



New Producer Checklist

COMPLETE THE FOLLOWING ITEMS FOR EACH PLAN INTENDED TO BE SOLD.
Please note Dominion cannot apply for appointments without all necessary items completed. Commissions cannot be paid without an appointment.

- | | | |
|--|---|---|
| Required to sell
7000X Discount
Program <u>only</u> | { | <input type="checkbox"/> Complete & Sign “Dominion National Service Agreement” |
| | | <input type="checkbox"/> Sign “Dominion National Commission Schedule” |
| Required to
sell Dental
Plans and
Vision Plans | { | <input type="checkbox"/> Provide a copy of Current Agent/Agency Health License or Certification Letter* |
| | | <input type="checkbox"/> Enclose check for Appointment Fees** |
| | | <input type="checkbox"/> Complete W-9 |
| | | <input type="checkbox"/> Complete Producer Disclosure Form (PA Licensed Producers Only) |

Appointment Fees for Each State:

* An agent must accompany any agency being appointed (both licenses for the agent and agency must be submitted)

** Fees are not required if a new group has been sold at the time of appointment

*** In Virginia a Limited Lines Health License is acceptable for dental

Appointment check should be made payable to: Dominion National

	<input type="checkbox"/> DC	<input type="checkbox"/> DE	<input type="checkbox"/> GA	<input type="checkbox"/> MD	<input type="checkbox"/> NJ	<input type="checkbox"/> OR	<input type="checkbox"/> PA	<input type="checkbox"/> VA	<input type="checkbox"/> NC
Dental	\$25 Agent \$50 Agent & Agency	\$25 - Agent *Agency not appointed in DE	\$95 Agent \$95 Agent & Agency	No fees in MD	\$25 Agent \$50 Agent & Agency	No fees in OR	\$15 Agent \$30 Agent & Agency	\$10 Agent \$20 Agent & Agency	\$20 Agent *Agency not appointed in NC
Vision	\$25 Agent \$50 Agent & Agency	\$25 - Agent *Agency not appointed in DE	No fees (same underwriter as dental)	No fees in MD	No fees (same underwriter as dental)	No fees in OR	\$15 Agent \$30 Agent & Agency	\$10 Agent \$20 Agent & Agency	N/A

For questions or concerns relating to appointments, please contact:

Producer Relations
Agent@DominionNational.com or
Group Service Center
gsc@DominionNational.com
 877.559.9624

Dominion National is the brand name for the Dominion group of companies. Dental plans are underwritten by Dominion Dental Services, Inc. (DDSI). Dominion Dental Services USA, Inc. (DDSUSA) is a licensed administrator of dental and vision benefits. Vision plans are underwritten by Avalon Insurance Company, and administered by DDSUSA, in DC, DE, MD, PA and VA. Vision Plans are underwritten by DDSI in all other states where Dominion National operates. The Discount Program is offered through DDSUSA.

May 2023



SERVICE AGREEMENT

This Service Agreement ("Agreement") is made by and between Dominion Dental Services, Inc. on behalf of itself and its applicable affiliates (hereinafter referred to as Plan) and _____, 20____.

WITNESSETH:
IT IS MUTUALLY AGREED:

1. That on all programs effected through the Producer, Plan will pay to the Producer, as full compensation thereon, the service fees provided on the attached schedule.

Service fees shall be equal to the respective percentages of adjusted premium paid in cash to Plan for contract years as indicated on the attached schedule. Adjusted premium for any contract year in question means the premium developed by the amount of coverage occurring during such year and minus any premium refunds due to expirations, cancellations or terminations during such year.

The service fees specified will be extended to and be allowed on premiums paid for a contract period, provided the Producer (a) has the permission of the Contract holder to service its interests under the contract and to solicit new coverage thereunder during such period and (b) the Producer shall perform such service and solicitation in a manner satisfactory to Plan. In the event such service fee allowance shall cease by reason of default under conditions (a) and (b), Plan will inform the Producer of such termination by notice in writing personally delivered or mailed to his last known address. Subsequent compliance with such conditions shall not reinstate such service fee allowance hereunder unless Plan's written consent thereto endorsed on or attached thereto.

