



**VENTURE**  
**GENERAL AGENCY LLC**

## **Appointment Checklist**

Thank you for your interest in partnering with Venture! Please make sure that all items listed below are emailed to [marketing@venturega.com](mailto:marketing@venturega.com) or faxed to 512-212-3221. If you have any questions, please feel free to contact the marketing department at 972-346-1012.

- ✓ Agency Appointment form
- ✓ Signed contract
- ✓ Banking Form with copy of voided check or verification letter included
- ✓ W9
- ✓ Current copy of Errors and Omission Insurance Declarations page
- ✓ One copy of the Additional Location Form for each location aside from the main location (if applicable)

**Our marketing team will contact you within 72 hours regarding your appointment request and we thank you for choosing to partner with Venture.**



AGENT APPOINTMENT FORM

Agent Code

[Grey box for Agent Code]

P.O. Box 1970
Marble Falls, TX 78654

Please check box below:

- Single Location
Multiple Locations (Attach additional sheet with location details)

Agency Information

Agency Name: \_\_\_\_\_ Years in business: \_\_\_\_\_

DBA Name: \_\_\_\_\_ Comparative Rater: \_\_\_\_\_

Agency Address: \_\_\_\_\_
(Street) (City) (State) (Zip) (County)

Mailing Address: \_\_\_\_\_
(Street) (City) (State) (Zip) (County)

Agency Phone #: \_\_\_\_\_ Agency Fax #: \_\_\_\_\_ Agency Email: \_\_\_\_\_

Key Agency Personnel

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

Organization Type: Sole Proprietor Partnership Corporation Limited Liability Company

Tax ID Number: \_\_\_\_\_

Do you carry Errors & Omissions insurance? Yes No (If yes), Policy # \_\_\_\_\_

Carrier Name: \_\_\_\_\_ Eff. Date: \_\_\_\_\_ Policy Limit: \_\_\_\_\_

Principal Legal Name: \_\_\_\_\_
First Middle Last

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Month Day Year

Resident Address: \_\_\_\_\_
(Street) (City) (State) (Zip) (County)

Mailing Address: \_\_\_\_\_
(Street) (City) (State) (Zip) (County)

Resident Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

TDI LICENSE INFORMATION - Attach current copy of appropriate State License(s)

Licensing Lines: P&C General Lines County Mutual Life & Health Surplus Lines

State License ID Number: \_\_\_\_\_ State Licensed: \_\_\_\_\_

List the top 4 companies in the agency by line of business, production and loss ratio for which you have been appointed in the past three years

Carrier Name	Line	Written Premium	Loss Ratio

**BACKGROUND QUESTIONS:** If your answer is “yes” to any of the questions below, please write on a separate sheet and attach. **FAILURE TO DISCLOSE MAY RESULT IN A DECLINE OF YOUR APPLICATION.**

1. Are you now being sued or have you ever been sued or had a judgment rendered against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you ever filed for bankruptcy or sought protection from your creditors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you ever been charged, convicted, or pled guilty or nolo contendere (“no contest”) to:	
a) A felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Any misdemeanor involving investments, securities, insurance, real estate, or any type of financial instrument?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Has any federal or state regulatory agency ever:	
a) censored you, threatened to suspend or terminate, or suspended or terminated your license(s) to sell securities, insurance, annuities, real estate, or any other type of financial instrument?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) found you made false statement(s) or omissions or been dishonest, unfair, or unethical?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Are you now or have you ever been prevented from engaging in any activities related to securities, insurance, annuities, real estate, or any other type of financial instrument?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. In the last five years, have any agent or broker contracts which you held with investment, real estate, insurance companies or agencies been canceled for cause?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**NOTICE AND RELEASE FORM**



I certify that I have reviewed this application and that my answers are true. I acknowledge that this application will form a part of my agent’s contract with the Company. Further, I understand that if any information is incorrect or incomplete, it will be grounds at the sole discretion of the Company for rejecting this application or for termination of my contract.

Under Penalties of Perjury, I certify that the Social Security Number (or Taxpayer Identification Number) shown on this form is my correct taxpayer number.

