

PLEASE READ AND FOLLOW ALL INSTRUCTIONS

Dear Property and Casualty Insurance Agent/Broker:

The City of Gainesville will competitively bid its Property/Casualty Insurance program (not to include workers' compensation) to be effective July 1, 2012. This process will include both Agent/Broker Pre-Qualification and Market Assignments.

The first step in our bid process is the pre-qualification of Agent/Brokers. This is to ensure that the successful bidder will have the expertise necessary to provide essential services, as well as effectively achieve the goals of the City. Enclosed is an Agent/Broker Questionnaire that should be completed and returned to the City by 3:00 PM on March 2, 2012.

All questionnaires submitted will be evaluated. Please note that the City may require verbal presentations if deemed necessary to further evaluate the responding brokers. The Agents/Brokers who are deemed pre-qualified (based on experience and other factors) will be allowed to participate in the competitive bid process, as will the Georgia Municipal Association via their pooling program. The City reserves the right to limit the number of agents/brokers selected to submit proposals.

Minimum qualifications are:

- 1) Firm should have been in business at least five years.
- 2) Experience with public sector clients (minimum of 2 past or present public sector clients and at least five years cumulative experience in public sector accounts).
- 3) At least one account (past or present) with at least 500 employees.
- 4) Firm or any individual within the firm shall not have been named as a defendant in any current litigation with any past or present client.
- 5) Firm must be or be able to obtain an active vendor status. (See attached Vendor Documents)

We expect to notify the selected Agents/Brokers in late March, and will assign markets and release bid specifications shortly afterward. We anticipate that the deadline for submitting bids will be set for mid-May.

In addition to the Agent/Broker Questionnaire, you must submit a Market Assignment Request (attached). This form should be completed and **sealed** in a separate envelope marked "Market Assignment Request", and returned in a large envelope along with the original and two copies of the Agent/Broker Questionnaire. The "Market Assignment" envelopes of the selected Agents/Brokers will be opened on the day that market assignments are made.

Thank you for your interest in the insurance programs for the City of Gainesville.

Notices

The City of Gainesville is an equal opportunity owner/employer and will not discriminate against any vendor because of race, creed, color, religion, sex, national origin, or ADA disability status.

1. Tax Exemption: The City of Gainesville is exempt from all Federal and State tax. Do not include tax in your proposal.

2. Public Records: Any information contained in this request and replies to it is subject to public disclosure upon final award.

3. Acknowledgement of Amendments: Receipt of any amendment to this Request for Qualifications must be acknowledged, in writing, prior to the stated submission deadline. Such acknowledgement may be submitted with the offer.

4. Local Vendor Preference: *Local Vendor* means a bidder or offeror which operates and maintains a brick and mortar business, i.e. a physical business address, within the city limits of the City of Gainesville, has a current business license, has paid in full all real and personal taxes owed the City, is considered a vendor in good standing with the City and can obtain an active vendor status.

A local vendor may receive an opportunity to match for purchases, bids, Bid or contracts over \$20,000 and less than \$100,000. The local vendor may be given an opportunity to match the lowest price Bid, if the quotation or bid of the local vendor is within 3% of the lowest price Bid by a non-local vendor. In the event a local vendor matches the lowest price Bid, including all other terms, quality, services and conditions, then the local vendor shall be awarded the contract.

In the event the price Bid of more than one local vendor is within 3% of the lowest overall price Bid of a non-local vendor, the local vendor with the lowest Bid will be given the first opportunity to match the lowest overall price Bid. If this local vendor declines to match the price Bid, then the local vendor with the next lowest bid within 3% will be given the opportunity to match the lowest Bid. This process will continue with all local vendors having Bid within 3% of the lowest overall bid by a non-local vendor.

Policy to be stated. This policy shall be so stated in all applicable solicitations.

Exemptions. This provision does not apply to public works construction projects or road projects pursuant to the laws of the State of Georgia (O.C.G.A §36-91 or §32-4).

The original and two (2) copies of the “Agent/Broker Questionnaire”, along with a sealed envelope containing the completed “Market Assignment Request”, must be submitted to the location below no later than 3:00 pm on March 2, 2012. No emailed, faxed, or telephone submissions will be accepted. Submissions received after the specified time will be returned unopened. It is the sole responsibility of the bidder to ensure that the submission arrives on time at the designated place.

Physical address (For hand-delivery/courier; do not use for U.S. mail):

**City of Gainesville
Attn: Purchasing Office
300 Henry Ward Way
City/County Administration Building
Room 103
Gainesville, Georgia 30501**

Mailing address (U.S. mail):

**City of Gainesville
Attn: Purchasing Office
P. O. Box 2496
Gainesville, Georgia 30503**

AGENT/BROKER QUESTIONNAIRE

For City of Gainesville

Please complete this questionnaire based on the activities of your local office, unless the instructions provide otherwise. If expertise from other offices will be available and/or necessary in servicing our requirements, please specify these services, the offices and personnel to be involved. Please include a copy of any other materials describing your services and organization that you believe may be appropriate.

