APPLICATION FOR AGENCY OR BROKERAGE APPOINTMENT

NAME OF AGENCY

_____

FOR COMPANY USE ONLY

AGENCY CODE NO. _____

MARKETING REPRESENTATIVE_____

3909 N. E. 163rd Street
No. Miami Beach, FL 33160
305-940-5022

Agency Name_____

Street Address_____

Mailing Address_____

City_____ **State** _____ **Zip Code**_____

Telephone _____**Fax**_____

E-Mail Address _____

When was agency established_____

Any other branches ? **Yes** ___ **No** ___ **(*Attach additional locations on separate sheet)**

ADDRESS	Name of Manager

List Partners or Officers ___ **Individual** ___ **Partnership**___ **Corp** ___ **FEI #**_____

Name	Residence Phone	Address

Bank Reference:

Name_____ **Acct #**_____

Address_____

COMPANIES NOW REPRESENTING:	#YEARS	LINE OF BUSINESS	ANNUAL PREMIUM VOLUME

Please provide us with production and loss ration reports from these companies

Give name, address and telephone number of three business references in this city or state whom we may contact (No relatives please)

NAME	POSITION	ADDRESS	TEL NO.

Has the applicant or any of the principal(s) or agent(s):

	Yes	No
• Ever been bonded?	( )	( )
• Ever been refused a Surety Bond?	( )	( )
• Ever been arrested, indicted or convicted for any felony, misdemeanor, except minor traffic offenses?	( )	( )
• Ever been known personally by another name or have conducted Business or bank accounts in any other name?	( )	( )
• Ever been refused an insurance license in any state?	( )	( )
• Do you have a debit balance with any insurance firm?	( )	( )

(If the answer to any of the above question is "yes" attach a written explanation)

LIST LICENSED AGENT(s): (*Attach a separate sheet for additional agents)

Agent Name_____**Lic #**_____

Home Address_____**Tel #**_____

SS #_____ **Place of Birth**_____**D.O.B.**_____

Agent Name_____**Lic #**_____

Home Address_____**Tel #**_____

SS #_____ **Place of Birth**_____**D.O.B.**_____

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Agent Name_____**Lic #**_____

Home Address_____**Tel #**_____

SS #_____ **Place of Birth**_____**D.O.B.**_____

Please submit copy of License(s) with agency appointment form for each licensed agent.

What other business does agency engage in?_____

_____

Name your E & O Company below – (Please attach a copy of Declaration Page)

1. **Name of Company** _____
2. **Policy No.** _____ **Effective Date**_____
3. **Limits** _____**Deductible**_____

SPECIAL NOTICE

In making this application, it is understood that an investigative consumer report may be prepared. This inquiry includes information as to your character, general reputation and personal characteristics. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

_____ **Title**_____ **Date**_____

PRINT NAME

_____

APPLICANTS SIGNATURE

DEBIT AUTHORIZATION (NON CONSUMER)

I (we) hereby authorize United Automobile Ins. Co / National Ins. Management, herein called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereafter called DEPOSITORY, to debit the same to such account.

This authorization is for the purpose of Application/Motor Vehicle Record and I (we) understand that amounts may vary and authorize payments.

Company Name (Print)	**Financial Institution ABA Number**
	Account Number at Financial Institution
Financial Institution Name (Print)	
Financial Institution Address (Print)	

This authority is to remain in full force and effect until COMPANY, has received written notification from me (us) of its termination in such time and manner as to afford COMPANY, and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____
Print Name

_____
Date

_____
Signature

IMPORTANT: CHECK TYPE OF ACCOUNT: [ ] CHECKING [ ] SAVINGS

TAPE YOUR VOIDED CHECK HERE

Form **W-9**
(Rev. November 2005)
Department of the Treasury
Internal Revenue Service

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, if different from above

Check appropriate box: ☐ Individual/ Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ▶ ☐ Exempt from backup withholding

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 Line 1 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.

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

Social security number

or

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. person (including a U.S. resident alien).

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 ▶**

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.

U.S. person. 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.

In 3 above, 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.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

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,