



Pacific Insurance Services, LLC
PO Box 501210
San Diego, CA 92150 - 1210
License #0G98504

WELCOME TO CABRILLO PACIFIC INSURANCE SERVICES, LLC

Dear Prospective Broker:

Thank you for your interest in Cabrillo Pacific Insurance Services, LLC. At Cabrillo, we believe in delivering a quality product and providing quality service at an underwriting profit. Our goal is to achieve growth and success through long lasting relationships with quality brokers.

We are committed to providing:

- AM Best "A" Rated personal auto and personal property products
- Stability – Cabrillo is committed to being a long-term player in California.
- Sales – Through an admitted, quality market for older homes, residences with prior losses, or the hard-to-place dwelling.
- Support – Knowledgeable and experienced underwriters to assist you in successfully writing your qualifying business.
- Service – Our interactive websites puts insured's policy and billing information at your fingertips within seconds, and can even accept premium payments. Unparalleled Commitment to Customer Service, including having Spanish-speaking Customer Service Representatives
- Competitive Commissions.
- Ease-of-doing-business – Easy electronic applications are uploaded through FSC.
- Low down payments for our auto products
- Intuitive Policy View and online submission capability for all Personal Auto and Aegis Property Products.

If you are interested in working with us, please complete the attached Broker Agreement, Broker Questionnaire, and sweep forms in their entirety. Also, please provide us with the following:

- Copy of W-9 Form
- Copy of Agency license
- Copy of Bond (MUST be filed with CA Dept. of Insurance)
If your bond needs to be filed with the CA Dept. of Insurance please see sample of the form that needs to be completed by your bond company within the attached packet. You will need to submit the completed form along with a check made payable to the CA Dept. of Insurance for \$29.00.
- Copy of Errors & Omissions Declaration page
- Copy of Broker-Client Disclosure Statement and Fee Agreement Form
- Copy of Loss Runs with your three largest property books, provided on Company Letterhead
****If this is a new venture, your Resume & 5 Year Business Plan will be accepted in place of the loss runs.****

We deal with brokers who have an active Errors & Omissions policy written through an admitted "A" rated or better company. For personal auto appointments, the coverage limit should be at least \$300,000/\$500,000 with a deductible of no more than \$5,000. For property appointments, the coverage limit should be at least \$1,000,000/\$1,000,000 with a deductible of no more than \$10,000. We also expect a production minimum of 2 applications per month. Upon receipt of this information, we will be in contact with you to discuss our business relationship. Thank you for your interest in becoming a Cabrillo broker-business source. Should you have any questions, please contact our Internal Sales Department at (866)655-0555 x755.

Sincerely,
Cabrillo Pacific Insurance Services, LLC

Revised: 07/15



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BROKER AGREEMENT

Broker Code _____

This Agreement is entered into by and between Cabrillo Pacific Insurance Services, LLC (hereinafter called "Cabrillo") with its principal office located at 7071 Convoy Court, Suite 301-B, San Diego, CA 92111 and

_____ (hereinafter called the "Broker")

with its principal office located at: _____.

Whereas the Broker desires to obtain insurance coverage for its clients ("Insured's") from insurance companies represented by Cabrillo ("Insurers"), and whereas Broker acts on behalf of the Insured's consistent with California Insurance Code Section 1623, and whereas Cabrillo desires to place insurance on Insured's that meet the qualifications of one of the aforementioned Insurers, now, therefore the Broker and Cabrillo agree as follows:

I. Broker Activities

Cabrillo authorizes the Broker to submit applications and premiums for insurance on the types and classes of risks (as listed in the addendum(s) at the end of this Agreement) from applicants known by the Broker. The Broker agrees not accept applications from other agents or brokers to submit to Cabrillo, nor to give any of Cabrillo's forms or underwriting and rate manuals to any other agent, broker or person. In furtherance of such authorizations:

- A. Broker may submit applications for the Classes of Insurance listed in the Addendum(s) to this Agreement, provided the applicant(s) are of the type(s) Cabrillo is authorized to write, as described in the underwriting manual(s) Cabrillo has provided the Broker. Broker agrees not to submit business which is produced by independent sub-brokers.
- B. The Broker shall have no authority to waive any term or condition of any policy. The Broker shall have no authority to accept service of any lawsuit or process on behalf of Cabrillo or any Insurer, nor shall Broker authorize any claim settlement, or bind Cabrillo or any Insurer in any claim matter.
- C. The Broker shall not use the name of Cabrillo or that of any of its Insurers in any advertisement, publication, circular or paper without first obtaining written consent from Cabrillo.
- D. The Broker has no binding authority. The Broker may only issue electronic binders as authorized in writing in the attached Broker Manual and approved by Cabrillo through Cabrillo's electronic underwriting system or authorized by Cabrillo staff.

