



Dear Agent,

Thanks for your interest in Texas Mutual Insurance Company. We require agents who do business with us to have an active license with the Texas Department of Insurance. **Please complete the attached two-part W-9 form (top and bottom sections), the agent profile form, and return both to us with a copy of your Texas license or Texas non-resident license if you are located in another state.**

You have four options for sending us your agency set-up information:

Overnight delivery:

Texas Mutual Insurance Company
6210 E Highway 290
Austin, TX 78723-1098

Mail:

Texas Mutual Insurance Company
P.O. Box 12058
Austin, TX 78711-2058

Email:

agents@texasmutual.com

Fax:

(512) 224-6790

Once we have received all of the required information, please allow two to three business days for processing. We will notify you of your assigned agency code and provide you more information about how to do business with Texas Mutual Insurance Company.

If you have any questions, please call our Information Service Center at (800) 859-5995 or visit us online at texasmutual.com.

Thank you,

A handwritten signature in black ink that reads "Steve Math". The signature is written in a cursive style.

Steve Math
SVP, Underwriting



IMPORTANT NOTICE FOR AGENTS

Re: Agreement to protect nonpublic personal health information

Dear Agency Principal:

Texas Mutual Insurance Company may, from time to time, disclose nonpublic personal health information ("PHI") to you to obtain workers' compensation insurance services for claims administration, adjustment and management, or other insurance services. PHI is individually identifiable health information, including an individual's name, address, social security number and demographic information that relates to his or her past, present or future physical or mental health or condition; and treatment and payment for the same.

Under Texas Department of Insurance rule 28 T.A.C. §22.60, an insurance carrier that discloses PHI to a third party to perform a function on its behalf must obtain an agreement from the third party not to disclose or use the PHI other than to carry out the purposes for which the carrier discloses the PHI and to comply with the Department's rules on PHI use and disclosure. See www.tdi.texas.gov for the rules on PHI.

I am writing to confirm that you will not disclose or use PHI other than to carry out the purposes for which Texas Mutual Insurance Company disclosed the PHI to you, and that you comply with the Department of Insurance rules on PHI use and disclosure. If you are not willing to agree to these terms, please contact me in writing within five business days after you receive this notice. If I do not receive your written objection to this agreement within five business days after you receive this notice, you will be deemed to have agreed to these terms and your acceptance of PHI will be subject to these terms. This agreement will continue in effect until one or both of the parties terminate it. Please contact me at the phone number below if you have any questions regarding this matter. Thank you for your consideration in this matter.

Thank you,

A handwritten signature in black ink that reads "Steve Math". The signature is written in a cursive style.

Steve Math
SVP, Underwriting

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.	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; 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. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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.)		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 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 instructions for line 1 and the chart on page 4 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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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New agency profile

Please complete this form as part of the agent setup process. Return with your W9 and agent license to agents@texasmutual.com.

Name Office Phone Number

Mailing Address Cell Phone Number

City State ZIP Key Agency Contact

Physical Address Online Portal Administrator
(if different from key contact)

City State ZIP General Email Address

Ownership Type

Total Number of Agency Personnel How many agency locations?

Part of an Alliance, Cluster or Group? If so, name organization

Does the agency have a specialty or niche market? Describe

Total Agency Premium Volume

Percentage of premium in...

	Personal Lines	Commercial Lines	Life & Health
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Top Property & Casualty Markets:

Name	Volume	Percentage
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Top Workers' Compensation Markets:

Name	Volume	Percentage
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For Company Use Only:

Agency Code