

**RELIABLE POLICY MANAGEMENT, LLC**

2141 Enterprise Drive Post Office Box 100521  
 Florence, SC 29502-0521  
 Phone: 843.673.1921 or 1.800.866.7773  
 Fax: 843.673.1922 or 1.800.313.0645

**AGENCY FACT SHEET FOR AEGIS SECURITY**

Account Name \_\_\_\_\_

Federal I.D. # \_\_\_\_\_ (please attach a completed FORM W-9)

Post Office Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping/Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Managing Officer \_\_\_\_\_ Agency email address  
 (for Aegis Notices) \_\_\_\_\_

Contact Person for Aegis (Mfg. Home Insurance Business) \_\_\_\_\_  
 (If other than Managing Officer)

Agency Owner(s) \_\_\_\_\_

Agent to be licensed \*\*  
 First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ (attach a copy of his P&C License)

Home Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 (For add'l agents send the same info and a copy of his existing P&C License)

Prime Rate Code (if applicable) \_\_\_\_\_ Prime Rate Marketing Rep. # \_\_\_\_\_

For RPM's use:

<input type="checkbox"/> Send _____ manuals to agency.			
<input type="checkbox"/> Ship RPM return envelopes to agency:	_____ #10 white	_____ 5" x 11.5"	_____ 9" x 12"
<input type="checkbox"/> Supplies were delivered when agency was solicited.			
<input type="checkbox"/> Other: _____			

MAIL or FAX to 1.800.313.0645



# N.C. Aegis Security Insurance Company Supply Order Form

## Reliable Policy Management, LLC

PO Box 100521 • Florence, SC 29502  
 Phone: 1.800.866.7773                      Fax: 1.800.313.0645

Date: \_\_\_\_\_

Order Requested By: \_\_\_\_\_

**Please Ship Order To:**

**Attention:** \_\_\_\_\_ **Agency Code:** \_\_\_\_\_  
**Agency:** \_\_\_\_\_ Be sure to include your street address - not a  
**Address:** \_\_\_\_\_ PO Box number.  
 \_\_\_\_\_

Supply Item	Form #	Quantity Requested (Limit Allowed)
NC Agent Appointment Form	AEG NC APPT REQ 0806	_____ (5)
NC Aegis Applications	NC MHAPP (6/05)	_____ (20)
Checklist for Components	AGT 1001	_____ (15)
NC Aegis Quote Sheet	NC AGTQTE 0806	_____ (15)
Permission to Check Credit History Form	AGT 0548	_____ (15)
No Loss Statement	AGT 0549	_____ (15)
Rule A Questionnaire	AGT 0553	_____ (15)
NC Aegis Security Ins. Co. Supply Order Form	AGTAEG NC 0806	_____ (5)
Affidavit of Inspection & No Existing Damage	INSAGT 0555	_____ (15)
Acknowledgement of No Coverage Bound	NOCVG 0402	_____ (15)
Manufactured Home Loss Notice	RPMAEG CLAIM 0801	_____ (15)
Acknowledgement – Personal Liability Exclusion	NO LIAB 0103	_____ (15)
Rental Unit Description Form	RENTAL 0103	_____ (15)
NC Aegis Manual (rates and guidelines - all programs)		_____ (2)
Set of all Aegis NC endorsements and policy jackets		_____ (2)
RPM, White #10 Self-Addressed Envelopes		_____ (100)
Aegis Property Loss Notice		_____ (10)
Aegis Cancellation Form		_____ (10)
Aegis General Charge Form		_____ (20)
Aegis Agency Fact Sheet		_____ (2)
W-9		_____ (2)

**Please allow up to 30 days for delivery for some items.  
 Please use one of the following methods to place your order:**

**Call** in your order: **1.800.866.7773**

**Fax** your order to: **1.800.313.0645**

**Mail** this form to: **Reliable Policy Management, LLC, PO Box 100521, Florence, SC 29502-0521**

**Email** Beth Miles: [bmiles@reliablepolicymgt.com](mailto:bmiles@reliablepolicymgt.com)





**N.C. AGENT APPOINTMENT FORM**

**Reliable Policy Management, LLC**

PO Box 100521  
2141 Enterprise Dr.  
Florence, SC 29502-0521

Phone: 1.800.866.7773

Fax: 1.800.313.0645

Please appoint the following agent to represent us with Aegis Security Insurance company as indicated by the information below:

**Agent Name** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**\*Home Telephone Number** \_\_\_\_\_

\*required field

**City, County, State, Zip** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Email address at agency:** \_\_\_\_\_

**Agency Name** \_\_\_\_\_

**Agency Code 8450-** \_\_\_\_\_

**Business Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **County** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ - \_\_\_\_\_

**Business Physical Address** \_\_\_\_\_

**City** \_\_\_\_\_ **County** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ - \_\_\_\_\_

**Telephone Number ( \_\_\_\_\_ )** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**Type of License**       **Resident**       **Nonresident**

**Line of Insurance Property & Liability**

**State(s) to be appointed in NC**

**\*Copy of License(s) attached to this form? \_\_\_\_\_ (Must be furnished **BEFORE** the appointment can be made).**

Confirmation of appointment will be furnished upon receipt from state.

Please contact Beth P. Miles at 1.800.866.7773 or [bmiles@reliablepolicymgt.com](mailto:bmiles@reliablepolicymgt.com) for any questions.

# Aegis Checklist for Manufactured Home Components

**Applicant:** \_\_\_\_\_

**Year, Make Model, Size of Home:** \_\_\_\_\_

**Check all that apply (and were installed at the factory):**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Air Conditioner Unit                   | } | 1) <input type="checkbox"/> Heat Pump                               | _____ Standard Electric   |
|   |   | 2) <input type="checkbox"/> 2 ton                                   | <input type="checkbox"/> 2.5 ton <input type="checkbox"/> 3 ton <input type="checkbox"/> 3.5 ton <input type="checkbox"/> 4 ton |
|   |   | 3) <input type="checkbox"/> New                                     | <input type="checkbox"/> 1-2 years old <input type="checkbox"/> 3-4 years old <input type="checkbox"/> 5+ years old             |
| <input type="checkbox"/> Bay Window                             |   | <input type="checkbox"/> Garden Window - # _____                    |   |
| <input type="checkbox"/> Bow Window                             |   | <input type="checkbox"/> Microwave                                  |   |
| <input type="checkbox"/> Complete Carpeting (excluding kitchen) |   | <input type="checkbox"/> Range Over / Under                         |   |
| <input type="checkbox"/> Cook Top / Oven (built in)             |   | <input type="checkbox"/> Refrigerator 14 Cubic Ft (F/F)             |   |
| <input type="checkbox"/> Dishwasher                             |   | <input type="checkbox"/> Refrigerator 17 Cubic Ft (F/F)             |   |
| <input type="checkbox"/> Door - House Type - # _____            |   | <input type="checkbox"/> Refrigerator 18 Cubic Ft (S/S)             |   |
| <input type="checkbox"/> Door - Sliding Glass - # _____         |   | <input type="checkbox"/> Refrigerator 20 Cubic Ft (w/ice)           |   |
| <input type="checkbox"/> Door - Dbl Wardrobe w/Mirrors          |   | <input type="checkbox"/> Security / Fire Alarm (not smoke detector) |   |
| <input type="checkbox"/> Dryer                                  |   | <input type="checkbox"/> Shingle Roof                               |   |
| <input type="checkbox"/> Electric Home - Total                  |   | <input type="checkbox"/> Trash Compactor                            |   |
| <input type="checkbox"/> Fiberglass Shower Stall - # _____      |   | <input type="checkbox"/> Vinyl Siding                               |   |
| <input type="checkbox"/> Fiberglass Tub/Shower Combo - # _____  |   | <input type="checkbox"/> Washing Machine                            |   |
| <input type="checkbox"/> Fireplace (permanent / from factory)   |   | <input type="checkbox"/> Water Softener                             |   |
| <input type="checkbox"/> Freezer                                |   | <input type="checkbox"/> Wet Bar (walk up)                          |   |
| <input type="checkbox"/> Garden Tub - # _____                   |   | <input type="checkbox"/> Wet Bar (walk behind)                      |   |

**Do NOT include** the following, which are standard and already included in the NADA value:

- |                                 |   |
|---------------------------------|---|
| 1. Bath/Kitchen Modules         | 6. 30" Freestanding/Drop-in Range   |
| 2. Drapes, Curtains, Rods       | 7. 12 C.F. Single Door Refrigerator   |
| 3. Furnace/Heating System       | 8. Roofing/Siding Standard Metal Type   |
| 4. Running Gear/Chassis Frame   | 9. Windows/Doors Standard with screens  |
| 5. Water Heater/Plumbing System | 10. Floor Covering Linoleum - avg. quality (Living Room, Hall & Master Bedroom) |

If the value of any attached or unattached structure exceeds \$15,000, always send photos. Give details of any attached structure (length, width, construction, use, value).