II. Compensation

Cabrillo agrees to pay the Broker as commission a percentage of the valid premium collected (excluding all fees charged by Cabrillo) on each policy written and paid for under this Agreement at the rate stipulated by Cabrillo in the attached commission schedule. Such schedule may be modified at any time by Cabrillo. The Broker agrees to be liable for returning commissions (at the same rate as they were paid) on all return premiums, including return premiums arising from policy cancellations.



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III. Collection and Distribution of Funds

- A. When writing DIRECT BILL POLICIES, Broker agrees to send all premiums received by the Broker forthwith to Cabrillo without deduction for commissions.
- B. When writing BROKER BILLED POLICIES (annual term paid in full), Broker agrees to send all premiums less commission immediately to Cabrillo.
- C. Broker agrees all its accounting records for business relating to Cabrillo may be examined at any time by Cabrillo.
- D. Broker agrees that undistributed commissions (new or renewal) in the hands of Cabrillo or any of its Insurers at any time may be applied to and offset against any monies due Cabrillo by the Broker.

IV. Licensing

The Broker agrees not produce any insurance under this Agreement unless the Broker is validly licensed to produce such insurance by the Department of Insurance having jurisdiction there over. Any action taken by Broker to bind insurance through Cabrillo when Broker is not properly licensed shall be voidable at the election of Cabrillo. Broker further agrees to indemnify, exonerate and hold harmless Cabrillo against any and all loss and/or liability resulting from the acts or omissions of Broker in violation of any laws, rules or regulatory requirements including, but not limited to, laws, rules and regulations governing the transaction of insurance, fair business practices, advertising, property rights, privacy rights, and the imposition of any broker fees or other changes and taxes related thereto. Broker warrants and represents that it is licensed as and at all times herein will function as, a broker for the insured and not as an agent for Cabrillo or any Insurer.

V. Professional Liability Insurance

The Broker agrees to purchase and maintain professional liability insurance policy during then entire period of this Agreement. Personal auto liability limits are to be no less than \$300,000 each claim/\$500,000 annual aggregate with a deductible of no more than \$5,000. Property liability limits are to be no less than \$1,000,000 each claim /\$1,000,000 annual aggregate with a deductible of no more than \$10,000. The Broker agrees to furnish Cabrillo with certificates of insurance evidencing such coverage and agrees to provide Cabrillo prompt written notice of any change, cancellation, or termination of coverage.

VI. Indemnification

- A. Cabrillo agrees to indemnify, exonerate and hold harmless the Broker from and against any loss or damage to the Broker or the Broker's Insured's caused by Cabrillo's errors in the processing of policies or endorsements produced in accordance with this Agreement (including the failure to send any Insured proper notice of any premium due).
- B. Cabrillo expressly recognizes the independent ownership by the Broker of the insurance business covered by this Agreement. In the event that this Agreement is terminated, the Broker shall be left in full control of all rights to renew policies written under this Agreement. If, however, the Broker shall be left in full control



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of all rights to renew policies written under this Agreement which result in Cabrillo being liable for any subsequent costs or payments, the Broker agrees to indemnify Cabrillo for such expenses. In the event that such indemnification does not take place within 30 days of Cabrillo's written request, Cabrillo may, at its option, take control of any in-force policies written under this Agreement until such time that Cabrillo is fully indemnified by the Broker. In addition, Cabrillo may also take legal action against the Broker.