Date: _____

1. Name of Firm _____

Website _____

Name of Primary Contact Person _____

Address of office that will be responsible for service

Telephone Number of Local Office _____

E-Mail Address of Primary Contact _____

Date Firm Established _____

2. Names of local office principals, their experience and professional on commercial accounts qualifications: (use separate sheet if necessary)

2.1 _____

2.2 _____

2.3 _____

3. Names of staff with public entity and commercial experience (including support and claim staff) that will be assigned to the account: (use separate sheet if necessary)

3.1 _____

3.2 _____

4. How many employees in local office?

4.1 Number Designated CLU, CPCU, ARM or Other Professional?

5. Market/Experience:

5.1 Number of current public entity clients (Cities, Counties, or Schools):

5.2 Primary carriers represented:

5.3 Number of clients with over 500 employees?

5.4 Number of clients with premiums over \$500,000?

5.5 Do you provide services on a fee or commission?

5.6 What percentage of your agency's income comes from commercial clients?

6. How is premium billed and collected? _____

7. Have any of the agents in the local office ever had their insurance license suspended or revoked, or is any action currently pending with the Georgia Insurance Department? _____ (If yes, please explain)

8. Is the firm, or any agent of the firm, named as a defendant in any litigation involving a current or former client? _____ (If yes, please explain) _____

9. Do all the employees in your office meet the licensing requirements of the Georgia Insurance Department? (If no, please explain)

10. Claims services:

10.1 How often will you review claims and reserves?

10.2 Do you have an in-house computer-based loss recording and analytical system? Yes / No

If yes, please provide a sample. If no, what services do you use?

Will Monthly loss runs be provided? _____

10.3 Can Gainesville have on-line access? Yes / No

11. Additional Services available

Cost Included or Additional? _____

12. References: please list three Public Entity clients of similar size that your local office serviced or insured at any time during the past five years. Also, please indicate the name and phone number of each person to contact.

1. _____

2. _____

3. _____

Signed: _____

Title: _____

Date: _____

MARKET ASSIGNMENT REQUEST – CITY OF GAINESVILLE

**** Must be completed and submitted in a separate SEALED envelope ****

The following are the insurance companies that my firm requests, in priority order with 1 being my first choice, and 10 being my last choice.

I understand that if I am currently writing any property and casualty coverages for the City, and wish to continue utilizing those markets, they will be pre-assigned. However, if I wish to relinquish my right to the pre-assigned market, my request must be in writing and included in the "Market Assignment Request" envelope. (To be fair to all participants, an incumbent agent/broker forfeits a selection for each company that is pre-assigned. An incumbent who relinquishes a pre-assigned market will be considered for market assignments in the same manner as other selected agents/brokers.)

Instructions:

Assignments will be made by insurance company groups, so that all insurance companies owned by the same group holding company will be assigned to one Agent/Broker. Wholesalers or Managing General Agents cannot be listed. If you plan to use of these sources, you must list the insurance companies (in priority order) that they will be utilizing.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

Signature: _____

Typed Name: _____

Agency Name: _____

Date: _____



CITY OF GAINESVILLE

**ADMINISTRATIVE
SERVICES
DEPARTMENT**

Post Office Box 2496

Gainesville, GA 30503-2496

Telephone: 770.535-6898

Fax: 770-535-5636

Web Site: www.gainesville.org

Dear City of Gainesville Vendor,

Over the past several years, many Federal and State regulations have passed requiring municipalities to update their vendor information. Of these regulations, Georgia Regulation O.C.G.A §13-10-90(2) and Georgia Department of Labor rule 300-10-1-.02 mandate that the City not enter into a contract for the physical performance of services within the State of Georgia unless the contractor provides evidence on City-provided forms that the business and its subcontractors have registered for and are participating in the federal work authorization program as defined by the aforementioned regulations. Also, Georgia Regulation O.C.G.A §50-36-1, states in part, that no vendor may receive "Public Benefit" unless the conditions of the above rules and regulations are met.

The City of Gainesville is taking the necessary measures to comply with these rules and regulations. Of these measures, the most significant is the use of an active and inactive vendor status. An active vendor status can be obtained when the vendor returns a completed vendor packet. If the vendor has not obtained an active vendor status, the City may not use them as a vendor until an active vendor status has been obtained.