**Decks / Porches:**

Dimension \_\_\_\_\_ Type \_\_\_\_\_

- |                                     |                                    |                                  |   |                                   |                                  |
|-------------------------------------|------------------------------------|----------------------------------|---|-----------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Uncovered | <input type="checkbox"/> Covered | <input type="checkbox"/> Covered with seats & rails | <input type="checkbox"/> Screened | <input type="checkbox"/> Glassed |
|                                     | <input type="checkbox"/> Brick     |                                  |   |                                   |                                  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Uncovered | <input type="checkbox"/> Covered | <input type="checkbox"/> Covered with seats & rails | <input type="checkbox"/> Screened | <input type="checkbox"/> Glassed |
|                                     | <input type="checkbox"/> Brick     |                                  |   |                                   |                                  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Uncovered | <input type="checkbox"/> Covered | <input type="checkbox"/> Covered with seats & rails | <input type="checkbox"/> Screened | <input type="checkbox"/> Glassed |
|                                     | <input type="checkbox"/> Brick     |                                  |   |                                   |                                  |

**Underpinning / Skirting:**

- Aluminum  
 Brick  
 Vinyl  
 Other: \_\_\_\_\_

**Other (added after manufacture)**

- Shingle A-frame roof  
 Shingle flat roof  
 Vinyl / hardboard Siding  
 New tempered metal roof

# N.C. Aegis Security Manufactured Home Quote Sheet

**Date:** \_\_\_\_\_ **Caller:** \_\_\_\_\_

**1. Is the home covered now?** \_\_\_\_ **Yes** \_\_\_\_ **No** (If unit has been uninsured over 30 days, have customer sign permission to check credit and fax to RPM: 1.800.313.0645 BEFORE completing application, NO coverage is bound).

**2. Has the customer filed bankruptcy within the last 3 years?** If Yes, risk is **UNACCEPTABLE**.

**3. County:** \_\_\_\_\_ **Territory:** \_\_\_\_\_

(Cannot write if in Terr. 2 or 3 and we cannot write in the following (5) Territory 1 counties: Cumberland, Duplin, Lenoir, Pitt & Sampson counties)

**4. Year:** \_\_\_\_\_ ( \_\_\_\_\_ X \_\_\_\_\_ ) **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_

*If the home is over 20 years old (or if any age but rated in the Multi-sectional or Rental Program) or has been significantly modified, submit application with photos of front and back of home.*

**5. Purchase Date:** \_\_\_\_\_ **Purchase Price:** \$ \_\_\_\_\_ **Purchased:** \_\_\_\_ **New** \_\_\_\_ **Used**

**6. Was land included with purchase:** \_\_\_\_ **Yes** \_\_\_\_ **No** (We cannot include the price of the land with the limit we offer on the home - please account for this when determining the limit to write).

**7. To determine the limit to offer on the home: Limit = \$** \_\_\_\_\_

A. If you have a bill of sale AND the home was purchased NEW -

**Replacement Cost** (unit 10 yrs old or newer) - **appreciate** the purchase price, call RPM for assistance

**Actual Cash Value - depreciate** the purchase price, call RPM for assistance

B. If there is NO bill of sale, or if the home was purchased "used", find out what components/additions are included with the home (use the Checklist for Components form) and call RPM for the NADA value.

**8. What program does the home qualify for?** (Photos required on **all** Multi-sectional and Rental risks.)

\_\_\_\_\_ Multisectional, if **all** of the following apply:

\_\_\_\_\_ Manufactured as a double/triple-wide

\_\_\_\_\_ Actual Cash Value is \$30,000 or more

\_\_\_\_\_ Has a shingle/composition roof

\_\_\_\_\_ Underpinned or on permanent foundation

\_\_\_\_\_ Home is tied down and located on private property, which the insured is buying

\_\_\_\_\_ Owner Occupied/Primary Res.

