



Deployment Requirements

Please attach the following documentation upon submission of your application.

**Risk Analytic Group
will NOT Deploy any Independent Contractor
without all of the required documents.**

The following documents must be Completed and Signed:

- Independent Contractor Agreement
- Application/ Adjuster Information Sheet
- Consumer Report Authorization
- Direct Deposit Authorization
- W-9

The following documents must be included (uploaded is preferred):

- Resume w/ references
- Adjuster license(s) for each state licensed (copy)
- Certifications- HAAG (copy)
- Certifications- NFIP (copy)
- Insurance- Auto (copy)
- Insurance- E & O, if applicable (copy)
- Insurance- Liability, if applicable (copy)

Please feel free to contact our office with any questions or concerns.

Risk Analytic Group
1095 Evergreen Circle, Suite 200
The Woodlands, Texas 77380
281.407.0210

**Note: Please send the COMPLETED documents to:
info@riskanalyticgroup.com**

INFORMATION PACKET and AGREEMENT

Risk Analytic Group is contracted by various insurance companies to provide a level of punctual, precise and courteous service to their clients. We welcome and thank you for your interest in joining our team. Please be sure to review this Information Packet. Be sure to read each page carefully. The "INFORMATION PACKET and AGREEMENT" comprises is (10 pages): to be added at the end.

This AGREEMENT is entered into effect as of the date set forth below, between Risk Analytic Group, a Texas limited liability company (the "Company"), and the undersigned independent contractor (the "Independent Contractor").

IMPORTANT: Before you will be eligible to receive any assignments and/or payment for services, you must sign and return these documents (electronic signatures are acceptable as long as they were originally written by your hand). Submission of the documentation can be sent electronically, via email to info@riskanalyticgroup.com or mail to 1095 Evergreen Circle Suite 200, The Woodlands, Texas 77380 Attention: Human Resources.



RISK
ANALYTIC
GROUP

INDEPENDENT CONTRACTOR AGREEMENT

The PURPOSE of this Agreement is in consideration of the mutual benefit for all parties involved.

Risk Analytic Group is a claim adjusting service and hereby engages _____, known as the "Independent Contractor" to provide claim adjusting services to the companies' clients, together with other services specifically agreed upon by all parties involved. This Agreement is not to be considered an employment contract and is of a temporary nature. The Independent Contractor agrees to provide these services in behalf of Risk Analytic Group.

Services. The Independent Contractor is defined as a 1099 independent contractor, and not an agent, partner or employee. The Independent Contractor has no authority to enter in to any agreement in behalf of this company without specifically written authorization by this company.

The Independent Contractor understands the assignments are temporary and they maybe engaged by Risk Analytic Group to work daily and catastrophe situations at sites that will be designated by the company.

It is understood, the Independent Contractor will not work for any other adjusting service or perform consulting work which could detract the Independent Contractor's ability to perform the assigned service in a timely, diligent and through manner, while on temporary assignment for Risk Analytic Group.

Work is understood to vary in location, type of assignment and duration according to the business needs of the company and its clients. The Independent Contractor accepts such services on the terms set forth within this Agreement. The Independent Contractor has the right to reject any assignment offered by the company. Either party may terminate this Agreement at will and for any reason with a (14) fourteen day advance written notice to either party. This Agreement may also be terminated immediately in the event of a breach by written notice of the non-breaching party.

The Independent will be responsible for expenses incurred such as: all travel expenses, housing, phone, food, automotive, gasoline, photographs, computer and software, printers, etc.

The Independent Contractor further agrees to report all personal federal, state and local taxes to the appropriate taxing authorities as required to be paid by the Independent Contractor under law.

The Independent Contractor understands no company benefits will be afforded as a 1099 independent contractor.

Performance. The Independent Contractor, upon acceptance of any assignment from the company, will provide the highest level of their ability in performance and time service as required by the company's reasonable satisfaction. The Independent Contractor will at all times perform the assignment in a professional manner, conduct the assignment within the guidelines provided and in the best interest of the company. The Independent Contractor will work as many hours as may be reasonably necessary to fulfill the Independent Contractors obligation under this Agreement.

