



AGENCY FLOOD SETUP APPLICATION INSTRUCTIONS

To begin the Flood agent setup process, please provide the following information:

1. A Completed Setup form (Attached).
2. A copy of your Agency E & O coverage declaration page or Certificate of Insurance.
3. A completed Taxpayer Identification Number Request form (Attached).
4. A copy of the agency Business License.
5. A copy of the agency Principal's License.
6. A list of States your agency or an agency in your office holds a Non-Resident License. (Attached – just check off the states listed on the sheet. If an agent within your office holds the Non-Resident License, please list the agent's name. I do not need a copy of the licensees.)
7. A dollar amount of Flood insurance premium your agency plans on writing over the next 12 months. If you are not sure, list a low figure as this amount will appear on the Commission Agreement you will sign later.

You may fax the above information to my attention to 866-823-1858. When I receive all of the requested information, the set-up process, which takes a minimum of three business days, will begin. I will email you a confirmation that your set-up information was received and what will happen next. Once the set-up process is complete, I will email your login information so that you can begin quoting Flood online.



MEMBERS OF PHILADELPHIA INSURANCE COMPANIES

AGENCY FLOOD SET-UP APPLICATION

Phone #: 1-877-672-7945 Ext 2471

(Pamela Moats – Flood Product Manager)

FAX # 866-823-1858

Please complete all information requested.

NOTE: Any agent signing a Flood application must have a minimum of three hours of Continuing Flood Education.

CORPORATE NAME:

DBA NAME (If Applicable)

MAILING ADDRESS:

CITY:

ST:

ZIP:

PHYSICAL ADDRESS:

CITY:

ST:

ZIP:

CONTACT PERSON:

CONTACT PERSON'S EMAIL ADDRESS:

TELEPHONE #:

FAX #:

FEDERAL TAX ID# OR SS# (which ever applies):

States agency holds a non-resident license:

PASSWORD FOR YOU ONLINE SYSTEM:

(4 digits or more, alpha, numeric or mix of both) Passwords are not case sensitive.

Is your Agency a Corporation ___ Partnership ___ Individually Owned___ or LLC___

Who is your primary FLOOD Carrier?

Commission %

Volume \$

***Mandatory - What would your projected commitment to us be? \$

Rollover ___Yes ___No

Signature:

Title:

Date:

Please email or fax this completed set-up form, along with a copy of your agency Error and Omissions declaration page or Certificate of Insurance, a copy of your business license, and a copy of the insurance license of your agency principal, and the completed W-9 (Tax Identification Number form) to my attention at pmoats@phlyins.com or fax number 866-823-1858.

Office Use Only

NEW BUSINESS COMMISSION:		RENEWAL COMMISSION:		ROLLOVER COMMISSION:	
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AGENT NUMBER:		MARKETING REP NAME		START DATE:	
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Taxpayer Identification Number Request

In our continuing effort to update our system and to insure accuracy, we request you complete the following information.

ARE YOU INCORPORATED? YES NO (circle one)

Mark the Appropriate Box and complete the required information **making sure the name is exactly the same as the Name listed with the Internal Revenue Service for the Tax ID number you are providing to us.**

CORPORATION: A corporation may use an abbreviated, trade name or initials, but the legal name is the name on the article of incorporation.		
Name of Corporate Entity	Employers Identification #	If applicable - Business or Trade Name
INDIVIDUAL:		
Individuals Name	Individuals Social Security Number	
SOLE PROPRIETOR: A Sole Proprietorship may have a "doing business as" trade name, but the legal name is the name of the business owner.		
Business Owners Name	Business Owners Social Security #	Business or Trade Name
PARTNERSHIP: A partnership may have a "doing business as" trade name, but the legal name is the name of the list of names of all the partners.		
Name of Partnership	Partnership Employer Identification	Business or Trade Name
OTHER: (LTD or LLC type company)		
Name of Entity	Employers Identification #	

- If more than one name is listed, the number will be considered to be that of the first name listed.

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Under penalties of perjury, I certify that:

1. the number shown on this form is my correct taxpayer identification number 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 Services (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 with holding, and
3. I am a U.S person (including U.S. resident aliens)

Note: 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 (item 2 does not apply to real estate transactions).

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISIONS OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

Person completing this form: _____

Signature: _____ **Date:** _____ **Phone:** _____



Please mark the box next to the State which your agency or an Agent in your office holds a Non-Resident License			
State	Agency	Agent	Agent's Name
ALABAMA			
ALASKA			
ARIZONA			
ARKANSAS			
CALIFORNIA			
COLORADO			
CONNECTICUT			
DELAWARE			
DISTRICT OF COLUMBIA			
FLORIDA			
GEORGIA			
HAWAII			
IDAHO			
ILLINOIS			
INDIANA			
IOWA			
KANSAS			
KENTUCKY			
LOUISIANA			
MAINE			
MARYLAND			
MASSACHUSETTS			
MICHIGAN			
MINNESOTA			
MISSISSIPPI			
MISSOURI			
MONTANA			
NEBRASKA			
NEVADA			
NEW HAMPSHIRE			
NEW JERSEY			
NEW MEXICO			
NEW YORK			
NORTH CAROLINA			
NORTH DAKOTA			
OHIO			
OKLAHOMA			
OREGON			
PENNSYLVANIA			
RHODE ISLAND			
SOUTH CAROLINA			
SOUTH DAKOTA			
TENNESSEE			
TEXAS			
UTAH			
VERMONT			
VIRGINIA			
WASHINGTON			
WEST VIRGINIA			
WISCONSIN			
WYOMING			