

NATIONS

INSURANCE COMPANY

PO BOX 3490
CERRITOS, CA 90703-3490
Ph: (562) 252-3434
Fax: (562) 402-4118
www.NationsInsurance.com

PRODUCER APPOINTMENT PACKAGE

Please complete the attached application and submit it to *Nations Insurance Services, Inc.* via one of the options below:

Mail: Nations Insurance Services, Inc.
PO BOX 3490
Cerritos, CA 90703-3490

E-mail: Marketing@NationsInsurance.com

Fax: (562) 402-4118

To avoid any delays, please make sure to include all of the following items:

1. Completed and Signed Producer Application
2. Completed Branch Location (if applicable)
3. Current License
4. Copy of E&O Declaration Page
5. W9 (Completed with the name shown on license)
6. Authorization Agreement for Electronic Funds Transfer (EFT)
7. Direct Deposit Authorization Agreement for Commission
8. Bond

Nations Insurance Services, we'll be here for you today, tomorrow, and beyond.

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| GENERAL INFORMATION | | |
|---|---|---|
| Agency Name: | | |
| Email: | Phone: | Fax: |
| Street address: | | |
| Mailing address: | | |
| Entity Type Corporation Partnership Sole Proprietor | Owner / Contact Person: _____ _____ _____ | Additional Locations Yes / No Comparative Rating System Other: |
| ADDITIONAL INFORMATION | | |
| Name(s) on License: | | |
| License Number: | Date Established: | |
| License Type Agency Broker / Agent | Tax ID / Social Security # _____ | DBA Name (filed with the CA DOI) _____ |
| E&O Carrier Name: | | E&O Policy Limits: \$ |
| E&O Policy #: | E&O Exp Date: | Agency Management System Yes / No |
| COMPANY REPRESENTATION | | |
| Company | Written Premium / Loss Ratio % | |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| Total Agency Personal Lines Premiums: | \$ | |
| Est. Number of Monthly Auto Applications: | | |
| PRODUCER'S SIGNATURE: _____ | | |
| TO BE COMPLETED BY HOME OFFICE (NATIONS INSURANCE COMPANY) | | |
| Application Approved by: | | |
| Commission: New Business: ____% Renewal: ____% | | Producer Code: |
| Notes: | | |

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ADDITIONAL LOCATION #2

STREET ADDRESS:

MAILING ADDRESS:

PHONE NUMBER:

FAX NUMBER:

CONTACT:

EMAIL ADDRESS:

ASSIGNED PRODUCER CODE:

ADDITIONAL LOCATION #3

STREET ADDRESS:

MAILING ADDRESS:

PHONE NUMBER:

FAX NUMBER:

CONTACT:

EMAIL ADDRESS:

ASSIGNED PRODUCER CODE:

ADDITIONAL LOCATION #4

STREET ADDRESS:

MAILING ADDRESS:

PHONE NUMBER:

FAX NUMBER:

CONTACT:

EMAIL ADDRESS:

ASSIGNED PRODUCER CODE:

ADDITIONAL LOCATION #5

STREET ADDRESS:

MAILING ADDRESS:

PHONE NUMBER:

FAX NUMBER:

CONTACT:

EMAIL ADDRESS:

ASSIGNED PRODUCER CODE:

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AUTHORIZATION AGREEMENT FOR COMMISSION DIRECT DEPOSIT

This agreement authorizes *Nations Insurance Services, Inc.* to automatically credit the bank account designated below.

PRODUCER CODES:

ALL PRODUCER CODES: YES / NO

BANK NAME:

NAME ON THE ACCOUNT:

BRANCH LOCATION (CITY/STATE):

ACCOUNT NUMBER:

ABA (ROUTING) NUMBER:

I understand that this authorization will remain in effect until I notify *Nations Insurance Services, Inc.* that I no longer desire this service, giving responsible time to act upon notification. Notification will be given in writing.

I understand and authorize the above agreement by my signatures below.

AUTHORIZED SIGNATURE:

DATE:

(Attached voided check here)

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INSURANCE COMPANY

AUTHORIZATION AGREEMENT FOR WITHDRAWALS FROM YOUR TRUST ACCOUNT

This agreement authorizes **Nations Insurance Services, Inc.** to automatically debit the bank account as designated below. Additionally, if any electronic debit(s) should be returned as "non-sufficient funds" by your bank, I authorize **Nations Insurance Company**, to collect a returned item fee of \$20 per item by electronic debit from my trust account.

PRODUCER CODES:

ALL PRODUCER CODES: YES / NO

BANK NAME:

NAME ON THE ACCOUNT:

BRANCH LOCATION (CITY/STATE):

ACCOUNT NUMBER:

ABA (ROUTING) NUMBER:

I understand that this authorization will remain in effect until I notify **Nations Insurance Services, Inc.** that I no longer desire this service, giving responsible time to act upon notification. Notification will be given in writing.

I understand and authorize the above agreement by my signatures below.

AUTHORIZED SIGNATURE:

DATE:

(Attached voided check here)

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

| | | |
|--|---|---|
| Print or type. See Specific Instructions on page 3. | 1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) | |
| | 2 Business name/disregarded entity name, if different from above. | |
| | 3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <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"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____ | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i> |
| | 3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/> | |
| | 5 Address (number, street, and apt. or suite no.). See instructions. | Requester's name and address (optional) |
| | 6 City, state, and ZIP code | |
| | 7 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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

| | | | | | | | | | | | |
|---------------------------------------|--|--|--|---|--|--|---|--|--|--|--|
| Social security number | | | | | | | | | | | |
| | | | | - | | | - | | | | |
| or | | | | | | | | | | | |
| Employer identification number | | | | | | | | | | | |
| | | | | - | | | | | | | |

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

| | | |
|------------------|--------------------------|------|
| Sign Here | Signature of U.S. person | Date |
|------------------|--------------------------|------|

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they