FAR EAST
INSURANCE | MARKETING

In order to gain access to Dongbu Insurance & other markets, please follow the instructions to obtain an appointment with Far East Insurance Marketing, Inc.

We will need the following completed documents:

☐ **Producer Agency License**
☐ **Producer E&O Dec Page**
☐ **Producer Profile (Document attached below)**
☐ **W-9 Form**
☐ **Producer Agreement Form (Sent after receipt of above items)**
☐ **Commission Schedule Addendum (Sent after receipt of above items)**

Please complete all forms and contracts and email to:
submissions@fareastins.com or fax it to 714-451-7690

Thank you!

Far East Producer Profile

Date:_____

Agency Name:

Full Legal Name (Include DBA)
[ ] Corporation   [ ] Partnership   [ ] Individual   CDI License #

Address:

Street Address:	
City/State/Zip Code:	
Mailing Address(if same, so state):	
City/State/Zip Code:	
Telephone:	Fax:

Agency Contact		**Accounting Contact**	
Name:	Title:	Name:	Title:
Phone:	Email:	Phone:	Email:
E & O Information Carrier: Policy Number: Limit: Expiration Date:		**Banking Information** Name: Branch: Account Numbers - Trust: General:	

Number of Producers: _____   **Number of Principles:** _____

Name of Owner, General Partners or Corporate Officers	**Title:**
1.	
2.	
3.	
4.	

Any changes in Agency ownership in last 5 years: [   ] Yes   [   ] No
(if yes, please explain):

Year agency established: _____   **Number of office employees:**_____   **Number of companies represented:**_____

Total volume of agency: _____   **Personal:** _____   **Commercial:** _____

Commercial Mix (WC%/P&C%) _____/_____

Top 5 Companies Represented (other than life, & Health) **Complete and attach company generate loss run, if available.**		**Loss Ratio**		
		Prior Year	2nd Prior Year	3rd Prior Year
1.				
2.				
3.				
4.				
5.				

Lead company for new business:	Personal:	Commercial:
What companies have withdrawn in last 3 years and why?		

Does agency have special contract arrangements with/or obligations to any company? If yes, explain:

Premium Commitment to Far East Insurance Marketing:
Year 1: _____; **Year 2:** _____

Form **W-9**	**Request for Taxpayer**	**Give Form to the**
Rev. (December 2011)	**Identification Number and Certification**	**requester. Do not**
Department of the Treasury		**send to the IRS.**
Internal Revenue Service		

Print or type
See **Specific Instructions** on page 2.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ - - - - - - - - - - -

☐ Other (see instructions) ▶

☐ Exempt payee

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 the "Name" line 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.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

| | | | – | | | – | | | | |

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).

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 ▶