



Be sure to attach copies of the Declaration page from your Errors and Omissions Insurance Policy and proof you have obtained the correct license in order to solicit ARAG products.

SECTION I – 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.

AGENT CONTACT

FIRST NAME	M.I.	LAST NAME	SUFFIX
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E-MAIL ADDRESS

ADDRESS LINE 1 (STREET NAME)

STATE IN WHICH YOU HOLD A RESIDENTIAL LICENSE

ADDRESS LINE 2 (SUITE, APARTMENT NUMBER)

PLEASE INDICATE THE LICENSE LINE OF AUTHORITY AND LICENSE NUMBER.

CITY	STATE
<input type="text"/>	<input type="text"/>

ZIP	COUNTY
<input type="text"/>	<input type="text"/>

DATE OF BIRTH (mm/dd/yyyy)

SOCIAL SECURITY NUMBER

PHONE NUMBER

FAX NUMBER

MOBILE NUMBER

DO YOU HOLD NON-RESIDENTIAL LICENSE(S)?
 YES NO

IF SO, PLEASE LIST ONLY THE LICENSE(S) LINE(S) OF AUTHORITY, LICENSE NUMBER(S) AND APPLICABLE STATE(S) FOR THE STATE(S) YOU WILL BE SELLING ARAG PRODUCTS.

APPLICATION CONTINUES ON NEXT PAGE ⇨

ARAG Producer Application



SECTION II – Agency Information

AGENCY CONTACT

AGENCY NAME

PRIMARY LICENSING CONTACT (FIRST NAME)

PRIMARY LICENSING CONTACT (LAST NAME)

PRIMARY LICENSING CONTACT (E-MAIL ADDRESS)

WEBSITE URL

ADDRESS LINE 1 (STREET NAME)

STATE IN WHICH AGENCY HOLDS A RESIDENTIAL LICENSE

ADDRESS LINE 2 (SUITE, APARTMENT NUMBER)

ONLY IN THE STATE(S) YOUR AGENT WILL BE SELLING ARAG PRODUCTS, PLEASE INDICATE THE LICENSE(S) LINE(S) OF AUTHORITY, LICENSE NUMBER(S) AND APPLICABLE STATES FOR YOUR AGENCY.

CITY

STATE

ZIP

COUNTY

PHONE NUMBER

FAX NUMBER

IS THE AGENCY A THIRD-PARTY ADMINISTRATOR? (CHECK ONE)

 YES NO

TAX IDENTIFICATION NUMBER (TIN)

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

 AGENT AGENCY

SECTION III – 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:

APPLICATION CONTINUES ON NEXT PAGE ⇨



SECTION IV – Payment Options

Choose ONE payment method below. If a payment method is not chosen, payment will be made monthly by paper check.

1. ELECTRONIC FUNDS TRANSFER

NAME ON ACCOUNT

FINANCIAL INSTITUTION NAME

ROUTING/TRANSIT NUMBER

ACCOUNT NUMBER

OR

2. PAPER CHECK

If I choose Electronic Funds Transfer, my signature below confirms authorization for ARAG or its affiliates to initiate electronic credit entries to my account for payment of claims. Should ARAG enter more money into my account than I am entitled to receive, I authorize ARAG to withhold such amount from a further credit entry. This authority will remain in effect until I notify ARAG of a change in my account or cancel it in writing.

APPLICANT'S SIGNATURE

X	DATE:
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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.

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

SECTION V CONTINUES ON NEXT PAGE ⇨



SECTION V – Request for Taxpayer Identification Number and Certification, *continued*

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.

SOCIAL SECURITY NUMBER

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:
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Please submit your completed application along with copies of your Insurance Declaration Page and your license by email to Legal@ARAGlegal.com or fax to **515-246-8710**.