Summer 2018 Internship Guide

Please complete and FAX back to (856) 256-5668 or EMAIL to dwarkin@rowan.edu

Name of Company / Association / Organization: Acrisure

Internship Coordinator: Jackie Kat Taylor

Coordinator’s Phone / Email: 848-999-2512
jhaylor@acrisure.com

Location of Internship: Woodbridge, NJ

# of Summer 2018 Interns Accepted: 1

Dates / Length of Summer Internship: 5/15-8/30

Required Hours/Week: 30-40 (negotiable)

Is there some type of salary or stipend? Yes

If so, how much? $10/hr

What is the application process? (please include deadlines and other requirements. Feel free to attach additional pages)

New hire packet/will attached. Applicants will need to interview with President.

Intern work areas: Clerical x Research x Errands x Organizing x

Please explain the work that will be required of the intern: Basic administrative work.

Will there be opportunities for the intern to observe:

Internal strategy sessions? x Legislative sessions? Committee hearings?

Is the Intern expected to work evenings and weekends? If so, please explain. No

Do you have any suggestions for the applicants? Research Acrisure.

On application, please specify "Summer Intern."
Form W-4 (2018)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2018 if both of the following apply:
- For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2018 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you’re exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions
If you aren’t exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you’re having withheld compares to your projected total tax for 2018. If you use the calculator, you don’t need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you’re married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax.

Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you’re a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Employee’s Withholding Allowance Certificate

Form W-4

Department of the Treasury Internal Revenue Service

2018

OMB No. 1545-0074

1 Your first name and middle initial

2 Your social security number

3 □ Single □ Married □ Married, but withhold at higher Single rate.

Note: If married filing separately, check "Married, but withhold at higher Single rate."

4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card.

5 Total number of allowances you’re claiming (from the applicable worksheet on the following pages)

6 Additional amount, if any, you want withheld from each paycheck

7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption:

- I had a right to a refund of all federal income tax withheld because I had no tax liability, and
- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt" here.

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee’s signature

Date

Employer’s name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)

9 First date of employment

10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 4.
your wages and other income, including income earned by a spouse, during the year.

**Line G. Other credits.** You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

**Deductions, Adjustments, and Additional Income Worksheet**

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the calculator, you don’t need to complete any of the worksheets for Form W-4.

**Two-Earners/Multiple Jobs Worksheet**

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn $50,000 per year and your spouse earns $20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("0") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the "Married, but withheld at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withheld at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

**Instructions for Employer**

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to [www.acf.hhs.gov/programs/css/employers](http://www.acf.hhs.gov/programs/css/employers).

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer's employer identification number (EIN).
### Personal Allowances Worksheet (Keep for your records.)

<table>
<thead>
<tr>
<th>A</th>
<th>Enter &quot;1&quot; for yourself</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Enter &quot;1&quot; if you will file as married filing jointly</td>
<td>B</td>
</tr>
<tr>
<td>C</td>
<td>Enter &quot;1&quot; if you will file as head of household</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Enter &quot;1&quot; if:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>You're single, or married filing separately, and have only one job; or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>You're married filing jointly, have only one job, and your spouse doesn't work; or</td>
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<tr>
<td></td>
<td>Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.</td>
<td></td>
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<tr>
<td>E</td>
<td>Child tax credit. See Pub. 972, Child Tax Credit, for more information.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If your total income will be less than $69,801 ($101,401 if married filing jointly), enter &quot;4&quot; for each eligible child.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If your total income will be from $69,801 to $175,550 ($101,401 to $339,000 if married filing jointly), enter &quot;2&quot; for each eligible child.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If your total income will be from $175,551 to $200,000 ($339,001 to $400,000 if married filing jointly), enter &quot;1&quot; for each eligible child.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If your total income will be higher than $200,000 ($400,000 if married filing jointly), enter &quot;0&quot;.</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Credit for other dependents.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If your total income will be less than $69,801 ($101,401 if married filing jointly), enter &quot;1&quot; for each eligible dependent.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If your total income will be from $69,801 to $175,550 ($101,401 to $339,000 if married filing jointly), enter &quot;1&quot; for every two dependents (for example, &quot;-0-&quot; for one dependent, &quot;1&quot; if you have two or three dependents, and &quot;2&quot; if you have four dependents).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If your total income will be higher than $175,550 ($339,001 if married filing jointly), enter &quot;0&quot;.</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here.</td>
<td></td>
</tr>
<tr>
<td>H</td>
<td>Add lines A through G and enter the total.</td>
<td></td>
</tr>
</tbody>
</table>

For accuracy, complete all worksheets that apply.

### Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet only if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.

1. Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses (in excess of 7.5% of your income. See Pub. 505 for details. $24,000 if you're married filing jointly or qualifying widow(er).

