



Completed for an  Agent  Agency

NAME OF AGENT	NAME OF CORPORATION/AGENCY	AGENT'S EMAIL ADDRESS	DATE
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
			PHONE ( )
MAILING ADDRESS (P.O. Box)	CITY	STATE	ZIP CODE
			FAX #
HOME ADDRESS	CITY	STATE	ZIP CODE
			PHONE ( )
PRINT NAMES AND SOCIAL SECURITY NUMBERS OF ALL LIFE AGENTS CURRENTLY IN YOUR EMPLOY:			
PRINT NAMES AND TITLES OF ALL OFFICERS:			
<b>Background: (Please explain, including dates, and "yes" answers on a separate sheet) Has Agent/Agency ever:</b>			
been appointed by Starmount Life?			<input type="checkbox"/> YES <input type="checkbox"/> NO
had a complaint filed against you with an Insurance Department? State?			<input type="checkbox"/> YES <input type="checkbox"/> NO
been refused a bond?			<input type="checkbox"/> YES <input type="checkbox"/> NO
been the subject of any investigation or proceeding by any insurance jurisdiction?			<input type="checkbox"/> YES <input type="checkbox"/> NO
had any agency contract or company appointment canceled for cause (e.g., misrepresentation, misappropriation, etc.)?			<input type="checkbox"/> YES <input type="checkbox"/> NO
been suspended, expelled, fined, barred, censured or otherwise disciplined or found to have violated any law or rule by any party in the insurance industry?			<input type="checkbox"/> YES <input type="checkbox"/> NO
been refused a license to sell insurance or membership in any insurance organization or had a license suspended or revoked for cause by any jurisdiction?			<input type="checkbox"/> YES <input type="checkbox"/> NO
withdrawn any application or surrendered any license to avoid any disciplinary action or the denial of a license?			<input type="checkbox"/> YES <input type="checkbox"/> NO
been convicted of or pleaded no contest to any felony or misdemeanor, except for traffic offenses? If yes, give complete information and attach copy of court order.			<input type="checkbox"/> YES <input type="checkbox"/> NO
have any criminal charges pending against you?			<input type="checkbox"/> YES <input type="checkbox"/> NO
gone through bankruptcy, had salary attached or had any liens or judgments outstanding against you?			<input type="checkbox"/> YES <input type="checkbox"/> NO
been named a party in any lawsuit?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you presently indebted to any insurer or any insurance company or managing general agent?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you intend to sell insurance principally for the purpose of placing insurance on risks owned or controlled by you, your employer or your family?			<input type="checkbox"/> YES <input type="checkbox"/> NO

# of years Agency has been in business? \_\_\_\_\_

# of years Agency has been at present address? \_\_\_\_\_

Has Agency sold life insurance for any other Companies?  YES  NO

How much annualized premium have you sold and paid for in the previous two calendar years? \$ \_\_\_\_\_, in the year 20\_\_\_\_  
\$ \_\_\_\_\_, in the year 20\_\_\_\_

Commission Payments:

Directed to Agent?  YES  NO

Directed to Agency? \*  YES  NO

Which ones? \_\_\_\_\_

DATE

SIGNATURE & TITLE OF OFFICER

\* If yes, complete an additional contract for the Agency

# (Individual) Starmount Life Insurance Company Agent Agreement

BATON ROUGE, LOUISIANA

Effective the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, and in accordance with and subject to the terms and provisions set forth below in this Agent Agreement (the "Agreement"), which shall be binding on the parties hereto, Starmount Life Insurance Company (the "Company"), hereby appoints \_\_\_\_\_ ("Writing Agent", "You" or "Your"), and \_\_\_\_\_ ("Agency", "You" or "Your"), and in connection therewith, the parties agree as follows:

1. **Individual Agent Agreement.** This is an Individual Agent Agreement, and applies only to policies sold by an agent to an individual, and individually billed to the Insured. Group sales which receive group billing and/or payroll deductions are governed by the Group Agent Agreement, which must be signed separately.
2. **Applications; Initial Premiums.** You are authorized to solicit and procure applications for such policies described in the most recent schedules then in effect as may be issued by the Company from time to time and collect the full initial premiums thereon. All such premiums shall be paid promptly to the Company not subject to any offset by You and not to be commingled with Your personal funds.
3. **Restrictions.** You have no authority to make, alter or discharge any policy agreement, or extend the time of payment of any premium; or waive any policy condition; or guarantee any dividend; or deliver any policy unless the insured is at that time in good health and insurable condition; or endorse checks payable to the Company; or collect any premium except the initial premium on policies issued hereunder.
4. **Rules of Conduct.** You agree to conduct yourself in accordance with the rules, instructions and regulations of the Company now or hereafter from time to time in effect and the insurance laws and regulations of the state in which You solicit applications for the Company. If Your license is suspended, revoked or not renewed by any state, Your right to solicit business on behalf of the Company will be suspended until such time as Your license is reinstated or renewed.
5. **Independent Contractor; No Exclusivity; Expenses.** From the Company's and Your standpoint, You are an independent contractor. Nothing contained in this Agreement or in any course of dealing between the Writing Agent and the Company whether in the past or currently shall be construed or interpreted to create an employer-employee relationship between the Company and the Writing Agent. You have no obligation hereunder to solicit applications for the Company, and You are free to exercise Your own judgment as to the persons from whom applications are solicited, and the companies with which You will place such insurance. The Company shall bear none of the expenses of conducting Your business under this appointment.
6. **Compensation.**
  - (i) The commissions to be paid by the Company, which are subject to change by the Company at any time upon written notice to You as to policies bearing effective dates subsequent to such notice, shall be payable to You. No assignment of commissions accrued or to accrue shall be binding upon the Company without its prior written consent. If this Agreement terminates because of the dissolution of the Agency, no commissions shall be payable hereunder subsequent to the date of dissolution. After the first anniversary of the date of issuance of the initial policy under which You are entitled to receive commissions under this Agreement, commissions due You will cease and commissions will no longer be payable if the total payment otherwise due You on a monthly basis falls below fifty dollars.
  - (ii) Commissions payable with respect to the same policy or contract may be divided between the Agent and other Agents licensed with the Company. In such case, earned payments for such policy or contract shall be allocated among Agents proportionately by the Company for commission payment purposes only. The commission payable to You on a policy shall be the commissions indicated on the agent transmittal which has been initialed and approved by the Company. In the event there is no agent transmittal or the commission thereon conflicts with the commission indicated on the monthly commission statement that the Company prepares and transmits to You, the commission specified on the monthly commission statement shall control and shall be conclusive for all purposes hereof.
  - (iii) Commissions paid by the Company to You shall constitute full compensation for Your services performed in accordance with this Agreement. You are responsible for all expenses incurred by You in performance of this Agreement. If, for any reason, the Company refunds part or all of the premium to an Insured, the commission payable to You will be adjusted to reflect same and You shall return any amounts previously received by You with respect thereto in accordance with Section 6(vi) below.
  - (iv) You shall be entitled to a commission for so long as You remain the broker of record and this Agreement is in force. If the Company receives notification of a change of its broker of record, Your entitlement to commissions shall terminate at the close of business on the effective date of the change designating another broker of record.
  - (v) At any time while this Agreement is in effect, or after it is terminated, the Agent shall forfeit and shall not be entitled to receive any commissions due or to become due under this Agreement, if the Agent shall:
    - a. Violate any of the provisions of this Agreement, or
    - b. Shall neglect to report and pay over to the Company any premium collected by the Agent, or any sub-producer(s), or
    - c. Shall endeavor to induce or shall induce any employee, producer or representative of the Company to discontinue their association with the Company, or
    - d. Shall endeavor to induce or shall induce any policyholder of the Company to relinquish a policy with the Company.
  - (vi) If the Company shall return the premiums on a policy or any portion of such premiums or cancel a policy for any cause, You shall refund to the Company on demand the amount of commissions received on the premiums so returned. This provision shall survive termination of this Agreement.
  - (vii) If a policy issued hereunder should be lapsed for more than ninety days and subsequently be reinstated, the Company shall be relieved of any further commission liability to You unless the reinstatement application for such policy was procured by You.
7. **Underwriting.** The Company reserves the right at its sole option to decline any application for coverage, to refuse to renew any coverage, to withdraw any policy or contract form, or to return directly to covered persons or applicants any payments submitted to the Company without liability to the Agent. This provision survives termination of this Agreement.
8. **Indebtedness.**
  - (i) Any advance, loan, or extension of credit which the Agent at any time and in any manner may secure from the Company shall constitute an indebtedness to the Company. If any check or draft of the Agent used to transfer monies to the Company is dishonored upon presentation for payment, the amount thereof shall constitute an indebtedness of the Agent to the Company.
  - (ii) (a) The entire indebtedness to the Company of the Agent, as recorded in the records of the Company, may be declared due and payable in full by the Company at any time.