\_\_\_\_\_ Age of unit 0-10 yrs

\_\_\_\_\_ Has vinyl/hardboard siding

\_\_\_\_\_ \*Has no woodstove or other supplemental heating \*(Factory fireplaces **do not disqualify** unit)

\_\_\_\_\_ No commercial farming or hazardous exposure

\_\_\_\_\_ Standard - Risks (other than Rental) that do not qualify for the Multi-sectional Program

\_\_\_\_\_ Seasonal:

\_\_\_\_\_ Rental (Photos of home required)

\_\_\_\_\_ Tenant (covers only contents of a MH)

**9. Is the home:** \_\_\_\_\_ In Park (or area with 25/more manufactured homes) \_\_\_\_\_ Out of Park

**10. Protection Class:** \_\_\_\_\_ Is the home in city limits? \_\_\_\_ Yes \_\_\_\_ No

If not in city limits, what is the name of the closest responding fire station? \_\_\_\_\_

Distance to the Fire Station is: \_\_\_\_\_ Less than 5 miles \_\_\_\_\_ Greater than 5 miles

Distance to the Fire Hydrant is: \_\_\_\_\_ Less than 1000 feet \_\_\_\_\_ Greater than 1000 feet

..... <b>RATING</b> .....				
<b>Deductible Requested: \$</b>				<b>Financing</b>
Coverages	Package Limits	Requested Limits	Premium	
M Home	\$	\$	\$	Down Payment \$
Adj. Structures	\$	\$	\$	# of Payments
Contents	\$	\$	\$	<b>Told Customer</b>
Liability	\$	\$	\$	Must have Bill of Sale to write the requested limit
	\$	\$	\$	Need photos of front & back
	\$	\$	\$	Need Credit Report
	\$	\$	\$	Application must be submitted with photos, descriptions, etc.; <b>NO COVERAGE IS BOUND</b>
<b>TOTAL PREMIUM</b>			\$	

## **Permission to Check Credit History**

### **Applicant #1:**

I, \_\_\_\_\_, do hereby give Reliable Policy Management, LLC permission to check my credit history as part of determining eligibility for manufactured home insurance coverage with Aegis Security Insurance Company.

\_\_\_\_\_  
Signature of Applicant #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

Information Needed to Run Credit Report:

Name/Applicant # 1: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### **Applicant #2:**

I, \_\_\_\_\_, do hereby give Reliable Policy Management, LLC permission to check my credit history as part of determining eligibility for manufactured home insurance coverage with Aegis Security Insurance Company.

\_\_\_\_\_  
Signature of Applicant #2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

Name of Spouse/Applicant # 2: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Agency Code: \_\_\_\_\_

Agency Name: \_\_\_\_\_



**Aegis Security Ins. Co. Policy # \_\_\_\_\_**  
**No Loss Statement – Expiration/Rewritten within 30 days (POLICY LAPSED)**

I, \_\_\_\_\_, do hereby attest that there have been no losses or damage to  
(Print name of insured signing this form)  
my manufactured home or on my premises from the expiration date of \_\_\_\_\_,  
through the date payment was made, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Insured Date

\_\_\_\_\_  
Signature of Witness Date

**Aegis Security Ins. Co. Policy # \_\_\_\_\_**  
**No Loss Statement – Cancellation/Reinstatement (POLICY CANCELLED)**

I, \_\_\_\_\_, do hereby attest that there have been no losses or damage to  
(Print name of insured signing this form)  
my manufactured home or on my premises from the cancellation date of \_\_\_\_\_  
,through the date payment was made, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Insured Date

\_\_\_\_\_  
Signature of Witness Date

Agency Code: \_\_\_\_\_

Agency Name: \_\_\_\_\_

**\*\* IF THERE ARE TWO NAMED INSUREDS, BOTH POLICYHOLDERS SHOULD SIGN VERIFYING “NO LOSSES.”**



# ***Affidavit of Inspection & No Existing Damage***

## **Agent Affidavit**

I, \_\_\_\_\_, do hereby confirm that I have inspected the inside and outside of the \_\_\_\_\_ (year) \_\_\_\_\_ X \_\_\_\_\_ (dimensions) \_\_\_\_\_ (model). In my opinion, the above named unit is in good condition and I could find no existing damage.

## **Applicant Affidavit**

I, \_\_\_\_\_, do hereby confirm that there is no existing damage to my home listed above.

