

U.S. AUTO INSURANCE SERVICES
REQUEST FOR AGENCY ID
RETURN FAX: 888-633-0607

LOGIC MGA NUMBER _____
AGENCY NAME _____
AGENCY STREET ADDRESS _____

CITY _____ ZIP _____

REMITTANCE ADDRESS (IF DIFFERENT) _____ CITY _____ ZIP _____
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E-MAIL _____
PHONE _____ FAX NUMBER _____
AGENT NAME ON LICENSE _____
TAX ID # _____ (Must be Social Security if not a Corp. License)

DRAFTING INFORMATION U.S. Auto may on the next bank day after the receipt of funds, issue a transfer against the agency's account for all payments received. Bank Name _____ Routing # _____ Account # _____ Include a Copy of a Voided Agency Check (not a deposit slip).

A copy of the agent license (PC, LPC, Temporary Trainee PC), proof of current E&O Coverage, W-9, agent ID request forms for all employees, and all required State and County appointment forms, must be received with this form at:
U.S. Auto Insurance 13702 Gamma Rd. Dallas, TX 75244
If not previously appointed at State and County include: A check for \$32 payable to U.S. Auto, and a background check form. (If a corporate license is to be appointed the check must be \$10 and no background check form is required.)

The undersigned agent agrees to complete financial responsibility for all employees and to keep U.S. Auto informed of all employees for assignment of identification numbers and passwords.

NAME OF PRESIDENT (If a Corp. License) _____

AGENT/PRES. SIGNATURE _____ DATE __/__/__

MGA SIGNATURE _____ DATE __/__/__

U.S. AUTO INSURANCE SERVICES
AGENT ID AND PASSWORD MAINTENANCE
RETURN FAX: 888-633-0607

MGA **LOGIC UNDERWRITERS** MGA NUMBER ____ _

AGENCY _____ AGENCY NUMBER ____ _

AGENCY ADDRESS

STREET _____

CITY _____ ZIP _____

E-MAIL _____

PHONE _____

EMPLOYEE NAME _____

AGENT NAME _____

The undersigned employee agrees to keep their assigned password secret from all others. Upon receipt of their password, the undersigned agrees to sign on to the U.S. Auto System and to change their password. If their password becomes known to anyone else (or if they suspect that someone may know their password), they agree to sign on the U.S. Auto System and to change their password.

The undersigned agent agrees to report to U.S. Auto at 888-886-1201 when anyone who is assigned an ID and password leaves their employment so that their password can be deleted.

The employee will be contacted directly and given their assigned id and password.

EMPLOYEE SIGNATURE _____

AGENT SIGNATURE _____

DATE __/__/__ FAX TO 888-633-0607

----- U.S. AUTO OFFICE USE BELOW -----

ASSIGNED ID _ _ _ _ _ PASSWORD _____

07/06/04

Request for Taxpayer Identification Number and Certification

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

Please print or type	Name (If a joint account or you changed your name, see Specific Instructions on page 2.)	
	Business name, if different from above. (See Specific Instructions on page 2.)	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, if you are a resident alien OR a sole proprietor, see the instructions on page 2. 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 2.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number
+
OR
Employer identification number
+

List account number(s) here (optional)

Part II For Payees Exempt From Backup Withholding (See the instructions on page 2.)

▶

Part III 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.

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 2.)

Sign Here	Signature ▶	Date ▶
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Purpose of form. A person who is required to file an information return with the IRS must get 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.

Use Form W-9, if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are an exempt payee.

If you are a foreign person, IRS **prefers** you use a Form W-8 (certificate of foreign status). After December 31, 2000, foreign persons **must** use an appropriate Form W-8.

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.

What is backup withholding? Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. Payments you receive **will** be subject to backup withholding if:

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part III instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

- You do not certify to the requester that you are not subject to backup withholding under 3 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate **Instructions for the Requester of Form W-9**.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

IF ALREADY APPOINTED WITH STATE AND COUNTY MUTUAL FIRE INSURANCE COMPANY, INC., STATE NATIONAL INSURANCE COMPANY, INC. OR STATE NATIONAL SPECIALTY INSURANCE COMPANY, INC. PLEASE CHECK HERE _____, IF NOT, PLEASE PROCEED

AUTHORIZATION AND RELEASE FORM TO CONDUCT A BACKGROUND CHECK

I, the undersigned applicant, do hereby authorize State and County Mutual Fire Insurance Company or State National Insurance Company, Inc. or State National Specialty Insurance Company, as applicable, (together, the "Company") by and through its independent contractor, Applicant Insight. ("AI"), to conduct a background investigation on me.

The above mentioned background investigation may include, but is not limited to, employment and education verifications, social security verification, driving record information and criminal history. I further understand that an acceptable background check will allow me to continue the licensing/appointment process and that an unacceptable background check may result in the discontinuation of the licensing/appointment process.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any criminal background search prepared on me upon written request to AI within a reasonable time after the date of such search.

I further authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to the Company, by and through AI, including but not limited to, any courthouse, any public agency, and all law enforcement agencies regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release the Company, AI and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, by me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with compilation or preparation of the background information check hereby authorized. I hereby give my permission to share any unacceptable findings to the managing general agent requesting my appointment.

Signature _____ Date _____