2. Any service fees accruing hereunder shall be payable in the month following the month the premium is paid in cash to and accepted by Plan. Any service fee received hereunder upon any premium or portion thereof returned by Plan, shall be immediately repaid to it. Producer will not be considered agent of record for any Contract holder until this Agreement has been executed and required appointment paperwork identifying the applicable state has been received by Plan. Service fees will not accrue during the period prior to Plan's receipt of Agreement and appointment paperwork. New group contracts must be received by Plan within five (5) days of execution.
3. If any contract shall be terminated by Plan, or the Contract holder or by either for any reason or cause, all rights to service fees that might otherwise have accrued hereunder on such contact shall cease.
4. No rights or interests arising hereunder shall be subject to assignment except with written consent of Plan. Any indebtedness of the Producer to Plan arising at any time shall constitute a first lien upon any service fees or allowances due or to become due hereunder.
5. Producer is authorized to solicit business for, or provide services to Plan and to any affiliate of Plan identified herein, including without limitation, Avalon Insurance Company ("Avalon") administered by Dominion Dental Services USA, Inc. for its vision benefits programs, but only under the terms and conditions herein. Producer's authority under this Agreement is non-exclusive. In addition to Avalon, the term "affiliate" shall mean an entity that controls, is controlled by or is under common control with Plan. When Plan notifies Producer that services shall be provided to an affiliate, Producer will be deemed to have a contract directly and exclusively with such affiliate for the benefits offered and/or administered by the affiliate as are identified in such notice. The affiliate will be solely and exclusively responsible for all of its programs, products, services and other obligations.
6. The Producer has no authority, and agrees not to, enter into, alter, deliver, terminate or discharge any program, benefit contract or policy on behalf of Plan, or to extend the time of any charges or premium payment, or to bind

Plan in any way, or waive or extend any contract provisions or condition. Producer acknowledges and agrees that Plan reserves the right, in accordance with applicable law, to reject any and all applications submitted by or through Producer. Producer agrees to comply with the rules of Plan and to make no representation or warranty with respect to the benefits of any program, benefit contract or policy offered by Plan not in conformity with the material prepared and furnished by Plan to Producer for that purpose.

7. The Producer has no authority to alter, amend or change any promotional brochures or material without prior written approval by Plan. All broadcasts, publications and advertisements or other materials referencing or relating to Plan or programs, whether free or paid, shall be submitted to Plan in advance of publication for the Plan's prior written approval, which approval shall not be unreasonably withheld. Upon termination of this Agreement for any reason, Producer shall cease all advertising, marketing and solicitation with respect to Plan.
8. The Producer shall be responsible for all monies due to Plan for premiums paid on any contract described herein received by Producer or by his appointees or employees. All such monies shall be promptly paid to Plan. Any failure of the Producer to pay Plan said monies as provided herein, or to comply with any of the provisions set forth in this Agreement hereof, shall effect immediate termination of this Agreement and a forfeiture of all rights of the Producer hereunder and all service fees and allowances to Producer provided for herein.
9. The Agreement permits the Producer to procure and submit to Plan applications for products offered by Plan. The Producer is responsible for employing competent and experienced personnel. The Producer, acting as an independent agent and not an employee of Plan, is solely responsible for his actions. The Producer agrees to comply with the Local, State, and Federal laws and rules in which he transacts business.
10. This Agreement and attached schedule constitute the entire contract between the parties hereto. Plan may amend this Agreement by providing written notice of the amendment and its effective date to Producer at least thirty (30) days prior to the effective date of such amendment. Plan shall deliver such written notice by mail or electronic means, including, but not limited to, email or facsimile. The amendment will become effective unless Producer provides Plan with written notice that Producer is terminating the Agreement prior to the effective date of the amendment.
11. The Producer agrees to maintain all required appointments, registrations, certifications, and licenses required by the state, Centers for Medicare & Medicaid Services (CMS), exchange authority, or other regulatory agency. Plan will pay for initial appointment fee if a new group contract has been secured by Producer at the time of appointment. Appointment renewal fees, if applicable, may be paid by Plan based on volume of business sold and/or serviced by Producer. All other required fees or taxes will be paid by Producer.
12. The attached schedule is subject to change from time to time effective thirty (30) days after written notice by Plan but no such change shall effect compensation on contracts issued prior to the effective date of such change, except by mutual agreement.
13. This Agreement will be terminated by death of the Producer, his employment by Plan or an affiliate of Plan, his notice under Section 10 of the Agreement, his retirement, or by the determination of Plan that the Producer has become totally and permanently disabled, or by the following:
 - (A) Termination for cause: The following acts or omissions by the Producer as reasonably believed to exist or potentially exist by Plan are hereby agreed to be sufficient cause for termination of the Agreement: (1) any act or conduct, or threatened act or conduct, of or by or on behalf of Producer related to dishonesty, breach of trust, or an offense under Section 1033 of the Violent Crime Control and Law Enforcement Act of 1994; (2) arrest or conviction for crimes involving fraud, dishonesty or embezzlement; (3) violation of, or intent to violate (or the act of causing others to, or intending to cause others to, violate) any law or any action, guidance or ruling of any regulatory agency of any kind; (4) violation of any provision of this Agreement; (5) any act or omission on the part of the Producer that reflects unfavorably upon the reputation of Plan; (6) any act or omission that does or may cause harm to any members or enrollees of a health plan or dental plan; (7) any act or omission that causes Plan to reasonably determine that Producer is not fit to act in the capacity of a broker or producer under the terms of this Agreement; and (8) any failure to obtain and/or maintain the appropriate licensure, registration or certification related to services provided under the terms of this Agreement.
 - (B) Other Termination: This Agreement may be terminated if the Producer does not or is judged not able to continue to service contracts effected through the Producer.

