



## **Insurance Center Special Risks provides you with full access to Philadelphia Insurance Company web-based Flood policy quoting and processing system**

In order to be authorized to quote, issue and service flood policies on-line via the Philadelphia Insurance Company website, please submit the following documents and e-mail to: [Pamela.Moats@PHLY.com](mailto:Pamela.Moats@PHLY.com) or fax to: **(866) 823-1858**

- A completed Set Up form (see below)
- A completed Taxpayer ID Number Request form (see below)
- A copy of your agency E&O coverage or Certificate of Insurance
- A copy of your agency Insurance license
- A copy of your agency principal's Insurance license
- A list of states your agency or an agent 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. **Copies of the licenses are not required.**)
- 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.
- Copies of Flood Continuing Education Certificates for all Producers/Agents selling and writing Flood insurance. A minimum of three credit hours is required for each producer.

The set up process takes a minimum of three business days. You will receive email confirmation directly from Philadelphia Insurance Company that your setup information was received and what will happen next.

Once the setup process is complete, login information will be emailed so that you can begin quoting Flood online.



# PHILADELPHIA INDEMNITY INSURANCE COMPANY

## NATIONAL FLOOD INSURANCE PROGRAM - AGENCY SET-UP APPLICATION

Phone #: 1-877-672-7945 Ext. 8295 (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.**

AGENCY NAME			
DBA NAME IF APPLICABLE			
MAILING ADDRESS			CITY, STATE, ZIP
LOCATION ADDRESS			CITY, STATE, ZIP
CONTACT NAME		EMAIL ADDRESS	
FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER (WHICH EVER APPLYS)			
TELEPHONE NUMBER:		FAX NUMBER:	

Who is your Primary FLOOD Carrier?	Commission %	Volume\$

\*\*\*Sub Producer to Insurance Center Special Risk 8648-1806

Signature:	Title:	Date:

Please fax this completed setup form, along with a copy of your agency Error and Omissions declaration page or Certificate of insurance, a copy of your agency insurance license, a copy of the insurance license for your agency Principal, a list of Non-Resident Licensed States, a completed Tax Identification Number form, and Copies of Flood Continuing Education Certificates for *all* Producers/Agents selling and writing Flood insurance to 866-823-1858 or email to Pamela.Moats@phly.com.

### Office Use Only

MARKETING REP NAME	Gregory Ferriero # 105 Northeast Region
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Please mark the box next to the State which your agency or an Agent in your office holds a Non-Resident License

	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			



## 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.

<b>CORPORATION:</b> 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
<b>INDIVIDUAL:</b>		
Individuals Name	Individuals Social Security Number	
<b>SOLE PROPRIETOR:</b> 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
<b>PARTNERSHIP:</b> 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
<b>OTHER:</b> (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: \_\_\_\_\_