The Independent Contractor understands non-compliance with any of the above conditions and requirements constitutes grounds for immediate termination of the Independent Contractor relationship and/or forfeiture of any hold back monies due.

Licensing requirement and laws. The Independent Contractor will provide proof of all current and valid adjuster licenses. The Company will assist in securing temporary/emergency licenses; however, the cost associated with securing this license will be deducted from the Independent Contractors commission checks.

The Independent Contractor will notify the company within (72) seventy-two hours of any criminal arrest, detention, indictment or charge, which alleges that the Independent Contractor has committed a felony or misdemeanor offense. The Independent Contractor should understand the notification will not necessarily disqualify the terms of the contract.

The Independent Contractor will notify the company within (48) forty-eight hours of the expiration, revocation, suspension, termination or any change in the status of any license which Independent Contractor has identified on or with his or her Independent Contractor Agreement, or which Independent Contractor is required to have in order to perform Independent Contractor's assigned duties. This would include, but is not limited to, an adjuster's license(s) or a driver's license(s).

The Independent Contractor will notify the company within (48) forty-eight hours of any mental or physical condition that would substantially impair the Independent Contractors ability to fulfill the conditions under this contract.

Insurance. The Independent Contractor is not automatically covered under the Company's insurance policies. Insurance coverage is mandatory by the Company and the Company's client. The Company may assist in obtaining the required insurance: Workers Compensation, General Liability and Professional Liability (E&O).

The Independent Contractor understands E&O and General Liability policies are in place to protect the Company and its Independent Contractors.

The Independent Contractor understands the company requires the Independent Contractor to maintain Workers Compensation Coverage for the protection of the Company and the Company's Clients. The Independent Contractor must carry at least the minimum level of insurance as required by each state for which the Independent Contractor has claim assignments.

The Independent Contractor agrees by not providing the Company with a Certificate providing evidence of the required coverage, the Company is authorized to obtain the required coverage in behalf of the Independent Contractor to recover the cost thereof. It is further understood, should Risk Analytic Group provide this benefit, the status of the Independent Contractor does not change.

Payment Terms. The Independent Contractor understands compensation will be paid to the Independent Contractor for services at the rate and frequency determined by the Company and/or the Company's client. Monies may include the Company's client fee schedule or a daily rate, according to the type of assignment.

Confidential Information. The Independent Contractor agrees to keep "Confidential Information," meaning any information or material which is proprietary to the Company or its Clients, including any form of data relating to the Company and its Clients business and affairs in which the Company is entitled to protect as considered Confidential Information such as, but not limited to: fee schedules, carrier policy, customer carrier list, business plans, financial information, carrier and customer list, personnel information, Claim Management Systems and opportunities.

The Independent Contractor understands and acknowledges that the Confidential Information has been developed or obtained by the Company by investment of significant time, effort and expense, the Confidential Information is a valuable, special and unique asset to this Company which provides the Company with a significant competitive advantage, and needs to be protected from improper disclosure. In consideration for receipt by the Independent Contractor of the Confidential Information, the Independent Contractor agrees to hold the Confidential Information in confidence and will not disclose the Confidential Information to any person or entity without expressed written consent from the Company.

The Independent Contractor understands and acknowledges that all files, records, documents, and similar items relating to the Company's business, even if they were prepared by the Independent Contractor or others and whether or not they comprise or contain the Company's Confidential Information, shall remain exclusively the property of the Company. Also, all records of clients or regarding the client records, and any records and books relating in any manner whatsoever to the clients of the Company, or conduct of the Independent Contractor's work for the Company, or its client(s), including without limitation whether prepared by the Independent Contractor or otherwise coming into the Independent Contractor's possession, shall be the exclusive property of the Company or its client(s) regardless of who actually purchased the original book or record. No such items shall be removed from the premises of the Company or any client without the express prior consent of the Company.

The Independent Contractor will not use the corporate name of the Company, its parent or affiliates or clients or to use any trademarks or trade names of the same without specific approval in writing by the Company. Upon the termination of this Agreement, for any reason, the Independent Contractor agrees immediately to discontinue all use of such corporate names, trademarks or trade names, and shall immediately discontinue any and all representations, direct or implied that it is or was affiliated with the Company.