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

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

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

Title of Applicant: \_\_\_\_\_

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



**VENTURE**  
GENERAL AGENCY LLC

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**Sweep/Commission Account Information**

Agency Name \_\_\_\_\_

Agent/location code \_\_\_\_\_

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**SWEEP ACCOUNT:**

Banking Institute Name \_\_\_\_\_

Bank address \_\_\_\_\_

Bank phone number \_\_\_\_\_

Routing number \_\_\_\_\_ Account number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

Venture General Agency, LLC is hereby authorized to present electronic withdrawal items on the agency's account indicated above and the depository named above for payments of settlements due to Venture General Agency, LLC, by the Agency. This arrangement does not affect the Agent's primary obligation for payment. This authorization is to remain in effect until Venture General Agency LLC is notified in writing to the contrary. All payment amounts received as Check, Cash, Money Order, or Credit Card to the Agent taken in for new applications, renewals and endorsements will be withdrawn from the Agent's account.

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**COMMISSION ACCOUNT:**

Banking institute Name: \_\_\_\_\_

Bank address \_\_\_\_\_

Bank phone number \_\_\_\_\_

Routing number \_\_\_\_\_ Account number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

Venture General Agency, LLC is hereby authorized to present electronic deposit items on the agency's account indicated above and the depository named above for payment of settlements due to the party listed on the Contract Signature page, by Venture General Agency, LLC. This arrangement does not affect the Agent's primary obligation for payment. This authorization is to remain in effect until Venture General Agency LLC is notified in writing to the contrary. All commissionable amounts paid on, receipted as Check, Cash, Money Order or Credit Card to the Agent, taken in for new applications, renewals and endorsements will be deposited into the Agent's commission account.

**\*\*\*Please include a copy of a voided check or letter of verification from your bank with account and routing information included. Also, please note that if the information provided results in a returned ACH and no voided check/verification letter was provided then it will be the agent's responsibility to provide payment for any fees owed.**



# VENTURE

GENERAL AGENCY LLC

## PRODUCER AGREEMENT

This agreement is entered into by **Venture General Agency, LLC**, (hereinafter referred to as "General Agent") and \_\_\_\_\_ (hereinafter referred to as "Producer").

Whereas Producer desires to obtain insurance coverage for its clients (hereinafter referred to as "Applicants" and/or "Insured's") provided under insurance programs available from insurance companies (hereinafter called "Insurers") represented by General Agent, and whereas General Agent desires to place insurance on Insured's that meet the qualifications of one of the aforementioned insurance programs; now, therefore, Producer and General Agent agree as follows:

### **I. Appointment**

- A. Scope of Producer's Authority under This Appointment: General Agent authorizes Producer to submit applications and premiums in accordance with the applicable underwriting guide for insurance on the types of risks and lines of insurance (hereinafter referred to as "Programs") specified by General Agent and as set forth in the Producer's Program Appointment(s) that are made a part of this Agreement. Producer does not have authority to bind Insurer or General Agent to any contract of insurance unless such authority is specifically granted to Producer under the particular Program Appointment(s). Once a risk is bound, Producer shall professionally handle any changes or other requests related to the Applicant's policy in accordance with General Agent's written procedures provided in advance to Producer, and as amended from time to time at the sole discretion of General Agent. Producer understands that:
1. Producer shall not bind or otherwise submit applications to General Agent for quoting or binding if such business was produced by independent producers (or sub-producers) without the prior written permission of General Agent, except where Producer is authorized by General Agent to serve in the capacity of a wholesale Producer.
  2. Producer shall have no authority to waive any term or condition of any insurance policy. Producer shall have no authority to accept service of any lawsuit or process on behalf of General Agent or any Insurer, nor shall it authorize any claim settlement, or bind General Agent or any Insurer in any claim matter.
  3. Producer shall not use the name of General Agent or that of any of its' Insurers in any advertisement, publication, circular or paper without first obtaining written consent from General Agent.
- B. Modification Of Appointment & Producer's Authority Under This Agreement: General Agent may, at its sole discretion, modify this Agreement at any time subsequent to its execution by providing at least 30 days advance notice to Producer, except such advance notice is not required where the modification is by mutual agreement or where one or more Program Appointments are terminated in their entirety; a moratorium is placed on writing new business for the Program(s) by the Insurer, and/or; binding authority is suspended pursuant to section XI of this Agreement. Such modification may include, but is not limited to (1) appointment of Producer to additional Programs; (2) modification of Producer's appointment and authority under any Program(s); (3) modification of Producer's commission for new or renewal policies of insurance to be written under any Program Appointment(s); (4) extension or revocation of binding authority under any Program Appointment(s). Such modification shall be made by sending written notice to Producer via facsimile or U.S. mail at the address provided in this Agreement, or to Producer's last known address. Producer's acceptance of the modification(s) of a current or additional Program Appointment, including any and all conditions, restrictions, commission rate(s), underwriting guidelines, requirements and limitations specific to the Program, shall be conclusively established