- (b) The Agent shall be responsible for any costs, including reasonable attorney fees and other collection expenses, incurred by the Company in connection with the recovery from the Agent of any indebtedness of the Agent to the Company.
- (c) The Agent hereby grants to the Company a first lien, perfected security interest in all commissions becoming due hereunder to secure any indebtedness of the Agent to the Company; and the Company may at any time apply commissions payable to the Agent hereunder or any other monies payable to the Agent by the Company or by any company controlled by or under common contract with the Company to reduce any such outstanding indebtedness.
9. **Advertising.** You have no authority to advertise using the Company's name, products, premium rates, or other related information unless the advertisement is pre-approved in writing through the Company's advertising review process.
10. **Privacy.** You agree that all nonpublic personal financial information or nonpublic personal health information related to any applicant, insured or policyholder or to any consumer or customer (as such terms are defined under applicable state or federal privacy laws) of the Company or any of its affiliated companies, obtained by You in the performance of Your duties and obligations under this Agreement shall be held in the strictest confidence by You, Your producers and employees. You shall not disclose or use such information except as necessary to carry out Your duties and obligations under this Agreement or as otherwise required under applicable state or federal law. This provision survives termination of this Agreement.
11. **Termination.** In addition to the methods otherwise herein provided, this Agreement may be terminated, for cause or, upon 60 days prior notice, without cause, by either party hereto, by notice in writing delivered by hand or recognized national courier service or mailed, U.S. mail, postage prepaid certified return receipt requested, to the other party at the party's last known address. Said termination for cause shall be effective immediately or as state regulation dictates. No commissions shall be due or payable after the termination date; provided, however, in the event this Agreement has been terminated without cause by the Company, You shall be entitled to receive commissions through the next occurring renewal date of the applicable policy(ies) to the extent such commissions would have been otherwise payable to You under this Agreement, and no commissions shall be due or payable after such renewal date. Upon the death of the Agent, this Agreement shall terminate and any commissions which are then earned and to which the Agent would have been entitled at the time of his death shall be paid, as the premiums are received by the Company, to whomsoever shall be entitled thereto by the laws of descent and distribution. Such commissions will be held by the Company without interest or penalty until lawful determination is accepted by the Company as to the recipient of the commissions.
12. **Term.** Subject to early termination as provided in Section 10 or elsewhere in this Agreement, the term of this Agreement shall begin on the date first written above and shall continue for a period of one (1) year, and unless either party provides notice of non-renewal no less than thirty (30) days prior to the renewal date, shall be automatically renewed for one (1) year at the end of each year.
13. **Territory.** The territory in which You are licensed to represent the Company is not exclusively assigned to You and the Company has the right to enter into similar arrangements with others and You have the same right.
14. **Audit of Agent.** All books, accounts and records of the Agent and the Agency related to the business of the Company shall be subject to audit and inspection by the Company or its accountants and other representatives at all times, including a period of sixty (60) days after termination hereof. The Company may at any time make copies of or take extracts from such books, accounts, paper documents and records as it may deem necessary.
15. **Records and Supplies.** The Company shall have the right, but not the obligation, at all reasonable times to inspect Your papers, documents and records, wherever located, which relate to the Company's business. All records maintained by the Agent hereunder and all books, rate manuals, forms and other supplies furnished to the Agent by the Company shall be and remain the property of the Company and shall be returned to the Company promptly following termination hereof.
16. **Notices.** All notices hereunder shall be in writing and given in the manner permitted by Section 11. All notices shall be deemed given when received by the party to be notified.
17. **Governing Law and Venue; Arbitration.** This Agreement shall be enforced and construed in accordance with the laws of the State of Louisiana. All proceedings will be held in Baton Rouge, Louisiana. In the event that either party to this Agreement has any claim, right or cause of action against the other party to this Agreement, which the parties are unable to settle by agreement between themselves, such claim, right or cause of action, to the extent that the relief sought by such party is for monetary damages or awards, will be determined by arbitration in accordance with the provisions of this Section 17.
- (i) **Selection of Arbitrators.** The party requesting arbitration will serve upon the other a demand therefore, in writing, specifying the matter to be submitted to arbitration, and nominating a competent disinterested person to act as an arbitrator. Within 15 days after receipt of such written demand and nomination, the other party will, in writing, nominate a competent disinterested person, and the two arbitrators so designated will, within 15 days thereafter, select a third arbitrator. The three arbitrators will give immediate written notice of such selection to the parties and will fix in said notice a time and place of the meeting of the arbitrators which will be in Baton Rouge, Louisiana, and will be held as soon as conveniently possible (but in no event later than 45 days after the appointment of the third arbitrator), at which time and place the parties to the controversy will appear and be heard with respect to the right, claim or cause of action. In case the notified party or parties will fail to make a selection upon notice within the time period specified, the party asserting such claim will appoint an arbitrator on behalf of the notified party. In the event that the first two arbitrators selected will fail to agree upon a third arbitrator within 15 days after their selection, then such arbitrator may, upon application made by either of the parties to the controversy, be appointed by any judge of the United States District Court for the Middle District of Louisiana.
- (ii) **Procedures; Enforcement.** Each party will present such testimony, examinations and investigations in accordance with such procedures and regulations as may be determined by the arbitrators and will also recommend to the arbitrators a monetary award to be adopted by the arbitrators as the complete disposition of such claim, right or cause of action. After hearing the parties in regard to the matter in dispute, the arbitrators will make their determination with respect to such claim, right or cause of action, within 30 days of the completion of the examination, by majority decision signed in writing (together with a brief written statement of the reasons for adopting such recommendation), and will deliver such written determination to each of the parties. The decision of said arbitrators, absent fraud, duress or manifest error, will be final and binding upon the parties to such controversy and may be enforced in any court of competent jurisdiction. The arbitrators may consult with and engage disinterested third parties to advise the arbitrators. The arbitrators shall not award any punitive damages. If any of the arbitrators selected hereunder should die, resign or be unable to perform his or her duties hereunder, the remaining arbitrators or any judge of the United States District Court for the Middle District of Louisiana shall select a replacement arbitrator. The procedure set forth in this Section 16 for selecting the arbitrators shall be followed from time to time as necessary. As to any claim, controversy, dispute or disagreement that under the terms hereof is made subject to arbitration, no lawsuit based on such matters shall be instituted by any of the parties, other than to compel arbitration proceedings or enforce the award of a majority of the arbitrators. All privileges under Louisiana and federal law, including attorney-client and work-product privileges shall be preserved and protected to the same extent that such privileges would be protected in a federal court proceeding applying Louisiana law.