The required documents to obtain an active vendor status are detailed in the attached Vendor Packet & W-9 form. Please remember that documents requesting notary verification must be notarized to be considered complete.

The completed vendor packet must be returned to the address listed above in order to be designated with an active vendor status. Until all required documents are received, an inactive vendor status will be rendered and business transactions disallowed.

If there are any questions about the attached documents please contact:

Matt Hamby at 770-535-6899, Mhamby@gainesville.org

Mary Nulty at 770-297-5467, Mnulty@gainesville.org

Thank you for your interest in doing business with the City of Gainesville.

A GEORGIA TREND *SETTER* CITY

CITY OF GAINESVILLE PURCHASING OFFICE

POST OFFICE BOX 2496
GAINESVILLE, GA 30503
Tel. 770-297-5467
Fax. 770-535-5636
Bids@gainesville.org

PURCHASING POLICIES

1. PURCHASES UNDER \$500 – Buyer uses judgment as to source, supply and number of quotations to obtain. Purchase Order is not necessary.
2. PURCHASES \$500 TO \$19,999 – Requisition and Purchase Order required with three competitive written, faxed, or emailed quotes.
3. PURCHASES \$20,000 and over - Requisition and Purchase Order required with formal sealed bid or proposal process.

NOTE:

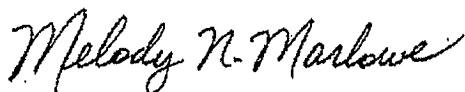
The City of Gainesville is responding to your inquiry requesting to be placed on the approved vendor RFQ, RFP and Bid List for the City. The requested information allows us to comply with City, County, State, and Federal laws. Please return this application and corresponding documents so that we may review and consider your request to be an active vendor with the City. A completed application does not automatically guarantee you will be informed of or included in all RFQ, RFP or bid requests. Most requests will be publicly advertised as indicated in open market policies below.

Our purchasing policies are such that we attempt to consider at least three vendors for qualifying purchases. Historically, we generally have knowledge of which best meets our specifications and the lowest bid usually wins; however, each bid awarded is given careful judgment. The City of Gainesville reserves the right to reject any and all responses, waive technicalities, and make such decisions as deemed necessary in its own best interest.

You are welcome to check with our office to inquire about current possibilities or check the local newspaper for publicly advertised request for qualifications, proposals or bids. Many (but not all) RFP/RFQ/Bid packages are also listed on our website- www.gainesville.org. We are permitted to participate in existing State contracts and do make comparisons to those prices.

The City of Gainesville is an equal opportunity owner/employer and will not discriminate against any bidder and/or contractor because of race, creed, color, religion, sex, national origin or ADA disability status.

Thank you for your interest in doing business with the City of Gainesville.



Melody Marlowe

Administrative Services Director

RETURN DOCUMENTATION CHECKLIST:

- Completed Vendor Application (Mandatory)
- Completed W-9 Form (Attached)(Mandatory)
- Copy of your Company’s most recent Insurance Certificate (Must be kept current) (If work to be performed on city property)
- Copy of your Company’s Business License or Articles of Incorporation. (If applicable)
- Contractor Affidavit and Agreement (Attached) (Mandatory, If more than one employee other than yourself)
- Subcontractor Affidavit and Agreement (If applicable) (Attached)
- Information Security Affidavit (Mandatory)
- Affidavit verifying status for city public benefit application (Mandatory)

****If any forms are returned incomplete, an Active Vendor status will not be granted and subsequent payments may be delayed.**

CITY OF GAINESVILLE PURCHASING OFFICE

POST OFFICE BOX 2496
GAINESVILLE, GA 30503
Tel. 770-297-5467
Fax. 770-535-5636
Bids@gainesville.org

City of Gainesville Insurance Requirements

Insurance required for any entity otherwise furnishing services on City property.

General Liability Coverage- Before commencing any work for the City of Gainesville, you must furnish a valid *General Liability Certificate of Insurance* with a minimum limit of \$1,000,000 per occurrence for bodily injury and property damage. The City of Gainesville, GA must be shown as an additional insured.

Workers Compensation- A valid Worker's Compensation Certificate of Insurance must be submitted evidencing:

- o Workers' Compensation Statutory Limits
- o Employer's Liability:
 - Bodily Injury by Accident - \$100,000 each accident
 - Bodily Injury by Disease - \$500,000 policy limit
 - Bodily Injury by Disease - \$100,000 each employee

Auto Liability Certificate of Insurance (if autos used in the performance of work):

- o Minimum \$1,000,000 limit per occurrence for bodily injury and property damage. Comprehensive form covering all owned and non-owned and hired vehicles.