\_\_\_\_\_  
SIGNATURE OF AGENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

Name of Applicant: \_\_\_\_\_

Agency Code: \_\_\_\_\_

Agency Name: \_\_\_\_\_

## Acknowledgement of No Coverage Bound

I, \_\_\_\_\_, do hereby acknowledge that **NO COVERAGE** is presently bound on my manufactured housing unit. My application is being submitted to Aegis Security's General Agent so that they can determine whether to accept or decline the risk.

Please select  one of the following:

I am paying **NO PREMIUMS** on this date and if Aegis Security Ins. Co. agrees to write the risk upon receiving a fully completed and properly signed application and any other requested items, I will be informed by \_\_\_\_\_ (agent submitting the application) to return to pay the estimated premium; coverage will begin once the premium is collected by the agent.

**I AM PAYING** the premium on this date even though there is no guarantee that the company will bind coverage on my manufactured home. If Aegis Security Insurance Co. agrees to write the risk upon receiving a fully completed and properly signed application along with any other requested items, I will be informed by \_\_\_\_\_ (agent submitting the application) that coverage has been bound.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE

Name of Applicant: \_\_\_\_\_

Agency Code: \_\_\_\_\_

Agency Name: \_\_\_\_\_



I. GENERAL UNDERWRITING GUIDELINES FOR ALL RISKS SUBMITTED

1. The application must be completed and signed by the applicant and sub producer—all questions must be answered. The completed and signed application must be mailed within three (3) days of the requested effective date.
2. Manufactured home and premises must be well maintained with no evidence of poor upkeep.
3. Attached and unattached structures must be described including length, width, and value. (EXAMPLE: 8x10 shed - \$1,000). Barns are unacceptable and may not be scheduled. Any attached structure should be listed and rated under unattached structure rates.
4. Manufactured homes must be insured to 100% of the actual cash value which can be found in the NADA Manufactured Home Appraisal Guide. If replacement cost is requested the manufactured home must be insured for 100% of the *current year* replacement value. The limit requested should not include the value of the land. If the manufactured home is a new purchase and is insured for ACV, it should not be insured for more than the purchase price—excluding land.
5. A policy may not be transferred to a new owner. A new application for the new owner must be submitted for approval.
6. The maximum total exposure for the manufactured home, personal property and attached / unattached structures per risk—\$125,000.
7. To qualify for the owner occupied program, the named insured must live in the manufactured home and be the titled owner.
8. To qualify for replacement cost on the manufactured home, the home must be ten (10) years or newer.
9. The General Agent will obtain a CLUE report and if undisclosed or false information is discovered and the information was material to the Company accepting the risk, coverage will be null and void.
10. See the Rate Manual for Eligibility Requirements for the MH(F) - Multi-Sectional Program.

II. SUBMIT - DO NOT BIND

1. PHOTOS—Two (2) clear photos, one of the front and one of the back, are required for any:
  - a. manufactured home twenty (20) years old or older
  - b. attached or unattached structures that exceed \$15,000—barns are unacceptable and may not be scheduled
  - c. manufactured home that is rented to others
  - d. risk that has been uninsured for any period of time
  - e. manufactured home that has been substantially modified or two (2) manufactured homes attached—must have properly supported roof over both homes
2. A personal property inventory must be submitted if the value of personal property exceeds 75% of the value of the manufactured home or \$15,000, whichever is greater. The personal property limit may not exceed 100% of the value of the home or \$15,000 whichever is greater.
3. If a swimming pool is on premises, the pool must be surrounded with a stockade type fence at least 4 feet high with a locked gate. The maximum liability coverage available—\$50,000. A photo of the fenced swimming pool is required. There is no coverage for physical damage to the pool or related items. Unfenced swimming pools or pools with a diving board or slide are unacceptable.
4. If a hurricane, tornado, or any other natural disaster warning is in effect where the manufactured home is located.
5. If the applicant was previously uninsured for any period of time.
6. If the manufactured home is equipped with a supplemental heat source not installed by the original manufacturer, provide details. If woodstove, submit interior photos showing the stove and flue exit and an exterior photo of the chimney plus a completed Aegis woodstove report with details.
7. Manufactured home that has been substantially modified or two (2) manufactured homes attached. If two (2) manufactured homes are attached, there must be a properly supported roof over both homes.
8. If the previous carrier is the lienholder / mortgagee.
9. If the applicant was cancelled or nonrenewed, provide the reason for and the date of the cancellation or nonrenewal.

