be approved by our office prior to requesting binding.

Confidential Producer Survey

Agency: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____

Principal name: _____ Email: _____

Principal name: _____ Email: _____

Agency tax id #: _____ Agency volume of business: _____

Top 3 carriers — personal lines

1. _____ 2. _____ 3. _____

Top 3 carriers — commercial lines

1. _____ 2. _____ 3. _____

Where do we send renewals, endorsements, NOC, etc.?

Contact name: _____ Email: _____

Signature: _____

Name: _____

Title: _____ Date: _____

**INDEPENDENT CONTRACTOR AGREEMENT
BETWEEN UNIQUE INSURANCE SERVICE, INC.
(DOING BUSINESS AS AGENCY SERVICE BUREAU)
AND _____**

This Agreement is executed this ____ day of _____ 20__ by and between Unique Insurance Service, Inc., a California Corporation, doing business as Agency Service Bureau, herein called "Manager" and _____ herein called "Member."

Manager is a Corporation duly organized under the laws of the State of California to engage in the general business of insurance and all activities related thereto. Manager has a working relationship with various insurance carriers and has the ability to place insurance coverage with such carriers conditioned upon the insured or proposed insured meeting the criteria of such carriers. Member is engaged in the business of selling insurance and desires to use the facilities of Manager to place insurance with carriers represented by Manager on a non-exclusive basis.

THE PARTIES HERETO AGREE AS FOLLOWS:

1. Manager as Broker. Member may at Member's discretion present to Manager any application for insurance coverage or any application for renewal of existing insurance coverage. Manager shall act in the capacity of an insurance broker with regard to any such application presented to Manager by Member or any employee or duly authorized representative of Member.

2. Member as Independent Non-Exclusive Contractor. Member is not an employee, agent or authorized representative of Manager or of any insurance carrier with which Manager has a relationship or through which Manager obtains insurance coverage for the benefit of Member's client. Member is free to utilize the services of other brokers at Member's discretion and Manager may enter into similar agreements with an unlimited number of other individuals or entities, which perform functions identical to or similar to those performed by Member. Nothing in this Agreement is intended to grant Manager any right in Member's Book of Business.

3. Choice of Carrier. Upon receipt of an application for insurance coverage by Manager from Member, Manager shall select the carrier to whom the application shall be presented, Member shall have the right to reject any policy proposed to be issued by the carrier selected by Manager.

4. Commission. Manager and Member shall divide commissions paid as a result of insurance policies written through the efforts of Member pursuant to this Agreement as set forth per the commission schedule published online. In the event that Member believes that the amount of any commission paid by Manager to Member is inaccurate, Member must so notify Manager in writing within 90 days of the receipt of the commission payment. Failure of Member to so notify Manager shall constitute a waiver of Member's ability to contest the

accuracy of Manager's determination of the amount of commission due to Member as a result of the subject transaction.

5. Carrier Billing. The parties expect that with rare exception, bills on account of policies generated pursuant to this Agreement will be generated by the carrier directly to Member's client. Any premium payments received by either party pursuant to billings generated by Manager or Member from an insured on account of a policy subject to this Agreement, shall be deposited into a trust account administered by Manager who shall promptly forward the appropriate premium to the respective carrier. A bill generated by the Manager or Member to the Member's client is herein referred to as an "agency bill." Member shall not generate or provide to any insured, an agency bill without the express prior written consent of Manager. All premiums due from Member's insureds pursuant to an agency bill must be received by Manager within 30 days of the date of the inception of the subject policy or such policy shall forthwith terminate.

6. Commission Adjustment. The parties acknowledge that under certain circumstances, commissions may be paid by carriers, the retention of which are subject to conditions set by the carrier. In the event that a commission is paid to a Member which is subject to repayment or partial repayment pursuant to demands of a carrier, Member shall within 15 days of demand by the carrier or Manager, refund such commission or partial commission to the carrier or to Manager as directed by Manager.

7. Commission Payment. Commissions earned by Member pursuant to this Agreement shall be paid by Manager to Member within 30 days of the receipt thereof by Manager.

8. Compliance with Carrier Requirements. Member shall at all times comply with the rules and regulations of any carrier, which issues a policy of insurance pursuant to this Agreement to or for the benefit of any client of Member. Manager may reject any business, which is not in conformance with the rules and regulations of the carrier to which Manager intends to submit or to which Manager submits any application for coverage or renewal of coverage. Likewise, Manager may refuse any business, which does not conform to the rules and regulations of any governing body having jurisdiction over the subject policy and the practices governing the solicitation and sale of such policy.