Initials \_\_\_\_\_

when Producer, subsequent to receipt of notification of the modification from General Agent, submits one or more applications for insurance to General Agent for placement of Insureds in the Program(s) so modified. Where Producer's appointment to one or more Programs is terminated, Producer will immediately discontinue solicitation of new business and shall not submit applications to place business in said Program(s).

- C. Conditions for Application Submission: By submitting applications for insurance under any Program Appointment, Producer agrees to comply with all conditions, underwriting guidelines, restrictions, requirements and limitations applicable to all Program Appointments under this Agreement.
- D. Procedure for Submission of Binding Requests to General Agent: Producer shall follow the procedure for binding coverage as described in the applicable Program Appointment and General Agent's then current Underwriting and Rate Guide. Any extension of coverage by Producer not in accordance with such procedures may result in General Agent seeking reimbursement from Producer for any loss or claim arising from such improperly bound risk.
- E. Multiple/Programs: Producer acknowledges that in cases where multiple or group programs are offered by the same insurer in the same state for the same line of business, producer will offer the lowest priced policy available for a client or prospective client or will refer the client to the insurer's web-site or toll-free access line where the client can obtain the lowest priced policy available.

## II. Compensation

- A. As full and complete compensation due Producer under this Agreement, General Agent shall pay Producer, as commission, a percentage of the collected premium received by General Agent for policies produced under this Agreement by Producer (excluding all fees charged by Insurer or General Agent) on each policy produced and paid for under this Agreement at the rate stipulated by General Agent. Producer shall be liable for returning commissions (at the same rate as they were paid) on all return premiums, including return premiums arising from policy cancellations. It is expressly acknowledged that Producer may charge the Insured a broker's fee where permitted by law in addition to the compensation due Producer under this Agreement.

## III. Collection and Distribution of Funds

- A. Producer agrees to promptly pay General Agent for the down payment on all policies bound in accordance with the Program Appointment and each Program(s) premium payment guidelines and General Agent's credit and collection policies.
- B. All premiums received by Producer will be promptly remitted to General Agent without deduction for commissions in accordance with each Program(s) premium payment guidelines.

## IV. Licensing

Producer is solely responsible for securing and maintaining all licenses required by any state law, rule, regulation, or administrative authority prior to engaging in any of the transactions contemplated by Producer and General Agent under this Agreement. On an annual basis, Producer further agrees to provide General Agent with a copy of their then-current license for each jurisdiction in which Producer transacts insurance and for which Producer has received a Program Appointment.

## V. Professional Liability Insurance

Producer agrees to purchase and maintain (until the last policy written under this Agreement expires) a professional liability insurance policy with liability limits in amounts no less than the amounts specified by General Agent pursuant to the specific requirements of a Program Appointment. Producer shall furnish General Agent certificates of insurance evidencing such coverage, which shall be insured by an insurer acceptable to the General Agent, provided said acceptance shall not be unreasonably withheld.

