



**Polish Roman Catholic Union of America  
PRODUCER APPOINTMENT KIT**

PRODUCER: \_\_\_\_\_ DATE: \_\_\_\_\_ 20\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Please complete the attached packet and sign in ALL places indicated. When all signatures are in place, please attach the following items;**

- A copy of your current state license
- A copy of your current E&O
- A 'voided' check to be used for the EFT of your commissions

**WHEN YOU HAVE THIS PACKET COMPLETE – PLEASE SEND IT TO US USING  
ONE OF THE FOLLOWING;**

**Email:**                    [contracts@donboozer.com](mailto:contracts@donboozer.com)

**Fax:**                        **1-888-543-0886**

**Snail Mail:**            Don Boozer & Associates  
2524 Lillian Miller Parkway  
Suite 115  
Denton TX 76210

**Phone:**                    **1-800-543-0886**

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Polish Roman Catholic Union of America (PRCUA)

Fax Application to: 773-278-4595 or email [robert-fattore@prcu.org](mailto:robert-fattore@prcu.org)

Agency/Agent Name \_\_\_\_\_ Phone \_\_\_\_\_

Main Office Address: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail address: \_\_\_\_\_ Web Site address: \_\_\_\_\_

Doing Business as: CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_ LLC \_\_\_\_\_

If Corporation or Partnership, give names; titles of principal officers or partners; date entity formed; State of Incorporation: \_\_\_\_\_

National Producer Number for Agent(s) \_\_\_\_\_

Name and Home address of Agency(s)/Owners(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN# \_\_\_\_\_

1. How long in insurance industry under above agency name or individually? \_\_\_\_\_ (years) How long agency or individually licensed? \_\_\_\_\_ (years)

2. Percentage breakdown of Agency Revenue: Commercial \_\_\_\_\_ Auto/Home \_\_\_\_\_ Life & Health \_\_\_\_\_ Annuities \_\_\_\_\_

3. List below the top 4 Insurance Companies you represent?

Product type	Annual Volume	Loss ratio/year	Insurance Company	Year Contracted
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

A. List of additional agency locations: (If more, please attach list with application)

Name/street address	City	St	Zip code	Phone#	Fax#
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

B. Federal I.D. (FEIN) or Social Security No.: \_\_\_\_\_

(MUST BE FILLED IN FOR IRS PURPOSES)

C. Agent Licenses & Certifications. **Please include copy/date of most recent certification for:**

1. **Anti-Money Laundering Certification Date:** \_\_\_\_\_

2. **Annuity Suitability Training Certification Date:** \_\_\_\_\_

D. E & O Carrier: (include copy) \_\_\_\_\_ Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Limits: \_\_\_\_\_

E. Estimated Annual Premium Commitment to PRCUA \$ \_\_\_\_\_

F. Please list other States in which Agency or as Agent licensed in ?  
\_\_\_\_\_

G. Has any insurance company terminated relations in the past?  Yes  No (If yes, please explain below)

H. Has your or any employed agent's license ever been suspended, revoked or terminated?  Yes  No (If yes, please explain below)

I. Have you or any employees ever been convicted of a felony?  Yes  No (If yes, please explain below)

J. Have you been involved in any defaults, judgements, suits, Insurance Dept. hearings or inquiries?  Yes  No (If yes, please explain below)

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**K. Please include agency/agent banking information below along with copy of a voided check w/application.**

Signature to Authorize Payment Sweep: \_\_\_\_\_

Bank for Premium Fund Trust Account: \_\_\_\_\_ Address: \_\_\_\_\_

Account No.: \_\_\_\_\_

ABA Routing No. \_\_\_\_\_

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L. Number of Agency employees, including clerical & administrative staff \_\_\_\_\_

M. **Florida Agent(s) Only**, is your license in good standing with the Florida Office of Insurance Regulation or Department of Financial Services?  Yes  No

**EXPLANATION/DETAILS (Please reference the appropriate section and attach sheet if needed)**

**AGENT DECLARATION AND AUTHORIZATION**

The Polish Roman Catholic Union of America, ("COMPANY"), as part of its agency qualification procedure, may make a routine investigation concerning information on your character, general reputation, personal characteristics and mode of living. Information on the nature and scope of any such inquiry, if made, is available to you upon written request. I hereby authorize the Company to conduct any investigation deemed necessary to verify the answers to the questions on this Application.

I understand this "Application for Agency Contract" ("Application") will become an integral part of my Agency Agreement, if such is issued. If my Application is accepted, I agree to comply with all the rules and regulations of the Company. I understand that falsification of any answer to a question on this Application is grounds for cancellation of my contract.

The Violent Crime Control and Law Enforcement Act of 1994 Title 18 U.S.C.A. Section 1033 and Section 1034 makes it a federal offense for an individual who has been convicted of any felony involving dishonesty or breach of trust to willfully engage in the business of insurance if those activities affect interstate commerce.

Signature of Owner(s)/Principal(s): \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner(s)/Principal(s): \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	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.

<b>Sign Here</b>	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.