(C) Termination without cause. Plan may terminate this Agreement without cause at any time upon at least thirty (30) days' advance written notice to Producer.

14. Producer understands and agrees that Producer must, as a condition precedent to the effectuation of this Agreement, read and understand the Dominion Code of Conduct. The Code of Conduct is available at the Plan's website (DominionNational.com/about) or upon request from Plan's Group Service Center. By accepting an appointment from Plan, Producer agrees to conduct business in accordance with the Code of Conduct and to report any actual or potential conflicts of interest to the Plan.
15. **Affordable Care Act.** To the extent that this Agreement delegates any duties or administrative services to a qualified Producer concerning Qualified Health Plan (QHP) business as defined in 45 CFR 155.20, including the enrollment of an enrollee in a QHP, the parties agree to comply with the terms of the Affordable Care Act (ACA) Addendum attached hereto and made a part of this Agreement hereof (the "ACA Addendum").

IN WITNESS THEREOF this Agreement has been executed in duplicate by the undersigned parties to take effect on the date indicated above.

Producer has read and fully understands the terms and conditions of this Agreement ("Agreement"), and its attachments. **In signing this Agreement, Producer certifies that Producer has not been convicted of any criminal felony involving dishonesty or breach of trust or been convicted of an offense under Section 1033 of the Violent Crime Control and Law Enforcement Act of 1994, as it may be amended. Producer further agrees to immediately inform Plan of any conviction of the types described in the immediately preceding sentence.**

Producer (Authorized Signature) / Date

Social Security #

Name First Middle Last

Date of Birth

Agency Name (if to be appointed)

Federal Tax ID # (if applicable)