III. DO NOT SUBMIT UNDER ANY PROGRAM - UNACCEPTABLE RISK

1. Vacant or unoccupied manufactured home, condemned manufactured home or manufactured home without utility service.
2. If applicant has sustained any fire, theft or liability loss or more than one (1) loss at any location within the past three (3) years.
3. If the manufactured home is equipped with a kerosene heater.
4. If any business is conducted on the premises or in the manufactured home.
5. If a woodstove or other supplemental heat source is the only means of heating the manufactured home.
6. If the manufactured home is not well maintained and shows evidence of poor upkeep.
7. If the manufactured home has damage that has not been repaired.
8. Barns are unacceptable and may not be scheduled.
9. Manufactured home that is used for student housing.
10. If the applicant owns or boards any German Shepherd, Doberman, Pit Bull, Chow, Akita, Rottweiler, Great Dane, Wolf Hybrid; any mix of these breeds; any pet known to be unfriendly; any dog that has bitten; any guard dog or if the applicant owns or boards horses or livestock or any other large or unusual/exotic animal.
11. If there is any hazardous liability exposure on the premises (appliance outside, abandoned car, hot tub without locked top, etc), the risk is unacceptable.
12. If the manufactured home does not have permanently installed steps with a safety railing at all entrances or if there are any raised decks or porches that are not surrounded by a safety railing with balusters a maximum of 4" apart, the risk is unacceptable.
13. If the applicant owns a trampoline.
14. If the applicant owns an all terrain vehicle.

IV. SEASONAL PROGRAM

1. All of the Underwriting Guidelines in I, II, III and VII apply.
2. The following coverage is not available: Replacement Cost.
3. If there are multiple owners or if the manufactured home is used as a hunting camp, the risk is unacceptable.

V. TENANT PROGRAM

1. All of the Underwriting Guidelines in I, II, III and VII apply.
2. The following coverage is not available: Replacement Cost.
3. The named insured must be an individual.
4. Woodstove or any other supplemental heating source is not acceptable.
5. Maximum limit without a personal property inventory is \$15,000. If a higher amount is requested, submit unbound with a personal property inventory for approval.

VI. RENTAL PROGRAM

1. All of the Underwriting Guidelines in I, II, III and VII apply.
2. Photos (one of the front and one of the back) are required on all submissions.
3. The name of the tenant must be shown on the application.
4. Woodstove or other supplemental heat source is unacceptable.
5. If the total exposure exceeds \$125,000, submit unbound with details (including name of tenants, total exposure to be insured, number of homes to be insured, limit for each home, number of homes in the park, how far apart, and photos of each home).
6. The following coverages are not available: Replacement Cost and Personal Property.
7. If the landlord does not live in the state where the risk is located, do not submit. Call the General Agent for an exception.
8. All rental risks must be written on the AS-1 Program. Flood coverage is excluded.
9. Premises liability is not available if the risk is written in a business name.

VII. MINIMUM EARNED PREMIUM

If the risk is acceptable and a policy is issued, the policy is subject to the minimum earned premium shown on the declarations page if the insured requests mid-term cancellation. The minimum earned premium does not apply if the policy is cancelled on a pro rata basis. ncmhapp (Revised 6/05)

# MANUFACTURED HOME LOSS NOTICE

PRODUCER, ADDRESS & PHONE NO.  _____ CODE <b>8450</b> SUB CODE		CLAIM NO.		
		COMPANY <b>Aegis Security Insurance Company</b>		
		PREVIOUSLY REPORTED Yes <input type="checkbox"/> No <input type="checkbox"/>		
FULL POLICY NUMBER	POLICY DATES to	RESIDENCE PHONE		
FULL NAME(S) AS APPEARS ON POLICY		BUSINESS PHONE		
PROPERTY ADDRESS (including zip code)				
MAIL ADDRESS IF DIFFERENT (including zip code)				
WHERE CAN INSURED BE CONTACTED?		WHEN?		
DATE & TIME OF LOSS <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	LOSS LOCATION (if different from property address)	POLICE TO WHOM REPORTED (Theft)		
KIND OF LOSS (fire, wind, explosion, etc.)	PROBABLE AMT. ENTIRE LOSS \$	PROBABLE AMT. THIS POLICY \$	CAT. #	
DESCRIPTION OF LOSS & DAMAGE (use reverse if necessary)				
MORTGAGEE - If none, so indicate.				
DESCRIPTION OF MOBILE HOME INSURED				
DWELLING	APPURTENANT PRIVATE STRUCTURES	UNSCHEDULED PERSONAL PROPERTY	ADDITIONAL LIVING EXPENSES	DESCRIBE ADDITIONAL COVERAGES PROVIDED
				\$                      ON
\$	\$	\$	\$	\$                      ON
				\$                      ON
SUBJECT TO FORM NUMBERS – Insert form numbers and edition dates				
DEDUCTIBLE WINDSTORM & HAIL \$	DEDUCTIBLE OTHER PERILS \$	DEDUCTIBLES MISCELLANEOUS – Explain \$		
OTHER INSURANCE – List names of companies, policy numbers & amounts				
REMARKS – If emergency handling required or if subrogation possibilities, explain:				
				ADJUSTOR ASSIGNED
DATE	REPORTED BY	REPORTED TO	SIGNATURE OF PRODUCER OR INSURED	