- C. Broker agrees to indemnify, exonerate and hold harmless Cabrillo, and its employees and agents, along with any of its Insurers and any claim adjusting companies working for them, from and against any and all claims, and expenses relating thereto, arising out of or relating to ANY ALLEGED ACT(S) OR ALLEGED FAILURE(S) TO ACT ON THE PART OF THE BROKER which results in any claim, demand, action or cause of action against any of the aforementioned parties whether or not said claim, demand, action or cause of action be meritorious. Broker agrees to promptly notify Cabrillo of any claim or lawsuit alleging any of the aforementioned types of negligence.
- D. Broker shall have no right, claim or cause of action against any Insurer, and agrees to look exclusively to Cabrillo for the payment or satisfaction of any expenses, costs, claims, damages and/or causes of action, including but not limited to extra contractual damages or losses in excess of policy limits, directly or indirectly out of, or in connection with, any action taken or not taken by any Insurer or Cabrillo with regard to this Agreement.

VII. Independent Contractor

It is agreed that the Broker acts as an independent contractor in soliciting insurance for submission through Cabrillo. The Broker agrees to manage his own time and nothing in this Agreement is meant to create the relationship of employer/employee between Cabrillo and the Broker. Cabrillo is not responsible for the Broker's expenses.

VIII. Claims

The Broker agrees to cooperate fully with Cabrillo, its Insurers and claim adjusting companies to facilitate the investigation and adjustment of any claim. The Broker also agrees to notify the Insurer's claim adjusting company when it becomes aware of any claim or potential claim.

IX. Contract Termination

- A. This Agreement may be canceled at any time by either of the parties by the giving of written notice to the other. It is agreed that the commissions or return commissions will be paid by the responsible party on additional premium collected, or on return premiums made after the termination of this Agreement. In the event that State law or regulation mandates a specific notification period before cessation of writing business, this Agreement will be deemed to follow such provisions.
- B. Following termination of this Agreement, if required to do so by any applicable State statute, Cabrillo will continue to attempt to cause Insurers to renew business produced under this Agreement for as long as required by law. In such event, Cabrillo and Broker agree to be bound by the terms of this Agreement as respects the handling of these renewals.



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- C. If the law requires Cabrillo to notify the policyholder of an Insurer's intent not to renew, Cabrillo agrees to cause such notice to be given. ``
- D. Cabrillo and Broker agree to be bound by the provisions of Sections II, III, IV, V, VI, VII, VIII, IX, XI, and XII after the termination of this Agreement, until all business produced under this Agreement is run off, and all claims are settled.
- E. Upon termination of this Agreement, Broker agrees to forthwith account for and returns to Cabrillo all forms and supplies related hereto, it being understood that such forms at all times are the property of Cabrillo or its Insurers.

X. Assignment

The Broker agrees not to assign this Agreement without prior written consent of Cabrillo. Any assignment made without Cabrillo's written consent will immediately terminate this Agreement.

XI. Arbitration

- A. This Agreement is made in good faith and supersedes all previous agreements, whether written or oral, between Cabrillo and Broker.
- B. In the event of any dispute or difference of opinion hereafter arising with respect to the rights and obligations of the parties under this Agreement, it is hereby mutually agreed that such dispute or difference of opinion shall be submitted to arbitration and that arbitration shall be the exclusive remedy for resolution of such dispute.
- C. The arbitration process shall begin upon written demand being served by one party upon the other to choose an arbitrator. Within thirty (30) days of service of said demand, one Arbiter shall be chosen by Cabrillo, the other by the Broker, and an Umpire shall be chosen by the Arbiters before they enter into arbitration. The Arbiters and the Umpire shall be active or retired disinterested insurance executive officers. In the event that either party should fail to choose an Arbiter within thirty (30) days following receipt of written demand from the other party requesting it to do so, the requesting party may nominate two Arbiters. In the event the Arbiters do not agree on selection of the Umpire within 30 days after both are named, Cabrillo, or Broker shall petition the American Arbitration Association to select the Umpire.
- D. The petitioning party shall present its case to the Arbiters within thirty (30) days following the date of appointment of the Umpire. The Arbiters shall consider this Agreement as an honorable engagement rather than merely as a legal obligation and they are relieved of all judicial formalities and may abstain from following the strict rules of the law. The Arbiters shall prepare a written decision which shall be final and binding on both parties, but failing to agree, they shall call in the Umpire and a written decision of the majority shall be final and binding upon both parties. Judgment upon the final written decision of the Arbiters may be entered in any court of competent jurisdiction.
- E. Each party agrees to bear the expense of its own Arbiter, and they shall jointly and equally bear with the other the expense of the Umpire and of the arbitration. In the event that the two Arbiters are chosen by one party, as above provided, the expense of the Arbiters, the Umpire and the arbitration shall be equally divided between the two parties.