Address

Telephone

City State Zip Code

Email Address

Dominion National/Date

AFFORDABLE CARE ACT (ACA) ADDENDUM

1. To the extent that Producer is considered a “delegated entity” (as defined in 45 CFR 156.20), Producer agrees to comply with the requirements and standards in the following federal regulations as amended from time to time to the extent that they apply to those duties, as well as any other applicable laws, regulations, and sub-regulatory guidance related to the Qualified Health Plans (QHPs) and Producer’s appointment to provide services related to the marketplace enrollment of individuals and/or employees in Dominion dental plans:
 - a. 45 CFR 156 subpart C;
 - b. 45 CFR 155 subparts H and K and 45 CFR 155.705 regarding exchange processes, procedures and standards;
 - c. 45 CFR 155.220 regarding assisting with enrollment in QHPs;
 - d. 45 CFR 156.705 and 45 CFR 715 regarding maintenance of records and compliance reviews; and
 - e. 45 CFR 156.340
2. Use and Disclosure of PII. To the extent Producer receives Personally Identifiable Information (“PII” as defined in 45 CFR 155.260), Producer shall comply with all applicable state and federal laws and regulations related to maintaining and safeguarding the confidentiality of any PII and implement safeguards that reasonably protect such PII. Such safeguards shall include, without limitation, implementing written policies and procedures in compliance with 45 CFR 155.260(a); ensuring reasonable operational, administrative, technical, and physical safeguards are in place to ensure confidentiality, integrity, and availability and to prevent unauthorized or inappropriate use or disclosure; and giving appropriate training to Producer employees who have access to PII. Further, Producer warrants that it shall use or disclose PII only in connection with fulfilling its duties and obligations under Agreement, it shall not use or disclose PII in any manner that violates applicable state or federal laws, and all Producer requests for PII from Dominion will be only for the minimum amount necessary to fulfill the Agreement. In addition, Producer will continue to protect any PII in accordance with the above requirements after its Agreement with Dominion is terminated.
3. Audit of Delegated Entity (Federally-Facilitated Exchanges and State-Based Exchanges on the Federal Platform). Producer will permit access to the Department of Health and Human Services (HHS) and/or HHS Office of Inspector General (OIG), or their designees, in connection with such agencies’ right to evaluate through audit, inspection, or other means, to Producer’s and Producer’s downstream entities’ books, contracts, computers, or other electronic systems, including medical records and documentation, relating to Dominion’s obligations in accordance with federal standards up to ten (10) years from the last day of that plan benefit year, or ten (10) years from the last day that the QHP certification is effective if the QHP is no longer available through a Federally-facilitated exchange in which Dominion ceases offering any products that are QHPs (or such longer period as required by federal or state law or regulations).
4. Audit of Delegated Entity (State-Based Exchanges). Producer will permit access to relevant exchange authorities, in connection with such exchange authorities’ rights to evaluate through audit, inspection, or other means, as applicable, for Producer or Producer’s downstream entities’ books, contracts, computers, or other electronic systems, including medical records and documentation, relating to Dominion’s obligations in accordance with federal standards up to ten (10) years from the last day of that plan benefit year, or ten (10) years from the last day that the QHP certification is effective if the QHP is no longer available through a State-based exchange in which Dominion ceases offering any products that are QHPs (or such longer period as required by federal or state law or regulations).
5. Duties of Downstream Entities. To the extent Producer is permitted under the Agreement to subcontract any of its duties to other vendors, such other vendors may be considered “downstream entities” (as defined in 45 CFR 156.20). Producer shall include language in its contracts with downstream entities that requires such downstream entities to:
 - a. Comply with all applicable state and federal laws and regulations, including 45 CFR 155 and 156, during the performance of its duties related to Dominion;

- b. Comply with the same privacy and security standards and obligations to which Producer has agreed to comply in the Agreement, this Addendum, and Producer's agreements with HHS;
 - c. Federally-Facilitated Exchanges and State-Based Exchanges on the Federal Platform: Retain records and permit access to the HHS and/or the OIG, or their designees, in connection with their right to evaluate through audit, inspection, or other means, to the Producer's or downstream entity's books, contracts, computers, or other electronic systems, including medical records and documentation, relating to Dominion's obligations in accordance with federal standards up to ten (10) years from the last day of that plan benefit year, or ten (10) years from the last day that the QHP certification is effective if the QHP is no longer available through a Federally-facilitated exchange in which Dominion ceases offering any products that are QHPs (or such longer period as required by federal or state law or regulations).
 - d. State-Based Exchanges: Permit access to relevant exchange authorities, in connection with such exchange authorities' rights to evaluate through audit, inspection, or other means, as applicable, for Producer or Producer's downstream entities' books, contracts, computers, or other electronic systems, including medical records and documentation, relating to Dominion's obligations in accordance with federal standards up to ten (10) years from the last day of that plan benefit year, or ten (10) years from the last day that the QHP certification is effective if the QHP is no longer available through a State-based exchange in which Dominion ceases offering any products that are QHPs (or such longer period as required by federal or state law or regulations).
 - e. Comply with applicable state marketing laws and regulations and not use marketing methods that discourage individuals with significant health needs from enrolling in the QHP.
6. Remedies. If Dominion, HHS, or OIG determine that Producer, or a downstream entity contracted by Producer, has not complied with state and federal laws, Dominion may, in its sole discretion, (a) terminate the Agreement without penalty; and/or (b) pursue any and all other rights and remedies afforded Dominion under state law and/or the Agreement.
7. Modifications to Addendum. This Addendum may be modified only by written agreement of the parties, except that Dominion may modify the Addendum to the extent necessary to comply with regulatory and statutory requirements upon thirty (30) days written notice to Producer.



