



Dear Agent,

Thanks for your interest in Texas Mutual Insurance Company. We require agents who do business with us to have an active license with the Texas Department of Insurance. **Please complete the attached two-part W-9 form (top and bottom sections), the agent profile form, and return both to us with a copy of your Texas license or Texas non-resident license if you are located in another state.**

You have four options for sending us your agency set-up information:

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

Email:

agents@texasmutual.com

Fax:

(512) 224-6790

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 Texas Mutual Insurance Company.

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

Thank you,

Steve Math
SVP, Underwriting



IMPORTANT NOTICE FOR AGENTS

Re: Agreement to protect nonpublic personal health information

Dear Agency Principal:

Texas Mutual Insurance Company may, from time to time, disclose nonpublic personal health information (“PHI”) to you to obtain workers’ compensation insurance services for claims administration, adjustment and management, or other insurance services. PHI is individually identifiable health information, including an individual’s name, address, social security number and demographic information that relates to his or her past, present or future physical or mental health or condition; and treatment and payment for the same.

Under Texas Department of Insurance rule 28 T.A.C. §22.60, an insurance carrier that discloses PHI to a third party to perform a function on its behalf must obtain an agreement from the third party not to disclose or use the PHI other than to carry out the purposes for which the carrier discloses the PHI and to comply with the Department’s rules on PHI use and disclosure. See www.tdi.texas.gov for the rules on PHI.

I am writing to confirm that you will not disclose or use PHI other than to carry out the purposes for which Texas Mutual Insurance Company disclosed the PHI to you, and that you comply with the Department of Insurance rules on PHI use and disclosure. If you are not willing to agree to these terms, please contact me in writing within five business days after you receive this notice. If I do not receive your written objection to this agreement within five business days after you receive this notice, you will be deemed to have agreed to these terms and your acceptance of PHI will be subject to these terms. This agreement will continue in effect until one or both of the parties terminate it. Please contact me at the phone number below if you have any questions regarding this matter. Thank you for your consideration in this matter.

Thank you,

A handwritten signature in black ink that reads 'Steve Math'.

Steve Math
SVP, Underwriting

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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.					
	2 Business name/disregarded entity name, if different from above					
	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.		4 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) ▶ _____					
	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.					
	<input type="checkbox"/> Other (see instructions) ▶ _____					Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.				Requester's name and address (optional)		
6 City, state, and ZIP code						
7 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.

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 ▶
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Name of Agency:

AGENCY CONTACT

Name:

Title:

Phone Number:

Fax Number:

Email Address:

City of Birth:

Answer 'City of Birth' only if you would like an online service account

LICENSE

Name on License:

Expiration Date:

Number:

ADDRESSES

Physical:

Mailing:



New agency profile

Please complete all sections of this form as part of the agent setup process. Return with your W9 and agent license to agents@texasmutual.com

_____ Name			_____ Office Phone Number
_____ Mailing Street Address			_____ Cell Phone Number
_____ City	_____ State	_____ Zip	_____ Fax Number
_____ Physical Street Address			_____ Key Agency Contact
_____ City	_____ State	_____ Zip	_____ Accounting Contact
_____ City of Birth			_____ Agency Website

The answer to the Texas Mutual Online security question: City of Birth

Ownership Type

Sole Proprietor Corporation Partnership LLC

Total number of agency personnel _____ How many agency locations? _____

Part of an Alliance, Cluster or Group? _____ If so, name organization _____

Please describe any niche or specialty markets _____

Total Agency Premium Volume

Percentage of premium in...

Top 3 Property & Casualty

Markets:	_____ Personal Lines	_____ Commercial Lines	_____ Life & Health
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Top WC Markets:

_____ Carrier	_____ Volume \$\$	_____ % of overall book
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_____ Carrier	_____ Volume \$\$	_____ % of overall book
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_____ Carrier	_____ Volume \$\$	_____ % of overall book
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_____ Carrier	_____ Volume \$\$	_____ % of overall book
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New agency profile (cont.)

Document Delivery and Consent Section

Please specify the method by which your agency will receive the below categories of communication/documents:

I want all policy documents and general agency correspondence to be delivered electronically

I want all policy documents delivered by mail

I want all policy documents delivered by fax

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 have the right to withdraw consent to electronic document delivery by completing a Preferred Method of Communication form and returning that to: (e-mail) agents@texasmutual.com, (fax) 512-224-6790, or (mailing address) Agency License Technician, PO Box 12058, Austin, TX 78711-2058. You may request a paper copy of an emailed document by calling (800) 859-5995 during business hours. In order to view emailed documents, you will need access to an Internet connection, Adobe Reader, and Internet Explorer 7.0 or higher.

Agency Online Portal Administrator

An agency can designate one or more administrators to manage all of the Texas Mutual® online accounts for the agency. An agency administrator can:

- Create new user accounts
- Remove user accounts
- Reset passwords
- Change user contact information (i.e. email addresses)
- Change user access privileges
- Review account maintenance activities via online reports
- Manage document delivery

Please specify the individual(s) you would like to designate as a Texas Mutual® online portal administrator(s) for your agency. Once administrator access is set up, we will notify the administrator by email.

Employee Name	Employee Title	Email	Phone	City of Birth*
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* **The answer to the Texas Mutual Online security question: City of Birth**
Agency will be solely responsible for protecting the confidentiality of user IDs and passwords.

Signature: _____

Title: _____

Date: _____

For Company Use Only

Agency Code

Region