2. Enter:
   - $18,000 if you're head of household
   - $12,000 if you're single or married filing separately

3. Subtract line 2 from line 1. If zero or less, enter "-0-".

4. Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items).

5. Add lines 3 and 4 and enter the total.

6. Enter an estimate of your 2018 nonwage income (such as dividends or interest).

7. Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses.

8. Divide the amount on line 7 by $4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction.

9. Enter the number from the Personal Allowances Worksheet, line H above.

10. Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1, page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1.
Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet only if the instructions under line H from the Personal Allowances Worksheet direct you here.

1 Enter the number from the Personal Allowances Worksheet, line H, page 3 (or, if you used the Deductions, Adjustments, and Additional Income Worksheet on page 3, the number from line 10 of that worksheet) ........................................... 1

2 Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you’re married filing jointly and wages from the highest paying job are $75,000 or less and the combined wages for you and your spouse are $107,000 or less, don’t enter more than “3” ................................................... 2

3 If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet ................. 3

Note: If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet ....................................................... 4

5 Enter the number from line 1 of this worksheet ....................................................... 5

6 Subtract line 5 from line 4 ...................................................................................... 6

7 Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here ......................... 7 $

8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed ........................................................................................................... 8 $

9 Divide line 8 by the number of pay periods remaining in 2018. For example, divide by 18 if you’re paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck ........................................................................................................... 9 $

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Table 2</th>
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<tbody>
<tr>
<td>If wages from LOWEST paying job are—</td>
<td>If wages from HIGHEST paying job are—</td>
</tr>
<tr>
<td>Enter on line 2 above</td>
<td>Enter on line 7 above</td>
</tr>
<tr>
<td>$0 - $5,000</td>
<td>$0 - $24,375</td>
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<tr>
<td>5,001 - 9,500</td>
<td>24,376 - 62,725</td>
</tr>
<tr>
<td>9,501 - 19,000</td>
<td>62,726 - 170,325</td>
</tr>
<tr>
<td>19,001 - 26,500</td>
<td>170,326 - 300,325</td>
</tr>
<tr>
<td>26,501 - 37,000</td>
<td>300,326 - 405,325</td>
</tr>
<tr>
<td>37,001 - 43,500</td>
<td>405,326 - 605,325</td>
</tr>
<tr>
<td>43,501 - 55,000</td>
<td>605,326 and over</td>
</tr>
<tr>
<td>55,001 - 60,000</td>
<td>$0 - $7,000</td>
</tr>
<tr>
<td>60,001 - 70,000</td>
<td>7,001 - 16,175</td>
</tr>
<tr>
<td>70,001 - 75,000</td>
<td>16,176 - 36,175</td>
</tr>
<tr>
<td>75,001 - 85,000</td>
<td>36,176 - 76,875</td>
</tr>
<tr>
<td>85,001 - 95,000</td>
<td>76,876 - 154,875</td>
</tr>
<tr>
<td>95,001 - 130,000</td>
<td>154,876 - 197,476</td>
</tr>
<tr>
<td>130,001 - 160,000</td>
<td>197,476 - 437,475</td>
</tr>
<tr>
<td>160,001 - 170,000</td>
<td>437,476 and over</td>
</tr>
<tr>
<td>170,001 - 180,000</td>
<td>$0 - $7,000</td>
</tr>
<tr>
<td>180,001 - 190,000</td>
<td>7,001 - 16,175</td>
</tr>
<tr>
<td>190,001 - 200,000</td>
<td>16,176 - 36,175</td>
</tr>
<tr>
<td>200,001 and over</td>
<td>36,176 - 76,875</td>
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</table>

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. 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 aren’t required to provide the information requested on a form that’s subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expense required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.
APPLICATION FOR EMPLOYMENT

Acrisure, LLC is an equal opportunity employer and does not discriminate against applicants on the basis of race, color, religion, age, sex, marital status, national origin, disability, veteran status, or other characteristic protected by any applicable law.

PERSONAL:

Name ____________________________  Last  First  Middle (Full Name)

Address ____________________________ Number & Street  City  State  Zip Code

Phone Number(s) ____________________________

Position Sought ____________________________  □ Full Time  □ Part Time

Date Available ____________________________ Salary Desired $__________________

Are you 18 years of age or older? (Circle one)  Yes  No

If under 18, can you provide work authorization if required?  Yes  No

If hired, will you be able to present documentation verifying authorization to legally work in the United States?  Yes  No

(If other employment, you will be required to provide documentation to verify work authorization.)

