



28470 AVENUE STANFORD #250
SANTA CLARITA CA 91355
Phone (661) 977-9749
Fax (661) 259-3322
www.msiga.com
CA License #0D08447

CALIFORNIA PRODUCER APPOINTMENT PACKAGE

Please complete the attached application in its entirety and submit it Multi-State Insurance Services, Inc. via one of the options listed below:

Mail: Multi-State Insurance Services, Inc.
Attention: Marketing
P.O. Box 801208
Santa Clarita, CA 91380-1208

E-Mail: marketing@msiga.com

Fax: (661) 259-3322

Please make sure to include copies of all the following (as applicable):

- ü Completed and Signed California Producer Appointment Application
- ü Completed Branch Location Supplement (if applicable)
- ü Current Fire and Casualty License
- ü Copy of E & O Declaration page
- ü W-9 (Completed with name as shown on license)
- ü Authorization Agreement for Electronic Funds Transfer (EFT)
- ü Direct Deposit Authorization Agreement for Commission
- ü Bond



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CALIFORNIA PRODUCER APPOINTMENT APPLICATION

GENERAL INFORMATION

Agency Name: _____
 Corporation Partnership Sole Proprietor

Principal(s): _____

Street Address: _____

Mailing Address: _____

Phone Number: _____

Fax Number: _____

E-mail: _____

Personal Lines Contact: _____

Additional Branch Locations? Yes* No
If "Yes", complete attached *Branch Location Supplement*

Comparative Rater Used (if applicable): FSC _____
 WEB-RATER

Name(s) on License: _____

License Number: _____

Licensed As: Agent/Broker Agency

Tax ID / SSN: _____

DBA*: _____
*Has this DBA been filed with the Calif. Department of Insurance?
 Yes No

Date Agency Established: ____/____/____

Errors & Omissions (E & O) Information

Carrier: _____

Limits: _____

Policy Number: _____

Expiration Date: _____

Are any agents in your office conversant in a language other than English? Yes No If "Yes", what language(s)? _____

COMPANY REPRESENTATION

Company	Written Premium	Loss Ratio %
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____
5. _____	\$ _____	_____
Total Agency Personal Lines Premium:	\$ _____	
Total Agency Premium (all lines of business):	\$ _____	
Number of monthly auto applications written:	_____	

Producer's Signature: _____ **Date:** _____

TO BE COMPLETED BY MULTI-STATE (HOME OFFICE)

Application Status: Approved Rejected

Commission: New Business: ____% Renewal: ____%

Producer Code (main): _____

Territory: _____ **Notes/Comments:** _____



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CALIFORNIA APPOINTMENT APPLICATION
Branch Location Supplement

Agency Name: _____

LOCATION 2	LOCATION 5
Street Address: _____ _____	Street Address: _____ _____
Mailing Address: _____ _____	Mailing Address: _____ _____
Phone Number: _____	Phone Number: _____
Fax Number: _____	Fax Number: _____
Contact: _____	Contact: _____
FSC/ADR CODE _____	FSC/ADR CODE _____
TO BE COMPLETED BY MULTI-STATE	TO BE COMPLETED BY MULTI-STATE
Producer Code: _____	Producer Code: _____
LOCATION 3	LOCATION 6
Street Address: _____ _____	Street Address: _____ _____
Mailing Address: _____ _____	Mailing Address: _____ _____
Phone Number: _____	Phone Number: _____
Fax Number: _____	Fax Number: _____
Contact: _____	Contact: _____
FSC/ADR CODE _____	FSC/ADR CODE _____
TO BE COMPLETED BY MULTI-STATE	TO BE COMPLETED BY MULTI-STATE
Producer Code: _____	Producer Code: _____
LOCATION 4	LOCATION 7
Street Address: _____ _____	Street Address: _____ _____
Mailing Address: _____ _____	Mailing Address: _____ _____
Phone Number: _____	Phone Number: _____
Fax Number: _____	Fax Number: _____
Contact: _____	Contact: _____
FSC/ADR CODE _____	FSC/ADR CODE _____
TO BE COMPLETED BY MULTI-STATE	TO BE COMPLETED BY MULTI-STATE
Producer Code: _____	Producer Code: _____

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 (required): <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) ▶	
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).

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 ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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.

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.

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.

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 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.



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AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)

FOR SWEEPING YOUR ACCOUNT:

This agreement authorizes *Multi-State Insurance Services, Inc.* to automatically debit the bank account as designated below. Furthermore, if any such electronic debit(s) should be returned as “non-sufficient funds”, I authorize Multi-State Insurance Services, Inc. to collect a returned item fee of \$20 per item by electronic debit from my trust account.

Producer Code(s): _____ Check here for all Producer Codes
Bank Name: _____
Account Name: _____
Branch Location (City, State): _____
Account Number: _____
ABA (Routing) Number: _____

*I understand that this authorization will remain in effect until I notify **Multi-State Insurance Services** that I no longer desire this service, allowing reasonable time to act upon my notification. Notification will be given in writing. I also understand that if corrections to the debit amount are necessary, it may involve an adjustment (credit/debit) to my account.*

I understand and authorize the above agreement by my signature below.

Authorized Signature: _____ **Date:** _____

PLEASE ATTACH A VOIDED CHECK FOR THE ABOVE ACCOUNT HERE



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AUTHORIZATION AGREEMENT FOR COMMISSION DIRECT DEPOSIT

FOR ELECTRONIC COMMISSION DEPOSIT INTO YOUR ACCOUNT:

This agreement authorizes *Multi-State Insurance Services, Inc.* to automatically credit the bank account as designated below.

Producer Code(s): _____ Check here for all Producer Codes
Bank Name: _____
Account Name: _____
Branch Location (City, State): _____
Account Number: _____
ABA (Routing) Number: _____

***AVOID MAILING DELAYS...
 SIGN UP FOR COMMISSION
 DIRECT DEPOSIT!!!!***

*I understand that this authorization will remain in effect until I notify **Multi-State Insurance Services** that I no longer desire this service, allowing reasonable time to act upon my notification. Notification will be given in writing. I also understand that if corrections are necessary, it may involve an adjustment (credit/debit) to my account.*

I understand and authorize the above agreement by my signature below.

Authorized Signature: _____ **Date:** _____

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP FOR THE ABOVE ACCOUNT HERE