



28470 Avenue Stanford, Suite 250  
Santa Clarita, CA 91355  
Phone (661) 977-9749  
Fax (661) 259-3322

[www.msiga.com](http://www.msiga.com)

LA License #653025

## LOUISIANA PRODUCER APPOINTMENT PACKAGE

**Please complete the attached application in its entirety and submit it to Multi-State 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](mailto:marketing@msiga.com)

**Fax:** (661) 259-3322

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

- ü Completed and Signed Producer Agreements (**must be completed with name as shown on license**)
- ü Completed and Signed Louisiana Producer Appointment Application
- ü Completed Branch Location Supplement ( if applicable)
- ü Current Agent or Agency License (as applicable)
- 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), if applicable



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## LOUISIANA 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):**  AccuAuto  
 Other \_\_\_\_\_

**Name on License:** \_\_\_\_\_

**License Number:** \_\_\_\_\_

**Licensed As:**  Agent(Individual)  Agency

**SSN:** \_\_\_\_\_

**FEIN (Tax ID):** \_\_\_\_\_

**DBA (as filed with state):** \_\_\_\_\_

**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. _____	\$ _____	_____
<b>Total Agency Personal Lines Premium:</b>	\$ _____	
<b>Total Agency Premium (all lines of business):</b>	\$ _____	
<b>Number of monthly auto applications written:</b>	_____	

**Producer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### TO BE COMPLETED BY MULTI-STATE (HOME OFFICE)

**Application Status:**  Approved  Rejected

**Commission:** New Business: \_\_\_\_% Renewal: \_\_\_\_%

**Producer Code (main):** \_\_\_\_\_

**Marketing Representative:** \_\_\_\_\_

**Territory:** \_\_\_\_\_

**Notes/Comments:** \_\_\_\_\_



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**LOUISIANA PRODUCER APPOINTMENT APPLICATION**  
**Branch Location Supplement**

Agency Name: \_\_\_\_\_

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

*Note: If you have additional offices, please attach a separate sheet of paper with the required information for each.*

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	

<b>Part I Taxpayer Identification Number (TIN)</b>																																									
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 generally 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 <i>How to get a TIN</i> on page 3.  <b>Note.</b> If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="10" style="text-align: left; padding: 2px;">Social security number</th> </tr> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table> <p style="text-align: center; margin: 2px 0;"><b>OR</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="10" style="text-align: left; padding: 2px;">Employer identification number</th> </tr> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table>	Social security number																				Employer identification number																			
Social security number																																									
Employer identification number																																									

<b>Part II Certification</b>	
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.	
<b>Certification instructions.</b> 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.	

<b>Sign Here</b>	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.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*
- By signing the filled-out form, you:
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. See *What is FATCA reporting?* on page 2 for further information.



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**AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)**

**GENERAL INFORMATION**

**Your Name:** \_\_\_\_\_  
**Agency Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_  
**Fax Number:** \_\_\_\_\_  
**E-Mail Address:** \_\_\_\_\_

**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**

**GENERAL INFORMATION**

Your Name: \_\_\_\_\_  
 Agency Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

**AVOID MAILING  
 DELAYS...  
 SIGN UP 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: \_\_\_\_\_

*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**