# Rental Unit Description Form

Applicant Name: \_\_\_\_\_

Requested Limit on Unit: \$ \_\_\_\_\_

Unit #: \_\_\_\_\_  
Year: \_\_\_\_\_  
Length: \_\_\_\_\_  
Width: \_\_\_\_\_  
Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Serial #: \_\_\_\_\_  
Purchase Date: \_\_\_\_\_  
Purchase Price: \$ \_\_\_\_\_  
Protection Class: \_\_\_\_\_  
Home is: \_\_\_\_\_ **IN PARK** \_\_\_\_\_ **OUT OF PARK**  
Location of Unit \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(Street name and # and /or Lot #, City, State and Zip Code)

Name of Tenant: \_\_\_\_\_

Lienholder Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Loan Number: \_\_\_\_\_



I, \_\_\_\_\_, acknowledge that there is no coverage available on the manufactured home listed above until the above information, additional premium and any other requested items are received and approved by Reliable Policy Management, LLC. I also acknowledge that Aegis Security Insurance company will not insure vacant or unoccupied units.

\_\_\_\_\_  
SIGNATURE OF INSURED

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE



# Aegis Security - Cancellation Request Form

## POLICY INFORMATION - *Required for cancellation*

Date Cancellation to be Effective: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Finance Company Account #: \_\_\_\_\_

Insured's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

All information in this section is  
**REQUIRED** in order to  
cancel this policy!

## REASON FOR CANCELLATION

## AGENCY INFORMATION

Agency: \_\_\_\_\_ Agent Code: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Named Insured's Signature (*Only the Named Insured on this policy is authorized to sign*) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Witness' Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Named Insured's Signature (*Only the Named Insured on this policy is authorized to sign*) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Witness' Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail this form to:**

Reliable Policy Management, LLC

PO Box 100521

Florence, SC 29502-0521

**or Fax to 800.313.0645**

**RELIABLE POLICY MANAGEMENT, LLC**2141 Enterprise Drive Post Office Box 100521  
Florence, SC 29502-0521

Phone: 843.673.1921 or 1.800.866.7773

Fax: 843.673.1922 or 1.800.313.0645

**AGENCY FACT SHEET FOR AEGIS SECURITY**

Account Name \_\_\_\_\_

Federal I.D. # \_\_\_\_\_ (please attach a completed FORM W-9)

Post Office Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping/Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Managing Officer \_\_\_\_\_ Agency email address  
(for Aegis Notices) \_\_\_\_\_Contact Person for Aegis (Mfg. Home Insurance Business) \_\_\_\_\_  
(If other than Managing Officer)

Agency Owner(s) \_\_\_\_\_

Agent to be licensed \*\*  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ (attach a copy of his P&amp;C License)

Home Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(For add'l agents send the same info and a copy of his existing P&amp;C License)

Prime Rate Code (if applicable) \_\_\_\_\_ Prime Rate Marketing Rep. # \_\_\_\_\_

For RPM's use:

 Send \_\_\_\_\_ manuals to agency. Ship RPM return envelopes to agency: \_\_\_\_\_ #10 white \_\_\_\_\_ 5" x 11.5" \_\_\_\_\_ 9" x 12" Supplies were delivered when agency was solicited. Other:

MAIL or FAX to 1.800.313.0645

**RPM** RELIABLE POLICY MANAGEMENT

## GENERAL CHANGE FORM

Agency Name	Agent
Agency Address	Phone No.