Professional Services Insurance (if required)

- o Minimum \$1,000,000 limit

Contractor and Subcontractor Affidavit and Agreements

It is the policy of the City of Gainesville that unauthorized aliens shall not be employed to perform work on City contracts involving the physical performance of services. Therefore, the City shall not enter into a contract for the physical performance of services within the State of Georgia unless the contractor shall provide evidence on City-provided forms that it and its subcontractors have registered for and are participating in the federal work authorization program as defined by O.C.G.A. § 13-10-90(2) to verify information of all new employees. **The City of Gainesville shall be authorized to conduct random audits of a contractor's or subcontractor's compliance with O.C.G.A. § 13-10-91 and the rules and regulations of the Georgia Department of Labor.** The contractor/subcontractor shall retain all documents and records of compliance for a period of three (3) years following completion of the contract. This requirement shall apply to all contractors for the physical performance of services.

State Law requires that all who enter into a contract for the physical performance of services with the City must satisfy O.C.G.A. § 13-10-91 and Rule 300-10-1-.02, in all manner, and such are conditions of the contract.

By submitting a proposal to the City, contractor agrees that, in the event the contractor employs or contracts with any subcontractor(s) in connection with the covered contract, the contractor will secure from the subcontractor(s) such subcontractor(s)' indication of the employee-number category applicable to the subcontractor, as well as attestation(s) from such subcontractor(s) that they are in compliance with O.C.G.A. § 13-10-91 and Rule 300-10-1-.02. Such attestation(s) shall be maintained and may be inspected by the City at any time. Any such attestation shall become a part of the contractor/subcontractor agreement.

An affidavit of such compliance with O.C.G.A. § 13-10-91 and Rule 300-10-1-.02 will be initiated by the City, signed by the contractor, and will become part of the contract.

For further information and Registration in the Employment Eligibility Verification Program please go to the following link:

<https://e-verify.uscis.gov>

CITY OF GAINESVILLE PURCHASING OFFICE

POST OFFICE BOX 2496
GAINESVILLE, GA 30503
Tel. 770-297-5467
Fax. 770-535-5636
Bids@gainesville.org

Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for the City of Gainesville, Georgia for public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my public benefit.

_____ (Name of natural person applying on behalf of)

_____ (individual, business, corporation, partnership, or other private entity)

- 1) _____ I am a United States citizens
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and nationality act with an alien number issued by the Department of Homeland Security or other Federal immigration agency

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

*****The undersigned applicant also verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A 50-36-1 (e)(1), with this affidavit. (MUST BE PROVIDED BY EVERYONE—A list of acceptable documents are enclosed)**

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false fictitious or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Executed on this day ____ of _____, 20 __, in _____ (city) _____ (state).

Signature of Applicant

Printed Name of Applicant

**SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20____**

**NOTARY PUBLIC
My Commission Expires: _____**

CITY OF GAINESVILLE PURCHASING OFFICE

POST OFFICE BOX 2496
GAINESVILLE, GA 30503
Tel. 770-297-5467
Fax. 770-535-5636
Bids@gainesville.org

STATE OF GEORGIA

HALL COUNTY

CITY OF GAINESVILLE

INFORMATION SECURITY AFFIDAVIT

I understand that as a vendor with the City of Gainesville, there is a possibility that I may be exposed to confidential information including, but not limited to social security numbers, credit card numbers, checking account information, and/or personal health information of customers or employees.

In consideration of my active vendor status with the City of Gainesville, and as an integral part of the terms and conditions of my continued active status, I hereby pledge to safeguard the integrity of this information and agree that I will not at any time during my job disclose this information to any persons within or outside the City of Gainesville except as may be required in the performance of my duties and responsibilities.

I will not reproduce any confidential information or take any confidential information outside the office without authorization from the City.

I also agree to notify the City if I witness another individual divulging such confidential information for any purpose other than the performance of his/her duties.

Any vendor in violation of any part of this policy will be subject to vendor status termination, up to and including any necessary legal action.

Vendor Name (Print)

Date

Vendor Signature

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	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"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number : : : :
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. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives 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 is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 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 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 28% 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, 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 Part II instructions on page 3 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 the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

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 income tax return. 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 income tax return 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). Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA 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 Payee

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

The following payees are exempt from backup withholding:

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 payees listed above, 1 through 15.

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

¹See Form 1099-MISC, Miscellaneous Income, and its instructions.
²However, 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-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), 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 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 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. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

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. Entering "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, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* 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, 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)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. 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
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity ⁴
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

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 second 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* on page 1.

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, social security number (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.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system 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 personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.consumer.gov/idtheft or 1-877-IDTHEFT(438-4338).

Visit the IRS website at www.irs.gov 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 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 or HSA. 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, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax 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. Payers must generally withhold 28% 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.

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIRA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]