Promise Not To Solicit/Compete. The Independent Contractor understands and agrees that upon accepting an assignment from the Company, the Independent Contractor will be allowed access to business relationships with the Company's clients, Confidential Information and other matters of proprietary to the Company. The Independent Contractor

also agreed that during the term of this Agreement and for five years after termination of this Agreement for any reason the Independent Contractor will not directly or indirectly: hire, retain or employ the services of any persons employed by or associated with the Company during the terms of this agreement; bring on or attempt to bring on any customer, vendor, organization, association or other persons or entity to cease conducting business with the Company; or, engage in business activities that could lead or reasonably be anticipated to lead to the disclosure of the Company's Trade Secrets or Confidential Information including, but not limited to: consulting, advising, employment, investing or any other direct or indirect interest with or without compensation.

Severability. The Independent Contractor understands and agrees that this Agreement was intended as lawful and enforceable document. The terms of this Agreement are separable in the event any part of the Agreement is found to be illegal or unenforceable and will not void or affect the validity of any other provision set forth in this Agreement.

Notices. The Independent Contractor understands and acknowledges that any notice or communications in connection with the Agreement will be given in writing and will be delivered personally by hand, the US Postal Service (regular, certified or return receipt requested); or, by a nationally recognized overnight courier service, to the recipients address as stated in this Agreement.

Acknowledgement. The undersigned, known as the Independent Contractor, acknowledges that any assignment by Risk Analytic Group, is considered a temporary assignment and upon completion of the Assignment the Independent Contractor is eligible to work for other adjusting services and/or perform consulting work at will. The Independent Contractor shall advise the Company if the Independent Contractor wishes to become eligible for future temporary assignments immediately after the completion of any temporary assignments.

IN WITNESS WHEREOF,

This Agreement has been executed effective the ____day of _____, 20____.

Risk Analytic Group

Address:

By:

1095 Evergreen Circle, Suite 200
The Woodlands, Texas 77380

Authorized Signature

Name/ Title

IN WITNESS WHEREOF,

This Agreement has been executed effective the ___ day of _____, 20 ___.

INDEPENDENT CONTRACTOR

If, an entity:

Address

Name of Entity

By:

Authorized Signature

EIN _____

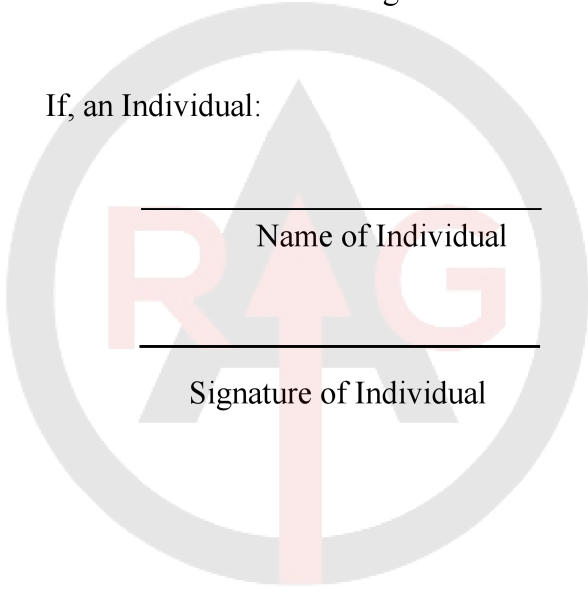
If, an Individual:

Name of Individual

Social Security Number

Signature of Individual

RISK
ANALYTIC
GROUP





Employment Application

Your Contact Information

First Name	Middle Name	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Social Security Number	DOB	Drivers License Number	State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address: Street	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Number	Home Phone		
<input type="text"/>	<input type="text"/>		
E-mail Address	Text Communication	Language (bilingual)	
<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	

Roster Choice

- Residential Field Adjuster- Daily
- Residential Field Adjuster- CAT
- Commercial Field Adjuster - Daily
- Commercial Field Adjuster - CAT
- Desk Adjuster / Examiner (inside)
- File Review (Remote)
- Management
- Umpire / Appraiser
- Other

STATE LICENSE(S)

Please provide a copy of ALL licenses upon submission of this application showing license(s) number and expiration date.