XII. Miscellaneous Provisions

- A. All supplies furnished to the Broker by Cabrillo shall always remain the property of Cabrillo and shall be returned to Cabrillo within 10 business days of demand.



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- B. Broker agrees to provide to Cabrillo all documentation relating to broker fees required by law. Broker warrants that fees will be reasonable and prudent.
- C. If any part of this Agreement differs from the law or insurance regulations of the State in which this Agreement is to be performed and part of this contract is held to be invalid, the remaining parts will still continue to be in full force and effect.
- D. This Agreement shall be governed by and interpreted according to the laws of the State of California and the parties hereto agree to submit themselves to the jurisdiction of any competent California Court, both State and Federal. The concession of jurisdiction shall not affect the obligation to arbitrate pursuant to Section XI above.
- E. The failure of either party to enforce at any time any of the provisions of this Agreement shall in no way be construed to be a waiver of such provisions, nor in any way to affect the validity of this Agreement, or any part thereof, or the rights of either party to thereafter enforce each and every such provision.
- F. This instrument embodies the final, complete and entire Agreement between the parties, and replaces any previous agreement(s). No other representations, understandings or agreements have been made or relied upon in the making of this Agreement other than those specifically set forth or referred to herein.
- G. Broker agrees to co-operate with Cabrillo regarding any California Department of Insurance investigation of any policy applied for or placed through Cabrillo.

This Agreement shall become effective at 12:01 a.m. Pacific Standard Time, _____, 20__ and shall remain in force until modified or replaced by a subsequent addendum mutually agreed upon in writing by both parties, or until terminated as provided herein.

CABRILLO PACIFIC INSURANCE SERVICES, LLC

By: _____ Title: _____
(Cabrillo)

Broker's Name: _____
(Name as appears on license)

Federal Tax ID# or Social Security #: _____

By: _____ Title: _____
(Print Name - Broker)

Broker's Signature: _____



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BROKER QUESTIONNAIRE

Answer ALL questions to the best of your ability, should one not apply please indicate so by answering "N/A."

Broker Name: _____ Broker Number: _____
(This will appear on all correspondence) (Cabrillo will assign number)

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Street Address (if different): _____

Telephone Number: () _____ Fax Number: () _____

E-mail Address: _____

FSC Account #: _____ Year Brokerage Est.: _____ Manager(s): _____

If the result of a merger, what was the previous name: _____

Tax and/or Federal ID Number: _____

INDIVIDUAL

PARTNERSHIP

CORPORATION

Number of Locations: _____ Number of employees: _____ Number of licensed employees: _____

Physical Address for each location including County:

- 1. _____
- 2. _____
- 3. _____

Mailing address for each location including County:

- 1. _____
- 2. _____
- 3. _____

Phone Number for each location: Fax Number for each location: E-mail Address for each location:

- | | | |
|----------|----------|----------|
| 1. _____ | 1. _____ | 1. _____ |
| 2. _____ | 2. _____ | 2. _____ |
| 3. _____ | 3. _____ | 3. _____ |



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PERSONS TO CONTACT:

	NAME	TITLE	EXTENSION	E-MAIL
Underwriting				
Accounting				

PRINCIPALS:

1) Name: _____

Home Address: _____

Social Security #: _____ Insurance License #: _____ Years with organization: _____

2) Name: _____

Home Address: _____

Social Security #: _____ Insurance License #: _____ Years with organization: _____

Name of principal entering into this Agreement: _____

VOLUME:

Personal Lines Written Premium as of 2015: _____ Earned Premium as of 2015: _____

Number of current Auto Policies in Force: _____ Number of current Home Policies in Force: _____

Current in Force Auto Premium: _____ Current in Force Homeowners Premium: _____

Average New Auto Applications per Month: _____ Average Auto 'Rewrites' per Month: _____

Average New HO applications per Month: _____ Average HO 'Rewrites' per Month: _____

Are you currently appointed to write commercial business in CA? (List all companies)