### POLICYHOLDER INFORMATION

Name	Aegis Security Policy No.	
Mailing Address	Home Phone	
City	State	Zip
Location Address (if different from mailing address)	Work Phone	

### UPDATED POLICYHOLDER INFORMATION

*Please Complete This Section*

1. Is there any change in name(s) of policyholder(s) due to an error on original, marriage, etc? Yes <input type="checkbox"/> No <input type="checkbox"/> Provide updated name(s) of policyholders:
2. Is there any change of address to be made (mailing address or physical address)? Yes <input type="checkbox"/> No <input type="checkbox"/> New mailing address:
*New physical address:
3. Any "Additional Insured" information changes? Yes <input type="checkbox"/> No <input type="checkbox"/> Describe Interest; give full name(s) and mailing _____ addresses: _____ <i>EXAMPLE: John A Doe, Titleholder, 200 E. Main St., Hometown, SC 29111</i>
4. Lienholder Information Change? *Include loan # if known. Yes <input type="checkbox"/> No <input type="checkbox"/>

### REQUEST FOR CHANGE IN COVERAGE

#### **Effective Date of Change:**

Dwelling Coverage: From: \$ _____ To: _____ *Reason for Change:
Personal Liability: From: \$ _____ To: _____
Unattached Structures Coverage: From: \$ _____ To: _____ *Reason for Change:
Personal Property Coverage: From: \$ _____ To: _____ *Reason for Change:

\*Additional information may be necessary in order to consider changes in coverage, including an appraisal, inventory and/or photos.

Continued on the back of this form – must be signed by policyholder(s) if any coverage is reduced or removed.

**GENERAL CHANGE FORM  
Other Request(s)**

Describe Request:

**REQUEST FOR CANCELLATION**

Cancellation Effective Date:

Reason For Cancellation:

**REQUEST TO REINSTATE POLICY**

Policy will be reinstated as of the date it was cancelled.  
(Call RPM for eligibility – attach statement of No Losses.)

Policyholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Policyholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Submission of this "General Change Form" request does not guarantee coverage or a change of coverage.

The request must be reviewed and accepted before any coverage, or change in coverage, is bound by the underwriter.

If accepted, a policy or changes to the policy will be mailed to the policyholder(s).

Agent Name:	Date:
-------------	-------

\_\_\_\_\_  
Policyholder's Signature

\_\_\_\_\_  
Policyholder's Signature

**This Request Form must be signed by the policyholder(s) if any coverage is to be reduced or removed.**

**Please mail this form to:**  
 Reliable Policy Management, LLC  
 PO Box 100521  
 Florence, SC 29502-0521  
**or Fax to 800.313.0645**

# 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	
	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"/> Other ▶ .....	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	
City, state, and ZIP code		
Requester's name and address (optional)		
List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. 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. person (including a U.S. resident alien).

**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 ▶

## 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.

**U.S. person.** 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.

**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.

**Foreign person.** If you are a foreign person, use the appropriate Form W-8 (see **Pub. 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 recipient 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 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 30% of such payments (29% after December 31, 2003; 28% after December 31, 2005). This is called "backup withholding." Payments that may be subject to backup withholding include 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, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
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**.

## 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 social security card. 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 social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business 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" line.

**Note:** *You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).*

### Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business 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.*

**Exempt payees.** Backup withholding is **not required** on any payments made to the following payees:

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

If the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for <b>9</b>
Broker transactions	Exempt recipients <b>1</b> through <b>13</b> . Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients <b>1</b> through <b>5</b>
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt recipients <b>1</b> through <b>7</b> <sup>2</sup>

<sup>1</sup> See **Form 1099-MISC**, Miscellaneous Income, and its instructions.  
<sup>2</sup> However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are **not exempt** from backup withholding: medical and health care payments, attorneys' fees; 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-owner **LLC** that is disregarded as an entity separate from its owner (see **Limited liability company (LLC)** on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., 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 on-line at [www.ssa.gov/online/ss5.html](http://www.ssa.gov/online/ss5.html). 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 get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at [www.irs.gov](http://www.irs.gov).

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:** Writing "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 items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**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 or Archer MSA 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 <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. 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

<sup>1</sup> 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.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> **You must show your individual name**, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

<sup>4</sup> List first and circle the name of the legal 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.)

**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.*

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, or to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

