



P. O. Box 30527  
Phoenix, Arizona 85046  
(602) 494-6900 (800) 228-1710  
602-494-6999 Fax

### PRODUCER PROFILE

DATE: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

AGENCY NAME (INCLUDE DBA): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NO. (\_\_\_\_) \_\_\_\_\_ FAX NO. (\_\_\_\_) \_\_\_\_\_

TYPE OF ENTITY: \_\_\_ LLC \_\_\_ CORPORATION \_\_\_ INDIVIDUAL YEAR ESTABLISHED \_\_\_\_\_

MAIN AGENCY E-MAIL ADDRESS: \_\_\_\_\_

AGENCY WEB SITE (IF ANY): \_\_\_\_\_

Preferred Distribution Method for Policies, Renewals, etc. \_\_\_ Mail \_\_\_ Fax \_\_\_ E-Mail

AGENCY PRINCIPALS: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT PERCENT OF TOTAL VOLUME IS COMMERCIAL LINES? \_\_\_\_\_% PERSONAL LINES? \_\_\_\_\_%

AGENCY SPECIALTY (IF ANY): \_\_\_\_\_

\_\_\_\_\_

LIST OTHER COMPANIES AND GENERAL AGENCIES YOU REPRESENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASONS FOR STATEWIDE APPOINTMENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Form **W-9**

**REQUEST FOR TAXPAYER  
IDENTIFICATION NUMBER AND CERTIFICATION**

Give this form to the requester. Do NOT send to IRS.

Name

Business Name

Address (number and street)

City, State and Zip Code

**Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box.

**Social Security Number**

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**OR**

**Employer Identification Number**

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**Certification - Under penalties of perjury, I certify that:**

The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).

Please sign here.

Signature>

Date>

**INSTRUCTIONS FOR W-9**

**If you are a corporation, provide:**

- Name of Corporation
- Address of Corporation
- Employer ID Number of Corporation

**If you are a sole proprietor, provide:**

- Name of Sole Proprietor
- Business Name (DBA)
- Address of Business
- Employer ID Number or Social Security Number of the Sole Proprietor\*\*

**If you are an LLC, provide:**

- Name of LLC
- Business Name
- Address of Business
- Employer ID Number of the LLC

**\*\*NOTE: ALL SOLE PROPRIETORS MUST SUPPLY THEIR NAMES. A BUSINESS NAME OR DBA ALONE IS NOT SUFFICIENT.**

## **APPLICATION INSTRUCTIONS**

**PLEASE INCLUDE THE FOLLOWING ITEMS:**

- COMPLETED PRODUCER PROFILE AND W-9 FORM.**
- A BRIEF NARRATIVE ABOUT YOUR AGENCY AND WHY YOU FEEL STATEWIDE WOULD BE A GOOD FIT FOR YOU.**
- COPIES OF ANY AND ALL LICENSES. IF YOU HAVE A NON-RESIDENT LICENSE IN THE FOLLOWING STATES (AZ, CA, NM, NV, UT) YOU MAY INCLUDE THEM AS WELL.**
- A CURRENT E&O DEC PAGE.**
- A LIST OF EMPLOYEES WHO WILL BE INTERACTING WITH STATEWIDE. PLEASE INCLUDE THEIR FULL NAMES AND EMAIL ADDRESSES.**

**UPON COMPLETION PLEASE FAX, EMAIL OR MAIL THE ABOVE INFORMATION TO:**

**Dave Ranes  
Director of Marketing  
PO Box 30527  
Phoenix, AZ 85046  
Email: [dranes@statewide-insurance.com](mailto:dranes@statewide-insurance.com)  
Fax: 602-494-6999**