Your "Home" License State is where?	License Number	Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Current State Adjuster License(s): check all that apply

State

- | | | | | |
|---|--|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Alaska | <input type="checkbox"/> Arizona | <input type="checkbox"/> Arkansas | <input type="checkbox"/> California |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Connecticut | <input type="checkbox"/> Delaware | <input type="checkbox"/> Florida | <input type="checkbox"/> Georgia |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> Indiana | <input type="checkbox"/> Iowa | <input type="checkbox"/> Kansas | <input type="checkbox"/> Kentucky |
| <input type="checkbox"/> Louisiana | <input type="checkbox"/> Maine | <input type="checkbox"/> Maryland | <input type="checkbox"/> Mass | <input type="checkbox"/> Michigan |
| <input type="checkbox"/> Minnesota | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Missouri | <input type="checkbox"/> Montana | <input type="checkbox"/> Nebraska |
| <input type="checkbox"/> Nevada | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> New Jersey | <input type="checkbox"/> New Mexico | <input type="checkbox"/> New York |
| <input type="checkbox"/> North Carolina | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Ohio | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Oregon |
| <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Rhode Island | <input type="checkbox"/> South Carolina | <input type="checkbox"/> South Dakota | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> Texas | <input type="checkbox"/> Utah | <input type="checkbox"/> Vermont | <input type="checkbox"/> Virginia | <input type="checkbox"/> Washington |
| <input type="checkbox"/> West Virginia | <input type="checkbox"/> Wisconsin | <input type="checkbox"/> Wyoming | | |

EXPERIENCE

Please indicate the years of experience you have in the following:

	0	1-3	4-6	7-10	10-15	15-20	21-25	26+
Residential - Daily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential Field Adjuster - CAT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commercial Field Adjuster - Daily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commercial Field Adjuster - CAT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Desk Adjuster / Examiner (inside)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
File Review (Remote)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Storm Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Umpire / Appraiser	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Farm / Ranch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workers Compensation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water / Flood / Sewer Back-up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mold / Asbestos / Remediation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Earthquake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Auto Claims	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inland Marine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other- Please Explain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CERTIFICATIONS

Please provide a copy of ALL certifications upon submission of this application.

HAAG Certified?

- Yes No

Certification Number

Expiration Date

Flood Certified?

Yes No

Certification Number

Expiration Date

Earthquake Certified?

Yes No

Certification Number

Expiration Date

Other Certifications?

Certification Number

Expiration Date

Other Certifications?

Certification Number

Expiration Date

Rope & Harness Certified/Trained?

Yes No

ESTIMATING SOFTWARE

Xactimate

Yes No

Years

Proficiency Level

Xactimate - Sketch

Yes No

Xactimate - Full Room

Yes No

Xactimate Address

Symbility

Yes No

MSB / Integra Claim

Yes No

Simsol

Yes

No

COMPENSATION

Commission Check made Payable to:

Business / Corporation?

Yes No

Name of Business / Corporation

Tax ID number

Mailing Address: Note: this is the address all correspondence will be sent

Street

City

State

Zip

REFERENCES

First Name

Last Name

Phone

Company

Position

E-mail

First Name

Last Name

Phone

Company

Position

E-mail

First Name

Last Name

Phone

Company

Position

E-mail

Please provide a copy of Proof of Insurance upon submission of this application.

Do you have E & O insurance?

Yes No

Name of Carrier:

Policy Number

Do you have Worker
Compensation (W/C)
Coverage?

Yes No

Name of Carrier:

Policy Number

Have you ever been convicted of a crime including traffic violations and DUI in last 7 years?

Yes No

If yes, please explain.

Have you ever been convicted of a felony?

Yes No

If yes, please explain.

I understand that Risk Analytic Group will conduct a comprehensive public record search of my personal history and do give permission.

Yes No

I certify that the information contained in this application is true and complete to the best of my knowledge and I understand that any falsified statements on this application shall be grounds for dismissal or termination of any contract or agreement immediately.