9. Termination. It is agreed that this Agreement may be terminated at any time by either party upon thirty (30) days written notice. In the event of the termination of this Agreement, all policies issued and commissions due pursuant to this Agreement shall be in control of and belong to the Manager until the Member places coverage through another agency or broker.

a. Manager may further terminate this Agreement immediately upon written notice to Member for cause. "Cause" shall include fraud, insolvency, breach of this Agreement, violation by Member of any statutes or regulation governing the sale or solicitation for sale of insurance or other misconduct by Member including but not limited to, acts of moral turpitude, or professional misconduct.

b. This Agreement shall terminate upon the loss, revocation, suspension or failure to renew Member's insurance broker's license and/or agent's license. In the event Member's license is suspended temporarily, Member shall not be entitled to any commissions earned or received by Manager during the period of suspension. At such time as the suspension is terminated, Member shall receive his/her share of commissions thereafter earned and paid if permitted by the laws of the jurisdiction governing the transaction giving rise to the commission.

10. Communications with Carriers. Member agrees that all communications with carriers shall be directed to Manager who shall be the sole contact between carrier and Member with regard to any transaction subject to this Agreement. Manager shall have the right to contact Member's client directly in the event Manager deems such contact necessary for the benefit of the carrier issuing a policy to Member's client.

11. Hold Harmless. Member shall be solely responsible for providing advice and counsel to his/her clients with respect to the adequacy of insurance coverage or otherwise. Manager assumes no responsibility on account of any insurance risk of Member including but not limited to the adequacy, amount or form of coverage obtained pursuant to this Agreement. Member agrees to indemnify and hold Manager harmless (including all costs and legal fees) from any loss suffered by Manager arising out of any act, error or omission of the Member, Member's employees or agents, whether said claim be well founded or not. Member further agrees to so indemnify and hold Manager harmless from any claim or loss arising out of a breach of this Agreement by Member or Member's employees or agents.

12. Insurance. At all times during the term of this Agreement, Member shall maintain a policy of errors and omissions insurance on an occurrence basis with minimum policy limits of One Million Dollars (\$1,000,000.00) per claim and One Million Dollars (\$1,000,000.00) in the aggregate covering all activities, which Member is to perform or performs pursuant to this Agreement. Such policies shall be issued by carriers duly licensed to write such insurance in the state(s) in which Member does any business subject to this Agreement and which carrier maintains an AM Best Rating of A+ or better.

13. Computer Records. Member hereby grants permission to Manager to download policy information directly to the Manager's system. If such download is not possible, Member agrees to supply Manager with a copy of all original applications, current Declaration Pages and copies of any appraisals of Scheduled Personal Property insured by policies subject to this Agreement.

14. Assignment. Member agrees that this Agreement may not be assigned, transferred, encumbered or otherwise disposed of without first obtaining the prior written consent of the Manager.

15. Carrier Incentives. The parties acknowledge that Manager may be awarded certain incentives by carriers related to the quantity and quality of business provided to the carrier by Manager. All such incentives shall be the sole property of Manager and Member shall have no right thereto.

16. Modification Only by Subsequent Writing. Any waiver, modification or amendment of any provision of this Agreement shall be effective only if in writing in a

subsequent document that specifically refers to this Agreement and which is duly executed by all parties to this Agreement.

17. Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the state(s) of _____.

18. Right to Offset. Member hereby grants to Manager the right to apply any commission or other funds due to Member pursuant to this Agreement on account of any obligation owed to Manager by Member including, but not limited to, any obligation of Member to indemnify and hold Manager harmless from any claim or damages arising out of or related to the actions of Member or Member's employees or agents. Nothing contained in this paragraph shall be construed to limit Member's obligations to indemnify and hold Manager harmless pursuant to this Agreement. The exercise of Manager's right to offset shall not limit any other remedy available to Manager on account of any obligation of Member pursuant to this Agreement.

19. Sole Agreement. This Agreement, along with the attached Addenda A constitutes the full and complete understanding of the parties hereto with respect to the subject matter covered herein and supersedes all prior understandings and agreements with respect thereto.

20. No Partnership. Nothing contained in this Agreement shall be construed as creating any partnership, joint venture or other similar arrangement between the parties hereto.

21. Arbitration and Venue. Any controversy or claim arising out of or related to this Agreement or a breach thereof shall be settled by arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association and judgment upon the award rendered by the Arbitration(s) may be enforced in any court having jurisdiction thereof. Venue for the conduct of any such arbitration shall be in the County of Sonoma, State of California.