Commercial Lines Premium as of 2015: _____ Earned Premium as of 2015: _____

Number of Current Commercial Policies in force: _____ Current in Force Commercial Premium: _____

Average New Comm. Applications per Month: _____ Average Comm. 'Rewrites' per Month: _____

Top 3 Automobile/Homeowners markets currently contracted with (please attach loss ratios from Company):

	Name	Yr Contracted	Yearly WP	LR's
1.	_____/_____	_____/_____	_____/_____	_____/_____
2.	_____/_____	_____/_____	_____/_____	_____/_____
3.	_____/_____	_____/_____	_____/_____	_____/_____

Have any companies discontinued providing their programs within the past three years? _____



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(If "Yes", attach an explanation of the circumstances).

Estimate Number of New Business Automobile and/or Homeowners Applications per Month commitment with Cabrillo Pacific Insurance Services: _____

List all independent Earthquake Markets you are currently contracted with (i.e., McGraw, Geovera, and Arrowhead):

AGENCY PRACTICES

Do you ever allow clients to sign over Power-Of-Attorney? _____

What is your average Broker Fee? _____ Do you ever charge Broker Fees at Renewal? _____

What is the Maximum Broker Fee You Will Charge in connection with the Cabrillo product? _____

GENERAL INFORMATION

Has any officer, owner, or partner ever:
(Attach explanation for any "Yes" answers)

1. Been charged with, arrested for, convicted or plead guilty of a felony? _____
2. Has denied, suspended or revoked any insurance license applied for or issued? _____
3. Been disciplined by any insurance regulatory body? _____
4. Filed bankruptcy, been sued or had a judgment entered? _____
5. Had any bond cancelled for cause? _____
6. Had any broker contract cancelled for cause? _____
7. Been granted permission by the Department of Insurance to conduct the business of insurance under provisions provided for in the Federal Violent Crime Control and Law Enforcement Act of 1994?

NOTE: To receive commission, this form must be submitted with a completed W-9.



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BANK REFERENCE:

Name: _____ Account Number: _____
Address: _____ Telephone Number: _____
City: _____ State: _____ Zip: _____

~~~~~  
E & O Carrier: \_\_\_\_\_ Limits: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

**LEGAL STATEMENT:**

I have provided the above information and wish to be considered for appointment. I realized that if all paperwork is not submitted, I will not be considered for a Cabrillo appointment. (Agency Initials)\_\_\_\_\_.

Principals hereby consent to and authorize Cabrillo Pacific Insurance Services, LLC from time to time to obtain for Cabrillo Pacific Insurance Services, LLC use, a credit report and/or investigative consumer reports concerning Principals and the agency. Information as to the nature and scope of any investigation(s) will be furnished to the individual upon his/her written request within a reasonable time.

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
Agency Officer Title Date

**PLEASE MAKE CERTAIN TO INCLUDE A COPY OF YOUR ERRORS AND OMISSIONS DECLARTIONS PAGE, A COMPLETED W-9 FORM, A COPY OF YOUR CURRENT LICENSE, A COPY OF YOUR CURRENT BOND, COPIES OF LOSS RATIOS FROM THREE COMPANIES ON COMPANY LETTERHEAD, AND A COPY OF YOUR STANDARD BROKER CLIENT DISCLOSURE AND FEE AGREEMENT FORMS. FALIURE TO PROVIDE THESE DOCUMENTS WILL RESULT IN A DELAY OF APPOINTMENT AND POSSIBLE DENIAL OF APPLICATION.**



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## Authorization Agreement for Funds Transfer EFT

Broker Name: \_\_\_\_\_ Date: \_\_\_\_\_

Broker Code: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: California Zip Code: \_\_\_\_\_

Cabrillo Pacific Insurance Services, LLC is authorized to instruct the bank named below to present Automated Clearing House (ACH) debit or credit entries to the account indicated above for commission transactions payable to/from the account. This authority is to remain in full force and effect until Cabrillo Pacific Insurance Services, LLC and Depository have each received written notification from me of its termination. Notice will be in such time and manner as to afford a reasonable opportunity to act on it.

Broker's Authorized Signature: \_\_\_\_\_

Written Name: \_\_\_\_\_ Title: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: California Zip Code: \_\_\_\_\_

Bank Phone Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Bank ABA Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Please attach a copy of a voided check to  
confirm proper bank information.



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## Authorization Agreement for Direct Deposit COMMISSIONS

Broker Name: \_\_\_\_\_ Date: \_\_\_\_\_

Broker Code: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: California Zip Code: \_\_\_\_\_

Cabrillo Pacific Insurance Services, LLC is authorized to instruct the bank named below to present Automated Clearing House (ACH) debit or credit entries to the account indicated above for commission transactions payable to/from the account. This authority is to remain in full force and effect until Cabrillo Pacific Insurance Services, LLC and Depository have each received written notification from me of its termination. Notice will be in such time and manner as to afford a reasonable opportunity to act on it.

Broker's Authorized Signature: \_\_\_\_\_

Written Name: \_\_\_\_\_ Title: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: California Zip Code: \_\_\_\_\_

Bank Phone Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Bank ABA Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Please attach a copy of a voided check to  
confirm proper bank information.



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DEAR PERSONAL LINES BROKERS

In accordance with the California Underserved Communities Act (CUCA), you are requested to voluntarily provide the following information:

Please check the following languages spoken in your office:

- |                          |          |                          |            |
|--------------------------|----------|--------------------------|------------|
| <input type="checkbox"/> | Spanish  | <input type="checkbox"/> | Korean     |
| <input type="checkbox"/> | Chinese  | <input type="checkbox"/> | Vietnamese |
| <input type="checkbox"/> | Japanese | <input type="checkbox"/> | Filipino   |
| <input type="checkbox"/> | Other    |                          |            |
| <input type="checkbox"/> | Auto     | <input type="checkbox"/> | Home       |

ZIP Code: \_\_\_\_\_

This information is requested so that the State of California can monitor the insurer's compliance with the California Underserved Communities Act. If you prefer not to provide this information to the Department of Insurance, please check here \_\_\_\_\_.

Please return this completed form to:

Cabrillo Pacific Insurance Services, LLC  
Post Office Box 500510  
San Diego, CA 92150  
Attention: Internal Sales Dept

Sincerely,  
Cabrillo Pacific Insurance Services, LLC



**Note.** If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

In the cases below, the following person must give 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:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive 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 be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. 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

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

## What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## 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.

## Specific Instructions

### Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note. ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(ii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Line 2**

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

**Line 3**

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

**Limited Liability Company (LLC).** If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

**Exempt payee code.**

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

| IF the payment is for . . .                                                            | THEN the payment is exempt for . . .                                                                                                                                                                          |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest and dividend payments                                                         | All exempt payees except for 7                                                                                                                                                                                |
| Broker transactions                                                                    | Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012. |
| Barter exchange transactions and patronage dividends                                   | Exempt payees 1 through 4                                                                                                                                                                                     |
| Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup> | Generally, exempt payees 1 through 5 <sup>2</sup>                                                                                                                                                             |
| Payments made in settlement of payment card or third party network transactions        | Exempt payees 1 through 4                                                                                                                                                                                     |

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(j)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note.** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

**Line 5**

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