I also hereby give my permission for Risk Analytic Group to verify any information that I have provided.

Independent Contractor Signature

Printed Name

Date



Applicant Authorization and Release

I hereby authorize Risk Analytic Group (known as the "Company") or any agent of the Company to contact any and all corporations, former employees, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and military services to release information about my background including but not limited to information about my employment, education, consumer credit history, criminal records and general public records history, driving records, to the person or company with which this form has been filled out. This releases the aforementioned parties from all responsibility and liability for collecting the above information. This release shall remain in effect for the length of my employment or contract. I understand I have right to obtain a free copy of the Consumer Report if: (1) Any adverse action/ action is made based on the information in the Consumer Report, (2) If the request is made in writing within 60 days of the adverse action. The information that I have provided is believed to be true, correct and accurate to the best of my knowledge and I fully understand the terms of this release.

Last Name

First Name

Middle Name

List all names used in the last 10 years (including maiden, alias', nicknames, etc.)

Date of Birth

Social Security Number

Sex

Male

female

Driver License Number

State

Race

White

Black / African American

Hispanic / Latino

American India

Asian

Other

Please list your current mailing address:

Street	City	State	Zip Code	How Long?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

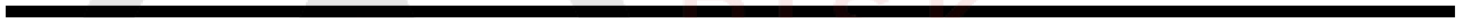
Please list all other address you have lived in the last 10 years:

Street	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Street	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

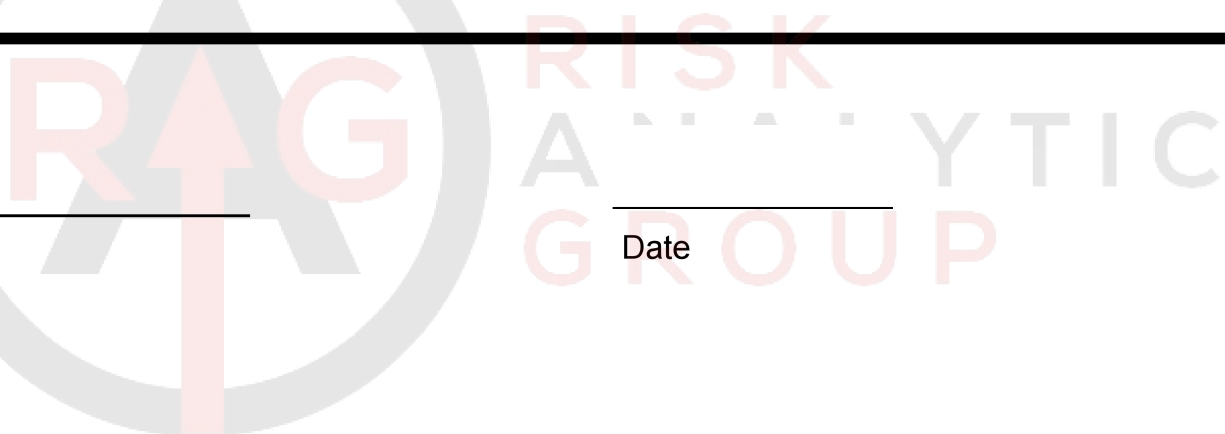
Street	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Street	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Signature

Date





Direct Deposit Instructions

Risk Analytic Group, provides electronic direct deposit for our independent contractors in order to provide a fast, efficient, safe and economical way to ensure your payroll is deposited.

In order to set-up Direct Deposit you must have the following:

- Must have a Bank Account (currently set-up)
- Bank MUST accept Direct Deposits
- Verify your Account Number and the Bank Transit Number
- Attach a Canceled Check (voided)

Please Check the appropriate box:

- New Account
- Additional Account
- Cancel Direct Deposit
- Change Banks

Account Type:

- Checking Account
- Savings Money Market Account

Please complete the following:

Bank Name

Address of Bank

City, State & Zip

Bank Transit #

Account #

I hereby authorize Risk Analytic Group to deposit any amount of monies owed me by direct deposit or credit entries to the my account at the above listed bank.