- (iii) Expenses. Each party shall be responsible for advancing the cost of the arbitrator selected by it and one-half the cost of the third arbitrator, as well as one-half of the other costs of the arbitration, subject to receiving reimbursement thereof as may be determined by the arbitrators. Each party will pay the fees and expenses of its own counsel.
  - (iv) Relief in Event of Bankruptcy or for Non-Monetary Damages. Notwithstanding any other provisions of this Section 16, in the event that a party against whom any claim, right or cause of action is asserted commences, or has commenced against it, bankruptcy, insolvency or similar proceedings, the party or parties asserting such claim, right or cause of action will have no obligations under this Section 16 and may assert such claim, right or cause of action in the manner and forum it deems appropriate, subject to applicable laws. No determination or decision by the arbitrators pursuant to this Section 16 will limit or restrict the ability of any party hereto to obtain or seek in any appropriate forum, any relief or remedy that is not a monetary award or money damages.
  - (v) Court Proceedings. Any court proceedings relating to this Agreement shall be filed exclusively in the federal and state courts domiciled in Baton Rouge, Louisiana, and the parties hereto consent to the venue and jurisdiction of such courts.
18. **Agent's Representation**. You hereby represent, and agree that this Agreement is contingent on Your continuing representation, that You have not been convicted, and to the best of Your knowledge that none of Your producers or employees have ever been convicted, of any state or federal felony involving dishonesty or a breach of trust or any crime under 18 U.S.C. § 1033. You agree to notify the Company immediately in writing of any charges or actions brought in any court or by any regulatory body against You, Your producers or employees and of any felony conviction(s) of You, Your producers or employees. Failure to comply with any of the provisions of this section shall be cause for immediate termination of this Agreement.
19. **Prior Contracts Superseded; Entire Agreement**. This Agreement shall supersede any and all prior contracts, agreements and understandings between the parties hereto, whether written or oral, regarding the services of the Agent performed for the Company with respect to its products, policies and contracts. All previous agreements are void and replaced by this Agreement. This Agreement and its attachments constitute the entire Agreement between the parties hereto with respect to the subject hereof and is subject to termination by either party as provided herein.
20. **Waiver, Etc**. The Company's failure to insist upon strict performance of any provisions in this Agreement will not be construed as a waiver of such provisions. This Agreement is not binding on You unless signed by You and is not binding on the Company unless signed by one of the Company's authorized officers.
21. **Hold Harmless**. The Agent agrees to indemnify and hold the Company harmless from any losses, expenses (including reasonable attorneys fees), costs and damages resulting from acts or omissions of the Agent constituting a breach of any of the terms of this Agreement.
22. **Effectiveness**. This Agreement shall not take effect until executed by all parties hereto and receipt thereof by the Company at its address specified under its signature block below.