22. Notices. Any notice provided for in this Agreement shall be provided to the parties as follows:

To Manager: Agency Service Bureau
P. O. Box 750997
Petaluma, CA 94975

With a Copy by facsimile to: (707) 773-3964

To Member: _____

Phone: _____ Fax: _____ email: _____

The address and facsimile numbers for giving notice may be changed by either party upon giving no less than five (5) days written notice to the other party.

UNIQUE INSURANCE SERVICE, INC.,
A California Corporation
DBA: AGENCY SERVICE BUREAU

By: _____
Tiffany Bell, Unique Ins. Service

By: _____

ADDENDUM A

UNDERWRITING AND ADMINISTRATIVE RULES

1. Insurance contracts may not be cancelled flat unless returned to manager prior to inception date or proof of other insurance was in place, the company will have the final say.
2. Member shall refund to manager any advance commission on cancelled policies and premium reductions at the same rate upon which producer originally retained such commission.
3. Member may not submit sub-brokered business to manager
4. This is a non-exclusive agreement. Manager may appoint other members.
5. There will be no advertising or promotional materials used other than as approved by manager or its companies. Member shall not represent, in any way, that they are an agent of manager's companies for any program.
6. Member has no underwriting or binding authority with manager's companies. Coverage can only be bound by manager approval via its agreements with its companies and upon a receipt of a completed application and deposit premium if necessary.
7. With all of manager's companies the application becomes a part of the policy, therefore accord or company specific applications must be used without modifications of any kind.
8. Manager will have the right to audit all books and records relating to insurance contracts written pursuant to this agreement. Such books and records shall be made available by producer at its normal place of business during business hours.
9. Manager shall, at any time, and from time to time, be entitled to change the rate of commission paid. This will be posted on our website.
10. Member will send all evidence of insurance and certificate requests to the Manager for processing.
11. Photos will be taken, front and back of all new property risks when requested. Auto inspections, if necessary, will be done and forwarded to the manager with the auto application.

ASB FAQ

Submitting for a Quote –

- For high value homes (1.5m+) please fill out an acord application and send to: Kelly Barbieri, kelly@asbagent.com. You will receive a quote or declination within approximately 48 hours.
- For homes under 1.5m you can quote these online through EzLynx. We will set you up with a log-in to EzLynx once your paperwork has been processed.

Binding Coverage –

- Please follow the instructions received with quote approval. We have to approve all quotes prior to binding being requested.
- If there is any item missing there is no coverage.

Change Requests –

- Personal Lines - Please e-mail them to changes@asbagent.com.
- Commercial Lines – please e-mail them to commercialchanges@asbagent.com.
- We will not backdate coverage, please submit in a timely manner.

Claims –

- Have the insured contact the company directly or you may call it in yourself.

Payments –

- Only collect money when required. Fees cannot be charged on any policy unless it is surplus lines.
- If money is collected please forward the total amount received to our office.

Commission –

- Your commission will be paid on a monthly basis.
- You will receive a check along with a statement showing the policies paid.
- The statements will be mailed on the 15th of each month.
- Commission schedules are available by request and subject to change.

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name/disregarded entity name” line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the “Name” line and any business, trade, or “doing business as (DBA) name” on the “Business name/disregarded entity name” line.

Disregarded entity. Enter the owner's name on the “Name” line. The name of the entity entered on the “Name” line should never be a disregarded entity. The name on the “Name” line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the “Name” line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the “Business name/disregarded entity name” line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the “Name” line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the “Name” line is an LLC, check the “Limited liability company” box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter “P” for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter “C” for C corporation or “S” for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the “Name” line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the “Name” line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

If your agency would like to be set up on direct deposit please fax this form to [707-773-3964](tel:707-773-3964)

Authorization Agreement for Direct Deposit (ACH Credits)

Agency Name _____ Agent Code _____

I (we) hereby authorize Unique Insurance Service Inc., dba. Agency Service Bureau, hereinafter called COMPANY, to initiate credit and , if necessary, debit entries and adjustments for any credit entries in error to my (our): (select one) Checking Account or Savings Account indicated below, at the depository Financial Institution named below, and to credit or debit the same from such account. I (we) acknowledge that the authority will remain in effect until I have (or either of us) cancelled it in writing and that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time, and in such manner as to afford COMPANY and Financial Institution reasonable opportunity to act on it (e.g., "In writing by mail to 737 Southpoint Blvd Ste. F, Petaluma, CA 94952 that is received at least three (3) days prior to the proposed effective date of the termination of authorization").

Name (s) _____ Date _____

Signature _____

Please e-mail my producer statement to _____

Direct Deposit will be completed by the 15th of each month unless a holiday/bank closure prevents it.