I hereby authorize the above listed bank to accept and to credit any credit entries indicated by Risk Analytic Group to my account.

In the event Risk Analytic Group or any agent for deposits funds erroneously into my account, I authorize Risk Analytic Group, to debit my account for an amount not to exceed the original amount of the erroneous credit.

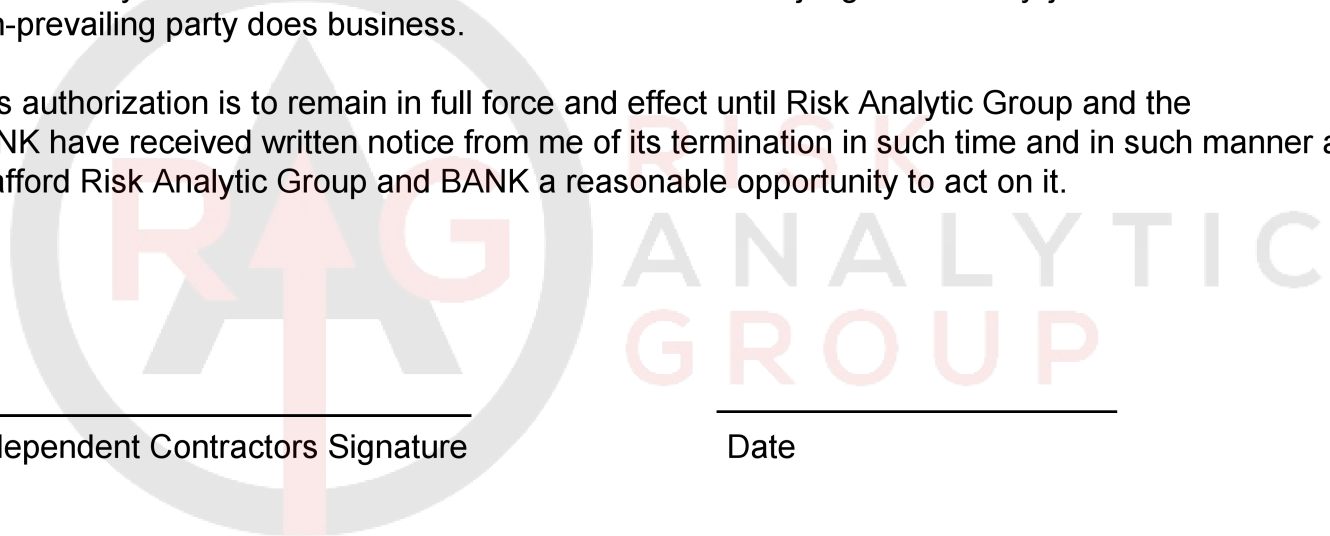
I understand that deposit of my earnings into my account may be an advance of funds, which is subject to the successful collection of these funds from Risk Analytic Group's bank.

Any dispute arising out of or in connection with this agreement, if not otherwise resolved, shall be determined by arbitration in Austin, Texas, in accordance with the Rules of the American Arbitration Association, and it is the expressed desire of both parties that the prevailing party be awarded costs and attorney's fees and that the award be entered as a judgment in any jurisdiction in which the non-prevailing party does business.

This authorization is to remain in full force and effect until Risk Analytic Group and the BANK have received written notice from me of its termination in such time and in such manner as to afford Risk Analytic Group and BANK a reasonable opportunity to act on it.

Independent Contractors Signature

Date



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/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <input type="checkbox"/> Other (see instructions) ▶	
	<input type="checkbox"/> 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.

Social security number									

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

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 ▶
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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,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name/disregarded entity name” line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the “Name” line and any business, trade, or “doing business as (DBA) name” on the “Business name/disregarded entity name” line.

Disregarded entity. Enter the owner's name on the “Name” line. The name of the entity entered on the “Name” line should never be a disregarded entity. The name on the “Name” line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the “Name” line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the “Business name/disregarded entity name” line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the “Name” line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the “Name” line is an LLC, check the “Limited liability company” box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter “P” for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter “C” for C corporation or “S” for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the “Name” line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the “Name” line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.