

Narragansett Bay Insurance Smart Choice Appointment Process

Please complete the below Appointment Form and send with the requested documents via eMail to:

RGill@SmartChoiceAgents.com

Roger L. Gill, Smart Choice Virginia State Director Manager

Call me with any questions (804) 731-3050



Agency Information

Agency Name: _____

Agency Type: Retailer Wholesaler

Agency Set Up: Master Agency Sub-Agency

(For Sub-Agencies only) Master Agency Name: _____ NBIC Code of Master Agency: _____

Federal Tax ID: _____

Phone (10 digits): _____

Physical Address:

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Mailing Address: ☐ Same as Physical Address

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Automation Information

Lexis Nexis Number: _____

Does the agency download with IVANS? Yes No

Ivans Y Code: _____

Ivans User Name: _____

Direct bill commission download? Yes No

(For sub-agencies only) Should the download be carbon copied to the Master Agency? Yes No

Document Requirement Checklist

☐ Attach a copy of the agency's E&O declarations pages

☐ Completed Commission Authorization Form

Please complete for each state where an appointment is requested:

☐ (CT) Property & Casualty business license; individual producer licenses for **every** licensed agent

☐ (MA) Property & Casualty business license; individual producer license and Social Security Number for **one** licensed agent

☐ (NJ) Property & Casualty business license

☐ (NY) Property & Casualty business license; individual producer license for **one** licensed agent

☐ (RI) Individual producer license for **every** licensed agent

☐ (VA) Property & Casualty business license; individual producer license for **one** licensed agent

Agency Key Contact Information

Principal	National Producer #	Email	<input type="checkbox"/> CT <input type="checkbox"/> MA <input type="checkbox"/> NJ <input type="checkbox"/> NY <input type="checkbox"/> RI <input type="checkbox"/> VA States Licensed	Issue/Bind Quote Only
Personal Lines Manager	National Producer #	Email	<input type="checkbox"/> CT <input type="checkbox"/> MA <input type="checkbox"/> NJ <input type="checkbox"/> NY <input type="checkbox"/> RI <input type="checkbox"/> VA States Licensed	Issue/Bind Quote Only
Administrator	National Producer #	Email	<input type="checkbox"/> CT <input type="checkbox"/> MA <input type="checkbox"/> NJ <input type="checkbox"/> NY <input type="checkbox"/> RI <input type="checkbox"/> VA States Licensed	Issue/Bind Quote Only
ShelterPride® Contact	National Producer #	Email	<input type="checkbox"/> CT <input type="checkbox"/> MA <input type="checkbox"/> NJ <input type="checkbox"/> NY <input type="checkbox"/> RI <input type="checkbox"/> VA States Licensed	Issue/Bind Quote Only

Agency User Activation Information

Name	National Producer #	Email	<input type="checkbox"/> CT <input type="checkbox"/> MA <input type="checkbox"/> NJ <input type="checkbox"/> NY <input type="checkbox"/> RI <input type="checkbox"/> VA States Licensed	Issue/Bind Quote Only
Name	National Producer #	Email	<input type="checkbox"/> CT <input type="checkbox"/> MA <input type="checkbox"/> NJ <input type="checkbox"/> NY <input type="checkbox"/> RI <input type="checkbox"/> VA States Licensed	Issue/Bind Quote Only
Name	National Producer #	Email	<input type="checkbox"/> CT <input type="checkbox"/> MA <input type="checkbox"/> NJ <input type="checkbox"/> NY <input type="checkbox"/> RI <input type="checkbox"/> VA States Licensed	Issue/Bind Quote Only
Name	National Producer #	Email	<input type="checkbox"/> CT <input type="checkbox"/> MA <input type="checkbox"/> NJ <input type="checkbox"/> NY <input type="checkbox"/> RI <input type="checkbox"/> VA States Licensed	Issue/Bind Quote Only
Name	National Producer #	Email	<input type="checkbox"/> CT <input type="checkbox"/> MA <input type="checkbox"/> NJ <input type="checkbox"/> NY <input type="checkbox"/> RI <input type="checkbox"/> VA States Licensed	Issue/Bind Quote Only
Name	National Producer #	Email	<input type="checkbox"/> CT <input type="checkbox"/> MA <input type="checkbox"/> NJ <input type="checkbox"/> NY <input type="checkbox"/> RI <input type="checkbox"/> VA States Licensed	Issue/Bind Quote Only
Name	National Producer #	Email	<input type="checkbox"/> CT <input type="checkbox"/> MA <input type="checkbox"/> NJ <input type="checkbox"/> NY <input type="checkbox"/> RI <input type="checkbox"/> VA States Licensed	Issue/Bind Quote Only
Name	National Producer #	Email	<input type="checkbox"/> CT <input type="checkbox"/> MA <input type="checkbox"/> NJ <input type="checkbox"/> NY <input type="checkbox"/> RI <input type="checkbox"/> VA States Licensed	Issue/Bind Quote Only
Name	National Producer #	Email	<input type="checkbox"/> CT <input type="checkbox"/> MA <input type="checkbox"/> NJ <input type="checkbox"/> NY <input type="checkbox"/> RI <input type="checkbox"/> VA States Licensed	Issue/Bind Quote Only
Name	National Producer #	Email	<input type="checkbox"/> CT <input type="checkbox"/> MA <input type="checkbox"/> NJ <input type="checkbox"/> NY <input type="checkbox"/> RI <input type="checkbox"/> VA States Licensed	Issue/Bind Quote Only



COMMISSIONS (ACH) AUTHORIZATION FORM

Bank Account Name: _____

Bank Name: _____

*Bank Account Number: _____

Bank Routing (ABA) Number: _____

***A voided check from the account is required to process your request**

I request and authorize Narragansett Bay Insurance Company (NBIC) to credit and/or debit the aforementioned bank account for commission payments owed directly to the insurance agent listed below or for return commission payments owed directly to NBIC. This authority will remain in full force until Narragansett Bay Insurance Company has received written termination notification in such a time and in such a manner as to afford NBIC reasonable time to act.

If there are any subsequent changes to the aforementioned bank information, please notify NBIC Treasury in writing of such changes. A new voided check is required if a new account is to be utilized.

Important: This original form must be completed and returned via mail to

Narragansett Bay Insurance Company PO Box 820 Pawtucket, RI 02860 ATTN: Treasury

Please maintain a copy of this form for your records.

Agency Name _____

****Authorized Signature** _____ **Date** _____

Printed Name & Title _____

****The individual's signature on the line above is that of an individual within the agency that is authorized to grant such authority.**

For NBIC use only

Treasury ACH Code _____

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 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.

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

Social security number									
				-				-	
or									
Employer identification number									
				-					

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.

Sign Here	Signature of U.S. person ►	Date ►
-----------	----------------------------	--------

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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.