**Line 6**

Enter your city, state, and ZIP code.

**Part I. Taxpayer Identification Number (TIN)**

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.



**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**What Name and Number To Give the Requester**

| For this type of account:                                                                                                                                                                   | Give name and SSN of:                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| 1. Individual                                                                                                                                                                               | The individual                                                                                          |
| 2. Two or more individuals (joint account)                                                                                                                                                  | The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup> |
| 3. Custodian account of a minor (Uniform Gift to Minors Act)                                                                                                                                | The minor <sup>2</sup>                                                                                  |
| 4. a. The usual revocable savings trust (grantor is also trustee)<br>b. So-called trust account that is not a legal or valid trust under state law                                          | The grantor-trustee <sup>1</sup><br><br>The actual owner <sup>3</sup>                                   |
| 5. Sole proprietorship or disregarded entity owned by an individual                                                                                                                         | The owner <sup>3</sup>                                                                                  |
| 6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))                                                                              | The grantor <sup>3</sup>                                                                                |
| For this type of account:                                                                                                                                                                   | Give name and EIN of:                                                                                   |
| 7. Disregarded entity not owned by an individual                                                                                                                                            | The owner                                                                                               |
| 8. A valid trust, estate, or pension trust                                                                                                                                                  | Legal entity <sup>4</sup>                                                                               |
| 9. Corporation or LLC electing corporate status on Form 8832 or Form 2553                                                                                                                   | The corporation                                                                                         |
| 10. Association, club, religious, charitable, educational, or other tax-exempt organization                                                                                                 | The organization                                                                                        |
| 11. Partnership or multi-member LLC                                                                                                                                                         | The partnership                                                                                         |
| 12. A broker or registered nominee                                                                                                                                                          | The broker or nominee                                                                                   |
| 13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity                                                                                       |
| 14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))                                          | The trust                                                                                               |

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

**Bond of Insurance Broker**

LIC 417-5 (Rev 03/1/2015)

Producer Licensing Bureau  
P.O. Box 1139  
Sacramento, CA 95814-1139  
(800) 967-9331  
www.insurance.ca.gov

**TO THE PEOPLE OF THE STATE OF CALIFORNIA**  
(Insurance Code Sections 1662-1665)

BOND No. \_\_\_\_\_

PREMIUM \$ \_\_\_\_\_

WE, \_\_\_\_\_, as Principal, an applicant for or holder of a California broker's license, and \_\_\_\_\_, an admitted surety insurer as Surety hereon, bind ourselves in the penal sum of TEN THOUSAND DOLLARS (\$10,000) to the people of the State of California, which sum shall be the limit of total aggregate liability hereunder.

The condition of this obligation is that if the Principal is granted, or during the term hereof holds, an insurance broker's license issued by the Insurance Commissioner of the State of California, he shall account to any person requesting him to obtain insurance, for moneys or premiums collected by him, his solicitors or his employees, for insurance other than life; if he shall so account as required by law, then this obligation shall be null and void; otherwise to remain in full force and effect.

This bond shall take effect on \_\_\_\_\_, 20\_\_\_\_, but not prior to the date of its execution. If no date is hereinabove written, it shall take effect on the later of the two dates of execution set forth below.

This bond shall remain in force and effect until the Surety is released from further liability by the commissioner or until the bond is canceled by the Surety. The Surety may cancel the bond and be released of further liability hereunder by delivering 30 days' notice to the commissioner. Such cancellation shall not affect any liability incurred or accrued prior to the termination of the 30-day period.

In witness whereof the Principal has subscribed his (its) true name on the date and at the place entered opposite his (its) signature, and the Surety has subscribed its full and correct name and affixed its corporate seal on the date and at the place in this State shown opposite its signature.

\_\_\_\_\_  
Principal (print or type)

\_\_\_\_\_, 20\_\_\_\_  
Date

By \_\_\_\_\_

\_\_\_\_\_  
Place Where Executed

\_\_\_\_\_  
Surety

By \_\_\_\_\_  
Name

\_\_\_\_\_, 20\_\_\_\_  
Date

\_\_\_\_\_  
Position or Title

\_\_\_\_\_  
Place in California Where Executed

**IT IS NECESSARY THAT A STATUTORY \$29.00 BOND FEE BE SUBMITTED, UNLESS THE BOND IS FILED WITH AN ORIGINAL APPLICATION, per Section 1751 (j) of the California Insurance Code.**

AGENT  
CHANGE  
OF  
INFORMATION  
FORM



# MacAfee and Edwards, Inc

Mexican Insurance Specialist  
800-334-7950

700 S. Flower St #1216  
Los Angeles, CA 90017  
T. (213) 629-9777  
F: (213) 629-9779

\* COMPANY NAME

## NEW INFORMATION

\* ADDRESS

\* CITY

\* STATE

\* ZIP CODE

EMAIL

\* TEL

\* FAX

WEBSITE

## CONTACT INFORMATION

\* NAME

EMAIL

\*TEL

## ADDITIONAL INFORMATION

ACCOUNTING CONTACT

EMAIL

TEL

## BANK ACCOUNT INFORMATION

ACCOUNT NUMBER

ROUTING NUMBER

BANK

\*\*\*PLEASE ATTACH A VOIDED CHECK.

# ALL LINES OF INSURANCE FOR MEXICO

www.macafeeandwards.com  
info@mexicard.com  
CA Lic Number: 0B60803