

ARAG PRODUCER APPLICATION



Legal Insurance

SECTION I - Appointing Agent Information

Please fill out the following information as it appears on your state license and W-9. The information provided below must match in order to be paid commissions.

APPOINTING AGENT

FIRST NAME _____ MI _____ LAST NAME _____ SUFFIX _____

EMAIL ADDRESS _____

ADDRESS LINE 1 (STREET NAME) _____

STATE IN WHICH YOU HOLD A RESIDENTIAL LICENSE _____

ADDRESS LINE 2 (SUITE, APARTMENT NUMBER) _____

NPN NUMBER _____

CITY, STATE, ZIP _____

PLEASE INDICATE THE LICENSE LINE OF AUTHORITY AND LICENSE NUMBER.

COUNTY _____

DATE OF BIRTH (MM/DD/YYYY) _____

SOCIAL-SECURITY NUMBER _____

PHONE NUMBER _____

FAX NUMBER _____

MOBILE NUMBER _____

PLEASE NOTE: ARAG® requires Property and Casualty or Legal Expenses licenses in most states. An ARAG representative will discuss with you what license is required.

SECTION II - Consent to Background Check

I, _____, hereby attest that I am authorized to provide the information on this form and that it is true and accurate to the best of my knowledge. I understand that ARAG will verify all or part of this information which may include an inquiry into my criminal history, and/or prior employment, and/or prior relationships with companies with which I have worked as an Agent/Producer and I consent to such inquiry. I authorize release of such information as may be necessary to verify the information I have provided on this form.

I release and hold harmless from all liability any individual or entity requesting or supplying information with respect to my application to be appointed as an agent/producer. My signature below also certifies that I have not been convicted of any criminal felony involving dishonesty or breach of trust nor an offense under Section 1033 of the Violent Crime and Law Enforcement Act of 1994. I understand submission of this application is not a guarantee of acceptance and I will be notified by ARAG as to whether my application has been accepted.

APPLICANT'S SIGNATURE _____

DATE _____

SECTION III - Licensing Contact and Agency Information

AGENCY NAME

PRIMARY LICENSING CONTACT (FIRST NAME)

PRIMARY LICENSING CONTACT (LAST NAME)

E-MAIL ADDRESS FOR PRIMARY LICENSING CONTACT

E-MAIL ADDRESS FOR COMMISSION STATEMENT DELIVERY

WEBSITE URL

ADDRESS LINE 1 (STREET NAME)

STATE IN WHICH YOU HOLD A RESIDENTIAL LICENSE

ADDRESS LINE 2 (SUITE, APARTMENT NUMBER)

NPN NUMBER

CITY, STATE, ZIP

PLEASE INDICATE THE LICENSE LINE OF AUTHORITY AND LICENSE NUMBER.

COUNTY

TAX IDENTIFICATION NUMBER (TIN)

PHONE NUMBER

PLEASE NOTE: ARAG requires Property and Casualty or Legal Expenses licenses in most states. An ARAG representative will discuss with you what license is required.

FAX NUMBER

COMMISSION CHECKS SHOULD BE MADE PAYABLE TO: (CHECK ONE)

 AGENT AGENCY**SECTION IV - Payment Information**

ARAG offers ACH as a safe, reliable and convenient electronic payment method. To facilitate electronic payment, please provide the following information and return per the instructions below with a voided check or company banking details on company or bank letterhead.

COMPANY NAME

NAME ON ACCOUNT (IF DIFFERENT THAN COMPANY NAME)

FINANCIAL INSTITUTION NAME

ROUTING/TRANSIT NUMBER

ACCOUNT NUMBER

EMAIL REQUIRED FOR ELECTRONIC REMITTANCE

AUTHORIZED CONTACT

PHONE NUMBER

EMAIL IF DIFFERENT FROM ABOVE

BANK CONTACT

PHONE NUMBER

EMAIL IF DIFFERENT FROM ABOVE

My signature below confirms authorization for ARAG or its affiliates to initiate electronic credit entries to my account for payment of commissions. This authority will remain in effect until I notify ARAG of a change in my account or cancel it in writing.

APPLICANT'S SIGNATURE

DATE

SECTION V – Request for Taxpayer Identification Number and Certification

This section provides all pertinent IRS W-9 information necessary for the completion of 1099 forms. You can substitute this section with your official W9 form.

AGENCY CONTACT

NAME (AS SHOWN ON YOUR INCOME TAX RETURN)

BUSINESS NAME, IF DIFFERENT FROM ABOVE

CHECK APPROPRIATE BOX

INDIVIDUAL/SOLE PROPRIETOR CORPORATION PARTNERSHIP

LIMITED LIABILITY COMPANY. (ENTER TAX CLASSIFICATION (D= DISREGARDED ENTITY, C= CORPORATE, P=PARTNERSHIP) _____)

OTHER _____

CHECK HERE IF EXEMPT PAYEE

ADDRESS LINE 1 (STREET NAME)

ADDRESS LINE 2 (SUITE, APARTMENT NUMBER)

CITY, STATE, ZIP

COUNTY

TAXPAYER IDENTIFICATION NUMBER (TIN)

The TIN provided must match the name given in this section to avoid backup withholding. For individuals, this is your Social Security Number (SSN). For other entities, it is your Employer Identification Number (EIN). If you do not have a number, or need assistance, please visit www.irs.gov.

TAX IDENTIFICATION NUMBER (TIN)

OR

EMPLOYER IDENTIFICATION NUMBER

IRS 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 of 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 in the instructions).

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.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE OF U.S. PERSON

DATE

Please submit the following by email to legal@ARAGlegal.com or fax to 515-246-8710:

- Application
- Errors & Omissions
- Copy of Required License (if applicable)
- Voided check or bank letter
- W9 (if applicable)
- Signed Producer Agreement
- Broker of Record Letter