## VI. Ownership of Expirations

If Producer has accounted for and paid all premiums and other sums for which Producer may be liable to General Agent in accordance with the terms of this Agreement and is not otherwise in default of this Agreement, Producer's records and use and control of expirations shall remain Producer's property and be left in Producer's undisputed possession. If Producer has not paid or provided acceptable collateral or security for undisputed amounts owed by Producer to General Agent within thirty days (30) following the termination of this Agreement, then ownership of the records and the use and control of only such minimum expirations as are necessary to satisfy the debt shall vest exclusively with General Agent until the undisputed debt shall have been satisfied. Producer shall be entitled to receive the prevailing rate of commission in effect for renewal premiums for each Program Producer has been appointed to immediately prior to termination.

## VII. Indemnification

- A. General Agent agrees to jointly and severally indemnify, defend and hold harmless Producer against any and all claims, demands, losses, expenses, liabilities and damages of whatever nature, including interest, penalties and attorney fees (collectively herein, "Costs") Producer shall incur, which result from, arise out of, or relate to any dispute, including allegations of negligence or unlawful conduct, on the part of General Agent and its affiliates arising under this Agreement.
- B. Producer agrees to jointly and severally indemnify, defend and hold harmless General Agent, its Insurer(s), claims administrators, and servicing companies (hereinafter referred to as "its affiliates") against any and all costs General Agent and its affiliates shall incur, which result from, arise out of, or relate to Producer's duties, obligations, or performance under this Agreement, or relate to any dispute, including allegations of negligence or other unlawful conduct including violation of insurance laws alleged by any governmental authority, including but not limited to, the state Department of Insurance having jurisdiction thereof, or consumer protection and privacy laws (including, but not limited to, the Fair Credit Reporting Act) on the part of Producer and its agents, employees, or representatives.
- C. Each party to this Agreement shall promptly notify the other party of the existence of any claim, demand, assessment, allegation of negligence or any other matter as to which the obligation to indemnify hereunder would apply, and shall give the indemnifying party reasonable opportunity to defend the same at their own expense with mutually agreeable counsel. Either party and/or its affiliates shall at all times have the right to fully participate in such defense at their own expense. If, within a reasonable time after such notice, the party to whom a request for indemnity is made thereafter fails or refuses to defend, the party seeking indemnification shall have the right, but not the obligation, to undertake the defense of, and to conclusively compromise or settle the claim or other matter on behalf of, or for the account and at the risk of, the party refusing to defend and/or indemnify.
- D. By signing this Agreement, Producer acknowledges that it has been informed that various Insurers with whom General Agent does business require the following language to be placed in all Producer Agreements, and thereby prohibits Producer from suing the Insurer directly under this agreement:
 

"Producer shall have no right, claim or cause of action against any Insurer, and shall look exclusively to the General Agent for the payment or satisfaction of any expenses, costs, claims and/or causes of action arising directly or indirectly out of, or relating to, any action taken or not taken by the Insurer or the General Agent."
- E. Producer agrees to waive its right to proceed directly against any Insurer in accordance with the terms and conditions quoted above in each instance where the Insurer requires Producer to waive said rights in the agreement between General Agent and Insurer, provided, however, that General Agent represents that it will fully indemnify, hold harmless, and protect Producer for all such rights, expenses, costs, claims, or causes of action that would otherwise be brought against any Insurer.

## VIII. Right to Audit

Upon receipt of a written request by General Agent, Producer agrees to allow General Agent or its authorized representative to conduct an audit at Producer's place of business and permit

copying of Producer's business records relating to premiums received from insured(s), the insured's name, address, telephone number, additional insured information, correspondence, any contracts entered into with third parties and such other information as it relates to all program appointments of Producer in effect at any time under this Agreement. The audit shall take place during normal business hours solely to confirm Producer's performance under this Agreement. General Agent agrees not to make use of any information acquired in such audit in any manner otherwise prohibited by law or this Agreement. General Agent shall bear the expense of such audit. Written notice shall be provided to Producer by General Agent at least 5 business days prior to the audit.

#### **IX. Independent Contractor**

It is agreed that Producer acts as his own contractor in procuring insurance for Applicants obtained from Insurers represented by General Agent. Producer shall manage his or her own time and nothing in this agreement is meant to create the relationship of employer/employee, partnership or joint venture between General Agent and Producer. General Agent will not be responsible for Producer's expenses.

