

## Agent Appointment Checklist

Please submit the following if you want commissions paid to your social security number:

<b>Documentation Needed</b>	<b>Attached</b>
License Information & Payment Instruction Form	
Important Tax Document Substitute Form W-9	
Individual Michigan License	
Proof of E&O Insurance (in the amount of \$1 million)	
Certificate of Completion – Agent/Broker Indv. Marketplace – 2018, <i>if applicable</i>	

Please submit the following, in addition to the above, if you want commissions paid to your agency:

<b>Documentation Needed</b>	<b>Attached</b>
Michigan Agency License	
Proof of E&O Insurance (in the amount of \$1 million)	

Fax OR Email the above information back to: (517) 364-8280 or [Sales@phpmm.org](mailto:Sales@phpmm.org)

## Agent Information Form

### Contact Information (required)

Agent's Full Name \_\_\_\_\_

Agent's Michigan License # \_\_\_\_\_ National Producer # (NPN) \_\_\_\_\_

SSN# \_\_\_\_\_

Agency Name (if applicable) \_\_\_\_\_

Agency Michigan License # (if applicable) \_\_\_\_\_ National Producer # (NPN) \_\_\_\_\_

Tax ID # (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

### Commission Payment Information (required)

Please pay commissions to:  Agent  Agency

Mail to:  Same Address as Above

Commission Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

### Optional Information

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Use only if urgent

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Use only if urgent

### Authorization

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Officer of Agency (if applicable)

\_\_\_\_\_  
Date

**IMPORTANT TAX DOCUMENT  
SUBSTITUTE FORM W-9**

## Request for Taxpayer Identification Number

The Internal Revenue Service Center (IRS) requires that we request your Taxpayer Identification Number (TIN) for information reporting purposes. We are required by law to obtain this information from you when making a reportable payment to you. If you do not provide us with this information, your payments may be subject to 31% federal income tax backup withholding. Also, if you do not provide us with this information, you may be subject to a \$50 penalty imposed by the Internal Revenue Service under section 6723 of the Internal Revenue Code.

1. Taxpayer Name \_\_\_\_\_  
(To whom the check is payable)  
(The legal entity name registered with IRS if a corporation or partnership; the business owner's name if a sole proprietor)

Doing Business as: DBA \_\_\_\_\_  
(A division name if a corporation or the name of the business if a sole proprietor)

2. Taxpayer Address \_\_\_\_\_

3. Taxpayer Identification Number (TIN)  
a. Corporation \_\_\_\_\_  
(List employer identification number)

b. Partnership \_\_\_\_\_  
(List employer identification number)

c. Individual \_\_\_\_\_  
(List social security number)

d. Sole Proprietorship \_\_\_\_\_  
(List social security number or employer identification number)

e. Tax Exempt Entity \_\_\_\_\_  
(List employer identification number) Please attach a copy of your tax-exempt status letter from the IRS.

4. Certification  
Under penalties of perjury, I certify that:  
a. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).  
b. I am not subject to backup withholding because: (i) I am exempt from backup withholding, or (ii) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (iii) the IRS has notified me that I am no longer subject to backup withholding.

\_\_\_\_\_  
(Print name)

5. Signature \_\_\_\_\_  
(Signature)

6. Today's Date \_\_\_\_\_

7. Daytime Phone Number \_\_\_\_\_

PLEASE NOTE: INFORMATION REPORTED ON LINES 1-3 MUST BE CONSISTENT WITH DATA REGISTERED WITH THE IRS AND SOCIAL SECURITY ADMINISTRATION.