



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: \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.			
	2 Business name/disregarded entity name, if different from above			
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>	
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation		<input type="checkbox"/> S Corporation
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____	<input type="checkbox"/> Partnership		
	<input type="checkbox"/> Trust/estate			<input type="checkbox"/> Other (see instructions) ▶ _____
	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.

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

<b>Social security number</b>											
				-			-				
<b>or</b>											
<b>Employer identification number</b>											
				-							

**Part II 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); and
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## 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](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

## **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**