#### **X. Claims**

Producer agrees to cooperate fully with General Agent, Insurers, their affiliates or authorized third party administrators to facilitate the investigation and adjustment of any claim. Where Producer receives an actual or constructive Notice of Claim, as that term is commonly understood and utilized in the applicable claims handling statutes or regulations, Producer agrees to promptly notify General Agent or Insurer's claim adjusting company of the same by adhering to the instructions provided upon each Program Appointment. Producer agrees that it will at no time insert itself into the claim adjustment process or cause any delay in the claim notification process.

#### **XI. Contract Termination & Suspension of Authority**

- A. If General Agent has reasonable cause to believe that Producer is in violation of this Agreement, General Agent may immediately suspend Producer's binding authority (if binding authority has been given to Producer under one or more Program Appointments) pending investigation by providing written notice to Producer of such suspension.
- B. This Agreement may be canceled at any time in by either party providing the party terminating the agreement shall provide written notice of termination to the other party. Effective immediately upon providing notice of termination, (1) Producer's authority to bind new business with General Agent is revoked for all Program Appointments (if binding authority has been given to Producer under one or more Program Appointments); (2) General Agent agrees to renew policies then in force with Producer at the time of termination for a period of 30 days thereafter, or for a longer period of time if required by law, provided that said policies have not expired, been cancelled, or have been placed with a different insurer at the time for renewal. It is further agreed that the commissions or return commissions will be paid by the responsible party on additional premium collected, or on return premiums made, after termination of this Agreement.
- C. If the law requires General Agent to notify Applicant of its intent not to renew any policy of insurance issued pursuant to this Agreement, General Agent will give Applicant the required notice. If the law gives certain renewal rights, the General Agent will notify Applicant of them.

#### **XII. Assignment**

Producer may not assign this Agreement without prior written consent of General Agent. Any change in majority control or majority ownership of Producer shall be deemed an assignment event. Any assignment made without General Agent's written consent may, at General Agent's option, terminate this Agreement.

#### **XIII. Arbitration & Good Faith Dispute Resolution**

- A. The parties will attempt in good faith to resolve through negotiation any dispute, claim or controversy arising out of or relating to this Agreement. Either party may initiate negotiations by providing written notice in letter form to the other party, setting forth the subject of the dispute and



the relief requested. The recipient of such notice will respond in writing within ten days with a statement of its position on the dispute. If the dispute is not resolved by this exchange of correspondence, then representatives of each party with full settlement authority will meet at a mutually agreeable time and place within 20 days of the date of the initial notice in order to exchange relevant information and perspectives, and to attempt to resolve the dispute. If the dispute is not resolved by these negotiations, the matter may, with the prior written consent of both parties hereto, be submitted to JAMS/Endispute for mediation and/or binding arbitration.

- B. In the event of binding arbitration or litigation to interpret the terms of, or otherwise enforce this Agreement or any provision thereof, the prevailing party, in addition to other relief awarded, shall be entitled to recover from the non-prevailing party all costs and expenses thereof including, without limitation, reasonable attorney fees incurred by the prevailing party which shall be determined and fixed by the arbitrator or court as part of the decision or judgment. Such fees, costs and expenses shall include expenses incurred on any appeal and for collecting on or enforcing any such decision or judgment.