Approval:

**STARMOUNT LIFE INSURANCE COMPANY**

By \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

7800 Office Park Boulevard  
 Baton Rouge, Louisiana 70809  
 Post Office Box 98100  
 Baton Rouge, Louisiana 70898-9100  
 225-926-2888 or 888-729-5433, ext. 141  
 fax-225-218-1265

I accept this appointment subject to the terms and conditions herein provided.

\_\_\_\_\_  
 Writing Agent's Signature  
 Social Security No. \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature on Behalf of Agency  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**General Authorization and Release:** I hereby authorize Starmount Life Insurance Company to contact any past employer, business associate, business partner, military service, court, law enforcement agency, insurance company, financial institution, or any other person or entity to obtain information about my background, employment, schooling, business activities and experience, character, criminal record, or financial status.

I hereby authorize any of the above persons, institutions, or entities to provide the above information to Starmount Life Insurance Company and waive and release any claims I may have related to the providing of such information. I also authorize them to rely on a photocopy or facsimile copy of this authorization.

I also acknowledge that Starmount Life Insurance Company may participate in programs which provide background and financial information on insurance agents or producers, including debit balances. I authorize Starmount Life Insurance Company to obtain information from these programs and to share any information obtained from other sources with these programs. I also waive and release any claims I may have related to the sharing of such information by Starmount Life Insurance Company or the programs in which Starmount Life Insurance Company participates.

This authorization is continuing and remains in effect until revoked by me in a writing delivered to an officer of Starmount Life Insurance Company.

Signature of Broker: \_\_\_\_\_ Date: \_\_\_\_\_

Commission Schedule(s) of Broker: \_\_\_\_\_

Acknowledged by Managing Producer: \_\_\_\_\_ Date: \_\_\_\_\_

Your appointment as a Broker under the terms and conditions of the Agreement is hereby accepted and confirmed by Starmount Life Insurance Company, Inc.

