



WESTFIELD™

Westfield Insurance
Flood Insurance Program
Agency Enrollment Form

The information requested below is required for enrollment to sell flood insurance on behalf of **Westfield Insurance** in partnership with its approved vendor, National Flood Services.

1. Please complete and return this form to NFS directly via email, fax, or mail (return information below).
2. Attach a completed W-9 (Pg. 2).
3. Provide ALL producer's names and P & C license numbers that will access the flood website (space provided below).
4. ACH forms are attached: ACH Debit-payment for new business (sweep) AND/OR ACH Credit-direct deposit of commissions.
5. Once processed: NFS will email the agency a Welcome Letter with directions on how to access the flood website to create a user name and password, information on the NFIP & FloodSmart and a *Who To Contact* list.

Please Print or Type (all fields are required)

Agency Name _____

Agency DBA _____

Street Address _____

City _____ State _____ Zip _____

Mailing Address _____
(if different from above)

E-Mail Address _____

Business Phone: (____) _____ Business Fax: (____) _____

Person to Contact for Policy Issuance Questions: _____

IRS Tax ID #: _____ Social Security #: _____

Commission Checks Payable To (Same as attached W-9): _____

Please provide the following information for ALL your Flood producers:

Name	P&C License # (exactly as shown on license)	Email Address	Phone / Fax (if different than above)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Errors & Omissions Policy:

Date: _____ Company: _____ Policy: _____ Limits: _____

- Do you currently write flood insurance? YES NO
- Are you interested in transferring all or a portion of that business to Westfield Insurance? YES NO
- Are you interested in flood training? YES NO

Signature: _____ Date: _____

Mail/Fax/Email to: Westfield Insurance Flood Program

NFS – Agency Services Department
PO Box 2057
Kalispell, MT 59903-2057

Email: Agency Services
Phone: 866.796.7582
Fax: 406.755.4403

OFFICE USE ONLY: Commission Structure NEW / RENEWAL / ROLLOVER: _____% _____% _____%

Head Code: 9480

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"/> 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.

Sign Here	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,

ACH PAYMENT SETUP PROCESS INSTRUCTIONS FOR DEBIT

The ACH payment option is available only for applications submitted to the Flood Insurance Processing Center via the Internet.

Following are the steps necessary for you to submit flood insurance applications Online with ACH as the method of payment. ACH does not have to be selected if the client is using their own VISA, MC, AMEX, Discover or Diners Club Credit Card. If the insured is paying by check then the application or endorsement can be paid by selecting ACH (agent deposits clients' check into designated account) OR the application or endorsement can be mailed in to the Flood Processing Center for processing.

1. Complete the attached ACH Authorization Agreement Form.
2. Mail, Fax or Email a "Voided" check for checking account or a deposit slip for savings account along with the Authorization Form to the Flood Insurance Processing Center.
3. The Flood Insurance Processing Center will submit the information to your bank for verification. **Average time for verification process is ten business days.**
4. When the approval is complete an ACH payment selection box will appear for you to select when completing applications. Contact the Flood Insurance Processing Center Agency Service's Department if you have questions regarding this process.
5. Time Line to sweep the bank account:
 - ❖ If policy is submitted **prior** to 2:00 PM Mountain Standard Time, the bank account is swept the following day.
 - ❖ If policy is submitted **after** 2:00 PM Mountain Standard Time, the bank account is swept two days later.

If you have additional questions regarding the setup process call the Flood Insurance Processing Center Agency Services Department (866.796.7582).

To expedite processing, fax or email the completed Authorization Agreement Form **and** voided check or deposit slip to the Flood Insurance Processing Center via FAX at 406.755.4403 or via email to:

Agency Services

THE FLOOD INSURANCE PROCESSING CENTER
555 Corporate Drive, Kalispell, MT 59901
P.O. Box 2057, Kalispell, Montana 59903-2057

Telephone: 866.796.7582
Fax: 406.755.4403
Agency Services

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT (ACH DEBITS)

Company Name The Flood Insurance Processing Center (the "Company")

I (we) hereby authorize the Company to initiate debit to my (our) account described below:

Checking Account No.: _____ OR Savings Account No. _____
Financial Institution's Routing No.: _____
Financial Institution's Name: _____
Financial Institution's Address: _____

ACH payments will only be debited for flood insurance premiums by the Flood Insurance Processing Center after flood applications/endorsements have been submitted.

This authority is to remain in full force and effect until the Company has received written notification from me (or either one of us) of its termination in such time and manner as to afford the Company and Financial Institution a reasonable opportunity to act on it.

Signature: _____ Signature: _____
Full Name: _____ Full Name: _____
Date: _____ Date: _____
Telephone Number: _____ Telephone Number: _____
Producer Name: _____
Producer Number: _____

ATTACH A VOIDED CHECK FOR CHECKING ACCOUNT OR DEPOSIT SLIP FOR SAVINGS ACCOUNT
FAX TO: 406.755.4403

THE FLOOD INSURANCE PROCESSING CENTER
555 Corporate Drive, Kalispell, MT 59901
P.O. Box 2057, Kalispell, Montana 59903-2057

Telephone: 866.796.7582
Fax: 406.755.4403
Agency Services

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)

Company Name The Flood Insurance Processing Center (the "Company")

I (we) hereby authorize the Company to initiate credit entries and to initiate, if necessary, debit entries and adjustments to my (our) account described below:

Checking Account No.: _____ OR Savings Account No. _____
Financial Institution's Routing No.: _____
Financial Institution's Name: _____
Financial Institution's Address: _____

This authority is to remain in full force and effect until the Company has received written notification from me (or either one of us) of its termination in such time and manner as to afford the Company and Financial Institution a reasonable opportunity to act on it.

Signature: _____ Signature: _____
Full Name: _____ Full Name: _____
Date: _____ Date: _____
Telephone Number: _____ Telephone Number: _____
Producer Name: _____
Producer Number: _____

When you elect to receive your commission electronically, your statement will not be mailed to you. Please select one of the statement receipt options listed below.

Please send a copy of my commission statement to me by:

Fax: (Fax #) _____ Or
 E-Mail: (E-Mail Address) _____

ATTACH A VOIDED CHECK FOR CHECKING ACCOUNT OR DEPOSIT SLIP FOR SAVINGS ACCOUNT
FAX TO: 406.755.4403