

# WELCOME

Thanks for your interest in Texas Mutual Insurance Company. We look forward to having you join our agent network. We value our agent partners who contribute to our success and help us serve businesses across the state.

**In order to do business with us, you'll need to complete the following requirements:**

- Provide a W9 (attached is a blank copy if needed).
- Complete the agency profile (attached).
- Provide us with a copy of your Texas or Texas non-resident agency license. Please note that the name on the license must match the name of the agency.

**You have four options for sending us your agency setup information:**

## **EMAIL**

agents@texasmutual.com

## **FAX**

(512) 224-6790

## **OVERNIGHT DELIVERY**

Texas Mutual Insurance Company  
2200 Aldrich St.  
Austin, TX 78723-3474

## **MAIL**

Texas Mutual Insurance Company  
P.O. Box 12058  
Austin, TX 78711-2058

Once we have received all of the required information, please allow two to three business days for processing. We will notify you of your assigned agency code and provide you more information about how to do business with us.

If you have any questions, please call our Information Service Center at (800) 859-5995 or visit us at [texasmutual.com](http://texasmutual.com).



2200 Aldrich St. | Austin, TX 78723 | (800) 859-5995 | [texasmutual.com](http://texasmutual.com)

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b> See Specific Instructions on page 3.	<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 of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<small>(Applies to accounts maintained outside the U.S.)</small>
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code		
<b>7</b> 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 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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
				-			-		
<b>or</b>									
<b>Employer identification number</b>									
				-					

## 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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 for Part II, later.

<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.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### 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, later.*

# TEXAS MUTUAL AGENCY PROFILE

Please complete all sections of this form as part of the agent setup process. Return with your W9 and Texas or Texas non-resident agency license to:

 [agents@texasmutual.com](mailto:agents@texasmutual.com)

## GENERAL INFORMATION

Agency Name			
Physical Address			
City	State	ZIP	
Mailing Address (if different)			
City	State	ZIP	
Office Phone Number	Fax Number		
Primary Contact	Email		
Accounting Contact	Email		
Agency License Number	Agency Website		
IIAT Member? (Y/N)	Yes	No	Local Chapter
Agency Management System			

## AGENCY INFORMATION

Total number of agency personnel: \_\_\_\_\_ Total number of agency locations: \_\_\_\_\_

Part of an Alliance/Group? \_\_\_\_\_ If so, specify the Alliance/Group name: \_\_\_\_\_

Please describe your niche or targeted industry focus: \_\_\_\_\_

## AGENCY PREMIUM VOLUME

Personal Lines	Commercial Lines	Life & Health
\$	\$	\$

## TOP 3 PROPERTY & CASUALTY CARRIERS

Carrier	Premium Volume	Workers' Comp Premium
	\$	\$
	\$	\$
	\$	\$

## PREFERRED METHOD OF COMMUNICATION

Complete this portion of the form to update your preferred method of communication to receive policy documents including quotes, cancellation notices, declination letters and general agency correspondence.

EMAIL\* - I want policy documents and general agency correspondence emailed to: \_\_\_\_\_

FAX - I want policy documents and general agency correspondence faxed to: \_\_\_\_\_

MAIL - I want policy documents and general agency correspondence mailed to: \_\_\_\_\_

\*By selecting email as your delivery preference for the documents above, you consent for Texas Mutual to deliver those documents electronically in the future. You may request a paper copy of an emailed document by calling (800) 859-5995 during business hours. You may change your document delivery preferences (delivery method or email address) using Preferred Method of Communication and Agency Administrator Form. In order to view emailed documents, you will need internet access, Adobe Reader and a compatible browser.

## ONLINE AGENCY ADMINISTRATOR

Please designate an administrator to manage all of the agency's Texas Mutual Online accounts and delivery preference of select documents.

An agency administrator can:

- Create new user accounts
- Remove user accounts
- Reset passwords
- Change user contact information
- Change user access privileges
- Manage document delivery
- Review account maintenance activities via online reports

Administrator Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

We will notify the administrator by email once their access is set up.

## APPLICATION VERIFICATION

By signing below, you confirm that you are a principal or authorized party of the agency indicated on this application.

Print Name: \_\_\_\_\_

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_

*For Texas Mutual Use Only* Agency Code: \_\_\_\_\_ Region: \_\_\_\_\_

(800) 859-5995  
texasmutual.com



**TexasMutual**<sup>®</sup>  
WORKERS' COMPENSATION INSURANCE  
WORK SAFE, TEXAS<sup>®</sup>

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