Signature of Authorized Starmount Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Effective as of: \_\_\_\_\_

**Starmount Life Insurance Company, Inc.**  
**P.O. Box 98100**  
**Baton Rouge, LA 70898-9100**  
**(225) 926-2888, in Baton Rouge or 1-888-729-5433, ext. 141**  
**fax (225) 218-1265**

## **HIPAA RULES, REGULATIONS & GUIDELINES**

As agreed by both parties, the current federal guidelines as stated by the U.S. Department of Health and Human Services and outlined within the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) regulations, allow for the assignment and recognition of a “Business Associate” relationship between two organizations, whereas one of the organizations is able to perform certain functions and services for the other organization, as required by federal and state regulations, so as to facilitate compliance with said regulations.

Agent agrees to perform said functions and services stated in the Agent Agreement between the parties for Starmount Life Insurance Company so as to enable Starmount Life Insurance Company to comply with the Federal Government regulations promulgated under HIPAA, specifically pertaining to data collection and transfer of data between both parties as well as Agent and third-party entities, on the behalf of Starmount Life Insurance Company and Starmount’s Participating Providers using the specific mandated data content and format as required by the U.S. Department of Health and Human Services and the HIPAA regulations governing Standard’s for Electronic Transactions, Privacy and Security. If either party should violate such rules, regulations or guidelines (with or without knowledge), the violating party with written notice by the non-violating party, shall have reasonable time to cure such violation from time of knowledge or notice. If the violating party does not cure the violation within a reasonable time, the non-violating party may terminate the agreement with written notice indicating that the violating party has not cured the violation in a reasonable time and has not presented a good faith effort to cure such violation.

Should either state, federal and/or other regulatory governing bodies change existing guidelines during the Term so as to negate the relationship between Agent and Starmount Life Insurance Company, or cause the said understanding of the relationship by both parties to become invalid, both parties shall work in good faith to re-address and re-define their existing relationship so as to become compliant under the new regulations and/or mandates in an expedient and timely manner.

WITNESS the hands of the undersigned this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_  
Agent Name (Printed)

By: \_\_\_\_\_  
Starmount

By: \_\_\_\_\_  
Signature

**Fair Credit Reporting Act Consumer Disclosure:**

**Obtaining a “Consumer Report”** Starmount, when making a decision to offer you a producer Agreement or to continue an Agreement may obtain and use a “consumer report” from a “consumer reporting agency.” These terms are defined in the Fair Credit Reporting Act as amended, 15, U.S.C. § 1681 et seq. (“FCRA”).

A “consumer reporting agency” is defined in the FCRA as a person or business that for monetary fees, dues, or in a cooperative nonprofit basis, regularly engages in whole or in part in the practice of assembling or evaluating consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others.

A “consumer report” is defined by the FCRA as including any written, oral or other communication of any information by a “consumer reporting agency” bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in employment – related-decisions affecting a consumer.

As an individual with an interest in a relationship as a producer with Starmount, you are a “consumer” with rights under the FCRA. If Starmount obtains a “consumer report” about you and if Starmount considers any information in the consumer report when making a decision that adversely affects you, you will be provided with a copy of the “consumer report” before the decision becomes final. You may also contact the Federal Trade Commission about your rights under the FCRA.

Signature of Broker: \_\_\_\_\_ Date: \_\_\_\_\_

**Starmount Life Insurance Company, Inc.**  
**P.O. Box 98100**  
**Baton Rouge, LA 70898-9100**  
**(225) 926-2888, in Baton Rouge or 1-888-729-5433, ext. 141**  
**fax (225) 218-1265**

# TAX INFORMATION

The Internal Revenue Service has notified us that the Tax I.D./Social Security Number AND name under which you are contracted with Starmount Life must be an identical match. Please complete and sign the Taxpayer Identification Number form below.

## REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

Please print or type

\_\_\_\_\_  
Name

\_\_\_\_\_  
Agent Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, and ZIP Code

TAXPAYER IDENTIFICATION NUMBER

Social Security Number

--	--	--	--	--	--	--	--	--	--

Enter your taxpayer identification number in the appropriate box. For individuals and sole proprietors, this is your social security number. For other entities, it is your employer identification number.

OR

Employer Identification  
Number

--	--	--	--	--	--	--	--	--	--

CERTIFICATION. Under penalties of perjury, I certify that:

The number shown on this form is my correct taxpayer identification number.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**ATTACH COPY OF AGENCY'S LICENSE**