

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 to 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.



2200 Aldrich St. | Austin, TX 78723 | (800) 859-5995 | 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 for instructions and the latest information.

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

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.

| | | | | | | | | | | | |
|---------------------------------------|--|--|--|---|--|--|---|--|--|--|--|
| Social security number | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | - | | | - | | | | |
| or | | | | | | | | | | | |
| 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); 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.

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

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.

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

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

Specify your preferred method for receiving communication and documents:

EMAIL - I want documents and general agency correspondence emailed to: _____

FAX - I want documents and general agency correspondence faxed to: _____

MAIL - I want documents mailed.

By selecting email as your preference, you are consenting to electronic document delivery. You have the right to withdraw consent to electronic document delivery by completing a Preferred Method of Communication form and returning it via email, fax or mail.

ONLINE AGENCY PORTAL ADMINISTRATOR

An agency can designate an administrator to manage all of the Texas Mutual Online accounts. 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

Please specify who you would like to designate as a Texas Mutual Online portal administrator for your agency. Once administrator access is set up, we will notify the portal administrator by email.

Portal Administrator Name: _____

Title: _____ Email: _____

Phone: _____ City of Birth for Online Security: _____

**Agency will be solely responsible for protecting the confidentiality of user IDs and passwords.*

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
worksafetexas.com



TexasMutual[®]
WORKERS' COMPENSATION INSURANCE

WORK SAFE, TEXAS[®]

2200 Aldrich St.
Austin, TX 78723
PO Box 12058