COMMISSION SCHEDULE

	New	Renewal
Select Plans	10%	10%
PPO Plans	10%	10%
Vision Plans	10%	10%

A separate commission schedule applies to the eDental and Teethkeepers Web-based enrollment programs and Health Care Exchanges.

These percentages apply to accounts that are fully serviced by the agent. Servicing includes: presentation to group, execution of group contract(s), presentation to potential members, collection of first months premium, periodic service calls and re-enrollment of group on an annual basis.

Payment of these services is subject to the conditions as outlined in the attached Service Agreement.

This schedule is subject to change from time to time with notice, as required by applicable law. No such change shall affect compensation on contracts issued prior to the effective date of such change, except by mutual agreement, and to the extent permitted by applicable law.

Accepted: _____
Agent/Agency Representative

Date: _____



TEETHKEEPERS, EDENTAL & HEALTH CARE EXCHANGE COMMISSION SCHEDULE

Select Plans	New 8%	Renewal 8%
PPO Plans	6%	6%
Vision Plans	6%	6%
Discount Program	18%	18%

Vision Plans and Discount Program are not offered on the health care exchanges.

These percentages apply to accounts that are fully serviced or solely referred by the agent.

Payment of these services is subject to the conditions as outlined in the attached Service Agreement.

This schedule is subject to change from time to time with notice, as required by applicable law. No such change shall affect compensation on contracts issued prior to the effective date of such change, except by mutual agreement, and to the extent permitted by applicable law.

Accepted: _____
Agent/Agency Representative

Date: _____

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

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.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

By signing the filled-out form, you:

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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

In the cases below, the following person must give 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.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (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 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, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% 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, payments made in settlement of payment card and third party network transactions, 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 instructions for Part II 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 *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

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

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. 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 line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. 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 line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 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 U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—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 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

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 reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a) J—

A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

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.

If you are a single-member LLC that is disregarded as an entity separate from its owner, 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 *What Name and Number To Give the Requester*, later, 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 SSA 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. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and 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 U.S. 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, 4, or 5 below indicates 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 line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 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 made in settlement of payment card and third party network transactions, 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), ABLE accounts (under section 529A), 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) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor [*]
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. 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
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations 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*, earlier.

***Note:** The 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, 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 Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic 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 (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft 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. commonwealths and 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.

Important Notice Regarding Your Appointment for the Sale of Products Offered by Dominion National and Avalon Insurance Company

Dominion Dental Services, Inc. and Avalon Insurance Company Inc., administered by Dominion Dental Services USA, Inc., are collectively referred to throughout the attached Appointment Disclosure Form as the “Appointing Entities.”

- Prior to appointing or reappointing a licensed insurance producer (“producer”), Pennsylvania law requires insurance companies that are authorized to transact business within Pennsylvania to make reasonable inquiry to: (i) determine whether the producer could be disqualified from obtaining a new or renewal producer’s license under applicable Insurance Department regulations; and (ii) verify other information relevant to the producer’s fitness to conduct the business of insurance.
- In addition, under federal law, any person who has been convicted of any criminal felony involving dishonesty or breach of trust is prohibited from engaging in the insurance business without the consent of the Pennsylvania Insurance Commissioner.
- The Appointing Entities require that each producer read and understand the Dominion Code of Conduct. The Code of Conduct is available at the Dominion website (DominionNational.com/about) or upon request from Dominion’s Group Service Center. By accepting your appointment from the Appointing Entities, you agree to conduct business in accordance with the Code of Conduct and to report any actual or potential conflicts of interest to the Appointing Entities.
- The Appointing Entities require that each producer read, understand and agree to abide by the terms and requirements of the Service Agreement.

The Appointing Entities will rely upon your responses to the attached Appointment Disclosure Form when appointing you.

