

Appointment Checklist



Please make sure the following documents are included when you return your new appointment packet:

Agency profile

Sub-Producer Agreement

Each page initialed, and last page signed and dated

Proof of Property & Casualty license

Proof of E&O

W-9

Warner Pacific direct deposit authorization

Copy of a voided check





Please type or print

Agency Profile

Agency Information			
Agency Name:			
Address:			
Years in Business:	# of Producers:	# of CSRs:	
Best Contact:		Phone:	
Email:			
Medical Sales Consultant:			
WC Account Executive:		Account Manager:	
Licenses Held			
Life:	Property:	Health:	Casualty:
Interested in cross-selling Medical Book of Business?: <input type="checkbox"/> Yes <input type="checkbox"/> No		New to Workers' Comp?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical Book of Business	Top Carriers	Total \$	
Workers' Compensation:		\$	
Other P&C Lines:		\$	
Health:		\$	
Life:		\$	
Other Coverages:		\$	
What is the Agency focusing on right now?			
Specialize in any industries, associations or programs?			
P&C Direct Appointments			
Benefits:		Disadvantages:	
Any other GA, Wholesaler, or Cluster used?			
Benefits:		Disadvantages:	
What are you looking for in a Carrier and/or GA?			
How can Warner Pacific better serve your agency?			
How can we assist in growing your book of business?			
Current Workers' Comp Book with Warner Pacific			
# of Policies:	EAP:	Pending submissions or other opportunities:	
Other Comments:			

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: <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) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	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), 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 on page 3.

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.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

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, payments made to you in settlement of payment card and third party network transactions, 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, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and 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:

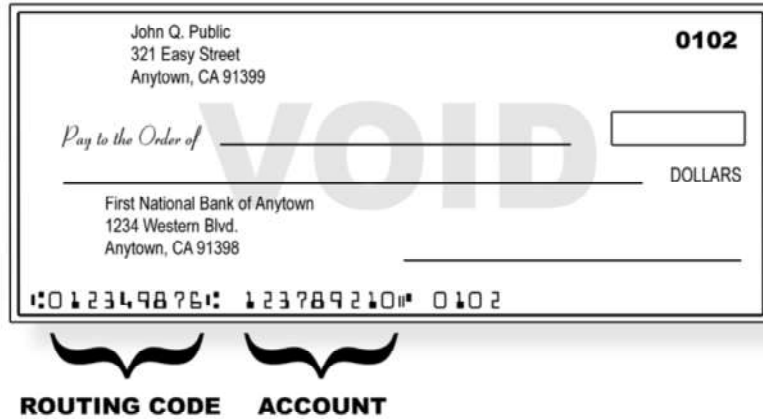
- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

To enroll in Direct Deposit, mail this completed form with a **VOIDED CHECK** (not a deposit slip) from the account you have selected to:

Warner Pacific Insurance Services
 Attn: Cynthia Simms
 32110 Agoura Road Westlake Village, CA 91361
 (800) 801-2300 x400
 Email to: commissions@warnerpacific.com

To enroll in Direct Deposit, all information must be completed correctly, and we must receive a voided check (no deposit slips) with your application. Incomplete information will result in a delay in processing your request.



I hereby authorize Warner Pacific Insurance Services (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my accounts at the financial institution (hereinafter "Bank") indicated below. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such manner as to afford Company and Bank reasonable opportunity to act on it.

Payee Name _____ **Tax ID** _____

Phone _____ **Email** _____

Signature _____ **Date** _____

Bank Name / City / State _____

This account is a (pick one): **Checking Acct.** **Savings Acct.**

Routing Code ■■ [] [] [] [] [] [] [] [] [] ■■

Your routing code is the 9-digit number on the lower left of your check. The routing code appears between the ■■ symbols.

Account # ■■ [] [] [] [] [] [] [] [] [] [] ■■

Your account number can be found between the second ■■ symbol and the ||■ symbol. Do not include the check number (the digits to the right of the ||■ symbol).

IMPORTANT **Your direct deposit agreement is subject to the following restrictions and limitations:**
 Direct Deposit is available for one bank account only. Your commission payments cannot be split into multiple bank accounts. All commission payments distributed by Warner Pacific will be deposited into the account you select. Applications received by the 10th of the month will be applied to the following month's payments.