#### **XIV. Miscellaneous Provisions**

- A. All supplies, products, trademarks, logos, software, other intellectual property or other proprietary information furnished to Producer and belonging to General Agent shall remain the property of General Agent and shall be returned to General Agent promptly upon demand or upon termination of this Agreement.
- B. If any provision of this Agreement is held in whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire Agreement will be severable and remain in effect.
- C. The waiver by one party of any breach of this Agreement by the other party will not be deemed a waiver of any subsequent breach, a waiver of the particular provision breached, or a waiver of any other provision of this Agreement.
- D. This Agreement, together with any exhibits and attachments hereto, embodies the complete and entire agreement between the parties, and replaces any previous Agreement(s). No other representations, understandings or agreements have been made or relied upon in the making of this Agreement other than those specifically set forth or referred to herein.
- E. This Agreement shall be governed by and construed in accordance with the laws of the State of Texas, without reference to the choice of law provisions thereof. The parties hereto hereby consent to the exclusive jurisdiction and venue of the United States District Court for the Northern District of Texas or the applicable state court of Burnet County for any action that may be brought relating to this Agreement.
- F. Each party agrees to accept all written notifications under this Agreement by facsimile in lieu of U.S. mail and shall keep the other party apprised of its then current facsimile number.

This agreement is entered into by Venture General Agency, LLC and \_\_\_\_\_ (enter agents name) representing \_\_\_\_\_ (enter agency name). This agreement shall become effective at 12:01 a.m. central time on \_\_\_\_\_ (date).

I, \_\_\_\_\_ agree to the terms and conditions of the producer agreement provided by Venture General Agency, LLC. I also agree that I was provided a copy of the agreement and understand my responsibility as a Producer. I represent and warrant that the statements made in the submitted application are true to the best of my knowledge and that I am fully authorized to sign this application of behalf of \_\_\_\_\_.

**Commission**

The agreed commission percentages are as follows: (\*\*filled out by MGA only\*\*)

VGAL      14 % New 12 % Renewal Rate

VGAS      14 % New 12 % Renewal Rate (locked for all agents)

Approved By: \_\_\_\_\_

PRODUCER:

Producer Representative \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

VENTURE REPRESENTATIVE:

Venture Representative \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Initials \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

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

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

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type. See Specific Instructions on page 3.</b>	<b>1</b>	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	<b>2</b>	Business name/disregarded entity name, if different from above.		
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  <i>(Applies to accounts maintained outside the United States.)</i>	
	<b>3b</b>	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
	<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.

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

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

## 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).

### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



**Additional Location Form**

Please email to [marketing@venturega.com](mailto:marketing@venturega.com) or  
fax to 512-212-3221

Agency Name \_\_\_\_\_

Main Code \_\_\_\_\_

New location address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

New location phone \_\_\_\_\_

New location fax \_\_\_\_\_

Email address \_\_\_\_\_

Location CSR/Manager contact \_\_\_\_\_

**\*\*Please include an updated copy of your E&O showing the new location has been added\*\***

**SWEEP ACCOUNT:**

Banking institute Name: \_\_\_\_\_ Bank address \_\_\_\_\_ Bank phone number \_\_\_\_\_

Routing number \_\_\_\_\_ Account number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

Venture General Agency, LLC is hereby authorized to present electronic withdrawal items on the agency's account indicated above and the depository named above for payments of settlements due to Venture General Agency, LLC, by the Agency. This arrangement does not affect the Agent's primary obligation for payment. This authorization is to remain in effect until Venture General Agency LLC is notified in writing to the contrary. All payment amounts received as Check, Cash, Money Order, or Credit Card to the Agent taken in for new applications, renewals and endorsements will be withdrawn from the Agent's account.

**COMMISSION ACCOUNT:**

Banking institute Name: \_\_\_\_\_ Bank address \_\_\_\_\_ Bank phone number \_\_\_\_\_

Routing number \_\_\_\_\_ Account number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

Venture General Agency, LLC is hereby authorized to present electronic deposit items on the agency's account indicated above and the depository named above for payment of settlements due to the party listed on the Contract Signature page, by Venture General Agency, LLC. This arrangement does not affect the Agent's primary obligation for payment. This authorization is to remain in effect until Venture General Agency LLC is notified in writing to the contrary. All commissionable amounts paid on, receipted as Check, Cash, Money Order or Credit Card to the Agent, taken in for new applications, renewals and endorsements will be deposited into the Agent's commission account.

**\*\*\*Please include a copy of a voided check or letter of verification from your bank with account and routing information included. Also, please note that if the information provided results in a returned ACH and no voided check/verification letter was provided then it will be the agent's responsibility to provide payment for any fees owed.**