



# Seacoast Brokers, LLC - Agency Information Form

Complete all fields & Email to [AgencyServices@SeacoastBrokers.com](mailto:AgencyServices@SeacoastBrokers.com)  
Any missing fields or forms will result in a processing delay.

## AGENCY DETAIL

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

dba \_\_\_\_\_

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

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

Location Address (if different than mailing) \_\_\_\_\_

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

County \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Legal Status: Corporation \_\_\_ Individual \_\_\_ Partnership \_\_\_ Other Type \_\_\_\_\_

FEIN/Social Security # \_\_\_\_\_ W-9 attached \_\_\_ Year Started \_\_\_\_\_

Personal Lines/HO \_\_\_\_\_% / \_\_\_\_\_% Commercial Lines \_\_\_\_\_%

AmWINS Agency: Yes \_\_\_ No \_\_\_

How did you hear about Seacoast Brokers? Seacoast Rep \_\_\_ AmWINS \_\_\_ Other \_\_\_\_\_

Employees: #Administrative \_\_\_\_\_ #Agents \_\_\_\_\_ #CSR'S \_\_\_\_\_

### List 3 Admitted Markets

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

### List 3 Surplus Lines Markets

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

## AGENCY CONTACTS:

Website Address \_\_\_\_\_

Principal \_\_\_\_\_ Email \_\_\_\_\_

CSR \_\_\_\_\_ Email \_\_\_\_\_

**AGENCY CONTACTS continued:**

Accountant \_\_\_\_\_ Email \_\_\_\_\_

Personal Lines Mgr \_\_\_\_\_ Email \_\_\_\_\_

Claims Mgr \_\_\_\_\_ Email \_\_\_\_\_

Agency Document Delivery Email \_\_\_\_\_

**AGENTS**

Name \_\_\_\_\_ License # \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ License # \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ License # \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ License # \_\_\_\_\_ Email \_\_\_\_\_

- Provide at least 1 Agent Info for initial setup
- Include copy of current E & O Dec page
- Include a copy of completed W-9
- Include a copy completed Electronic Commission Form
- Additional Locations? Must complete separate form per location.

**ACKNOWLEDGEMENT - Please read and initial the below items:**

\_\_\_ I agree to maintain an Error & Omissions policy - \$1,000,000 minimum limit to be updated annually.

\_\_\_ I agree to maintain a producer license in the licensing state and will adhere to the laws and responsibilities of that state.

\_\_\_ I agree to maintain signed copies of application and diligent effort &/or state forms, will keep complete accurate records and accounts of all transactions. Seacoast Brokers, LLC reserves the right to request files when necessary.

\_\_\_ I agree to notify Seacoast Brokers, LLC when an employee has been terminated so the agent's website access can be inactivated.

\_\_\_ I agree that we do not have the authority to appoint other agents or subagents outside of the agency staff.

\_\_\_ I agree that the login information for the Seacoast Brokers, LLC website is for the sole purpose of submitting business to Seacoast Brokers, LLC and will not be provided to any third parties.

\_\_\_ I acknowledge that I and the agency are properly licensed as an insurance agent / agency and have all necessary licenses required to do business.

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

### Electronic Commission Form Required

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

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

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

Accounting Contact \_\_\_\_\_

Accounting E-Mail/Phone \_\_\_\_\_

I hereby authorize Seacoast Brokers LLC to initiate credit entries to this checking or savings account indicated below and the bank/financial institution named below to credit such entries to this account.

Name of Bank/Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

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

**Please attach voided check or deposit ticket from the account to be credited.**

Transit/ABA Number of Bank/Financial Institution: \_\_\_\_\_

Account Number at Bank/Financial Institution: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Signature \_\_\_\_\_

Date \_\_\_\_\_

This authorization will remain in effect until I advise Seacoast Brokers in writing to change my election.

## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	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"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	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. citizen or other U.S. person (defined below).

**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.

<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.

### 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.

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. 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.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**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,