Appointment Disclosure Form

1. Full Name: Please identify any other name(s) used in the last ten years: Prior name: _____ Dates of Use: _____ to _____	
2. Business Address: City: _____ State: _____ ZIP: _____	
3. Primary Residence Address: City: _____ State: _____ ZIP: _____	
4. Business Telephone Number: _____ Primary Residence Telephone Number: _____	
5. If you are applying as the designated licensee of an insurance agency, is your agency licensed as a: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> N/A Incorporation Date/Partnership Formation Date: _____	
6. Has your application for a producer's license ("license") been denied, or has an existing license been suspended, revoked, or not renewed by an insurance regulatory entity in any state, territory, or possession of the United States, the District of Columbia, or any Canadian province? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please disclose on a separate sheet the date, location, and reason for the denial, suspension or revocation.	
7. Have you engaged in any conduct which the insurance regulatory entity of any state, territory, or possession of the United States, the District of Columbia, or any Canadian province has determined to be in violation of the applicable insurance law of that jurisdiction, and as a result of that determination you paid a fine, signed a consent or decree, or for which you received a warning or a letter of reprimand? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please disclose on a separate sheet the date and nature of the violation.	
8. Have you ever pleaded guilty, entered a no contest plea, or been convicted of any crime, including, but not limited to, the following: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> *Unlawful advertising of insurance business *Furnishing free insurance as an inducement to purchases *Embezzlement *Conspiracy to defraud *Perjury or false swearing *Criminal offense involving moral turpitude or harm to another </div> <div style="width: 45%;"> *Unlawful coercion in contracting insurance *Unlawful collection practices *Obtaining money under false pretenses *Bribery or corrupt influences *Unlicensed producer activity </div> </div> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please disclose on a separate sheet the date and nature of the offense, name and address of the court, date of conviction, or entry of either a guilty plea or a no contest plea, and the sentence imposed. (Do not include traffic violations or citations in your response to this item.) Do not limit your disclosure to the crimes listed above.	
9. Have you ever been short on an account with an employer or other party for whom you have held funds? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain on a separate sheet.	
10. Have you ever had an application for bond denied? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain on a separate sheet the basis and date of the denial.	

11. Professional References: Please identify two individuals who are not related to you who can provide professional references on your behalf. We prefer licensed insurance producers as references, if possible.		
Name:	Employer:	Licensed insurance producer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		Telephone:
Name:	Employer:	Licensed insurance producer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		Telephone:
12. Please disclose your employment history for the past ten years (Attach separate sheet(s) if necessary):		
<u>Current Employer</u> Name: Address: Contact Person: Title: Telephone: Employment Dates: From: To: May we contact to verify your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<u>Prior Employer</u> Name: Address: Contact Person: Title: Telephone: Employment Dates: From: To: May we contact to verify your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<u>Prior Employer</u> Name: Address: Contact Person: Title: Telephone: Employment Dates: From: To: May we contact to verify your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<u>Prior Employer</u> Name: Address: Contact Person: Title: Telephone: Employment Dates: From: To: May we contact to verify your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Representations, Warranties and Acknowledgements

- I hereby certify that the foregoing answers and statements are true to the best of my knowledge and belief and that I am acting on my own behalf.
- I acknowledge and affirm that I have a continuing obligation to inform the Appointing Entities if I plead guilty to, enter a no contest plea to, or am convicted of any crime.
- I acknowledge and affirm that I have a continuing obligation to report to the Appointing Entities any conduct, activity or event that occurs subsequent to the date on which I have signed this disclosure form that would have required disclosure in response to questions 6, 7, and 8.
- I acknowledge and understand that the Appointing Entities may conduct a criminal background check and that my appointment may be affected by the information obtained in response to such inquiry, up to and including the termination of my appointment.
- I acknowledge and understand that my answers to the foregoing inquiries may prompt further inquiry by the Appointing Entities, to which I agree to provide truthful responses.
- I acknowledge and affirm that I have read the Dominion Code of Conduct, that I understand it, and that I agree to comply with it.
- I acknowledge and affirm that I have read the Service Agreement, that I understand it, and that I agree to abide by the terms therein.
- I agree to comply with all the regulations of the Appointing Entities and the Pennsylvania Insurance Department. I certify that I am free to contract with the Appointing Entities. I authorize the individuals or companies identified as references or employers in this Appointment Disclosure Form to give the Appointing Entities any business or personal information concerning me that they may have, and I release said individuals or companies from all liabilities for any damage whatsoever for issuing this information. I understand that my appointment must be processed with the Pennsylvania Insurance Department prior to receiving any commissions.

Applicant Signature: _____
Signature

Date

Dominion Approval: _____
Signature

Date