



American Bankers Insurance Company AccessFlood Agency Account Sign up Form

To establish your AccessFlood agent account, complete the following information. When the account setup is completed, you will receive e-mail confirmation with your user ID and password. **Please Print Clearly.**

ABIC or ARIC Agency Account Number: _____

Agency website or email address: _____

Agency Name: _____

Agency Address: _____

Agency Telephone Number: _____

Fax Number: _____

Individual User Information:

Please note: Individual user setups are not required. Multiple users can log on to the system and perform tasks at the same time, using the same user ID and password.

First Name	Last Name	Email address

Agency Representative Signature: _____

Date: _____ / _____ / _____

Agency Representative Name: _____

Title: _____

Please fax to: (925) 947-3978
Or email to: joyce_king@jebrown.net
Or Mail to: J.E. Brown & Associates
Attention: Flood Service Center
303 Lennon Lane, 2nd Floor
Walnut Creek, CA 94598

If you have any questions, please call us at 800-955-8213.

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2	Name (as shown on your income tax return)		
	Business name, if different from above		
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)	
	City, state, and ZIP code		
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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
+
or
Employer identification number
+

Note. If the account is in more than one name, see the chart on page 4 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. person (including a U.S. resident alien).

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 on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

AGENCY APPOINTMENT, TERMINATION & LICENSING REQUEST TRANSMITTAL

Type of Request: Appointment Apply for License Termination

Underwriting Company: ARIC ABIC Voyager P&C VIIC FIE

GENERAL OR DIRECT AGENT NAME AGENT # FEIN

SUB-PRODUCER INFORMATION - COMPLETE ALL SECTIONS & INCLUDE A COPY OF THE AGENCY LICENSE

Agency Name FEIN # (Corporation) SS # & Date of Birth (SOLE PROPRIETOR)

Address City, State, & Zip Telephone # Fax #

AGENT INFORMATION - COMPLETE ALL SECTIONS & INCLUDE A COPY OF THE AGENT LICENSE

Agent Last Name First Name Social Security # Date of Birth

Resident Address City, State, & Zip Telephone #

Agent Last Name First Name Social Security # Date of Birth

Resident Address City, State, & Zip Telephone #

Agent Last Name First Name Social Security # Date of Birth

Resident Address City, State, & Zip Telephone #

CHOOSE PRODUCT(S) **CHOOSE STATE(S)**

- | | | | | | | | |
|---|--|-----------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------------|
| <input type="checkbox"/> Mobile home | <input type="checkbox"/> Homeowners | <input type="checkbox"/> Dwelling | <input type="checkbox"/> AK | <input type="checkbox"/> HI | <input type="checkbox"/> MI | <input type="checkbox"/> NV | <input type="checkbox"/> UT |
| <input type="checkbox"/> Jet Ski | <input type="checkbox"/> Watercraft | <input type="checkbox"/> Auto | <input type="checkbox"/> AL | <input type="checkbox"/> IA | <input type="checkbox"/> MN | <input type="checkbox"/> NY | <input type="checkbox"/> VA |
| <input checked="" type="checkbox"/> Flood | <input type="checkbox"/> Excess Flood | <input type="checkbox"/> Renters | <input type="checkbox"/> AR | <input type="checkbox"/> ID | <input type="checkbox"/> MO | <input type="checkbox"/> OH | <input type="checkbox"/> VT |
| <input type="checkbox"/> Farmowners/FSL | <input type="checkbox"/> Livestock Mortality | <input type="checkbox"/> Canine | <input type="checkbox"/> AZ | <input type="checkbox"/> IL | <input type="checkbox"/> MS | <input type="checkbox"/> OK | <input type="checkbox"/> WA |
| <input type="checkbox"/> Comm Excess | <input type="checkbox"/> FAC | <input type="checkbox"/> CCC | <input type="checkbox"/> CA | <input type="checkbox"/> IN | <input type="checkbox"/> MT | <input type="checkbox"/> OR | <input type="checkbox"/> WI |
| <input type="checkbox"/> Other Farm/AG | <input type="checkbox"/> Other _____ | | <input type="checkbox"/> CO | <input type="checkbox"/> KS | <input type="checkbox"/> NC | <input type="checkbox"/> PA | <input type="checkbox"/> WV |
| | | | <input type="checkbox"/> CT | <input type="checkbox"/> KY | <input type="checkbox"/> ND | <input type="checkbox"/> RI | <input type="checkbox"/> WY |
| | | | <input type="checkbox"/> DE | <input type="checkbox"/> LA | <input type="checkbox"/> NE | <input type="checkbox"/> SC | <input type="checkbox"/> OTHER: |
| | | | <input type="checkbox"/> DC | <input type="checkbox"/> MA | <input type="checkbox"/> NH | <input type="checkbox"/> SD | |
| | | | <input type="checkbox"/> FL | <input type="checkbox"/> MD | <input type="checkbox"/> NJ | <input type="checkbox"/> TN | |
| | | | <input type="checkbox"/> GA | <input type="checkbox"/> ME | <input type="checkbox"/> NM | <input type="checkbox"/> TX | |

SIGNATURE AND AUTHORIZATION

American Reliable Insurance Company (ARIC), American Bankers Insurance Company of Florida (ABIC), Voyager Property & Casualty Insurance Company (VP&CIC), Voyager Indemnity Insurance Company (VIIC) and FIE herein collectively and individually referred to as "Company."

I understand that to process my application and to evaluate me for licensing purposes, initial state appointment or renewal of state appointments, I may be subject to an investigative consumer report ordered by the Company as required by certain states. The investigative report may consist of a credit report; criminal record reports; regulatory inquiries such as state insurance, banking, or securities department inquiries; SEC or NASD inquiries; and interviews with inquiries to third parties such as former employers, financial sources, and others.

I authorize the Company to conduct any or all of these inquiries. I authorize all persons, firms, and entities having information available about me to give the Company any and all information that it requests.

I hereby certify that I have reviewed this Agency Appointment and Licensing Request Transmittal and the information is true, correct, and complete. If any information given to obtain or maintain an appointment is found to be incorrect or incomplete, it will be grounds for rejecting the application or for termination of my appointment. The Company retains sole authority to terminate any appointments subject to applicable laws and regulations.

_____ Agent's Signature

_____ Date