Have you ever worked for this Company before?  Yes  No

If yes, when?  (Give dates)__________________________  Job Title: ____________________________

Do you have any relatives or friends who work for the Company?  Yes  No

If yes, who, where do they work and what is his/her relationship to you? ____________________________

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: Number of years completed (circle one)  1  2  3  4  Diploma/G.E.D:  Yes  No

School__________________________City/State__________________________

College and/or Vocational School: Number of years completed (circle one)  1  2  3  4  Major__________________________

Degrees Earned__________________________City/State__________________________

School__________________________City/State__________________________

Other Training or Degrees:

School__________________________City/State__________________________

Course__________________________Degree or Certificate Earned__________________________

School__________________________City/State__________________________

Course__________________________Degree or Certificate Earned__________________________

V:10-31-17
PROFESSIONAL LICENSE OR MEMBERSHIP:
You need not disclose membership in professional organizations that may reveal information regarding race, color, sex, religion, age, qualifying disability, marital status, veteran status or any other characteristic or status protected by any federal, state or local law.

Type of license(s) held:

<table>
<thead>
<tr>
<th>License</th>
<th>Expiration Date</th>
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</tbody>
</table>

Other professional memberships
__________________________________________________________________________
__________________________________________________________________________

SKILLS:
Check the skills/software proficiency that apply to you:

☐ MS Word  ☐ MS Excel  ☐ MS PowerPoint  ☐ MS Outlook  ☐ 10-Key  ☐ typing ______ wpm.

Other software/skills
__________________________________________________________________________
__________________________________________________________________________

EMPLOYMENT:
List below past and present employment, starting with the most recent. Include service with the US Military Service. Do not skip or omit any employers. Use more paper if necessary.

If employment was under a different name, please indicate: name
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

May we contact your present employer?  ☐ Yes  ☐ No

Employer Name & Address
__________________________________________________________________________

Phone Number: ____________ Position: ____________

Dates of employment: From ____________ To ____________

Month/Year  Month/Year or Currently Employed

Supervisor: ____________ Department: ____________

Duties
__________________________________________________________________________

Reason for leaving
__________________________________________________________________________

Employer Name & Address
__________________________________________________________________________

Phone Number: ____________ Position: ____________

Dates of employment: From ____________ To ____________

Month/Year  Month/Year

Supervisor: ____________ Department: ____________

Duties
__________________________________________________________________________

Reason for leaving
__________________________________________________________________________
Employer Name & Address

Phone Number __________________________ Position __________________________

Dates of employment: From ______ To ______
                        Month/Year                 Month/Year

Supervisor __________________________ Department __________________________

Duties __________________________

Reason for leaving __________________________

Employer Name & Address

Phone Number __________________________ Position __________________________

Dates of employment: From ______ To ______
                        Month/Year                 Month/Year

Supervisor __________________________ Department __________________________

Duties __________________________

Reason for leaving __________________________

PROFESSIONAL REFERENCES:

Name: __________________________
Address: __________________________
Phone: __________________________

Name: __________________________
Address: __________________________
Phone: __________________________

Name: __________________________
Address: __________________________
Phone: __________________________

Name: __________________________
Address: __________________________
Phone: __________________________
APPLICANT STATEMENT

(You Must Date and Sign This Applicant Statement To Be Considered For Employment)

AFFIRMATION. I affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I also agree that any false information, misrepresentations, or omissions may disqualify me from further consideration for employment and may result in termination of my employment if discovered at a later date.

AUTHORIZATION. I authorize the Company to investigate all information contained in this application.

DRUG/ALCOHOL TESTS. I give my consent for the Company to conduct a drug and/or alcohol test in accordance with the Company's drug and alcohol testing policy and applicable federal, state or local laws.

ACCOMMODATIONS. I also understand that if I have a disability that affects my ability to perform the essential functions of the job I seek or engage in the hiring process, I may ask the Company to make a reasonable accommodation for it. I should make my request in writing to the Human Resource Department as soon as possible.

AT-WILL EMPLOYMENT. Employment at Acrisure is "at will." This means that if hired, your terms and conditions of employment may be changed with or without notice, and with or without cause, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties, and location of work. Specifically either you or Acrisure may terminate your employment at any time, with or without notice, and with or without cause. No supervisor or other employee of Acrisure has the authority to enter into any agreement for employment for any specified period of time or to make any agreement for employment other than "at will" employment. Only the CEO of Acrisure has the authority to make an agreement altering an employee's at-will status. Such an agreement must be in writing and signed by the CEO of Acrisure.

RELEASE. I release my current and former employers, and the educational institutions I have attended, and each of their staffs and employees from any and all liability associated with the disclosure and discussion of any information, records or other documents that pertain to me.

CRIMINAL/CREDIT HISTORY. Depending on the position for which I am applying, I understand that the Company may request a criminal and/or credit history pertaining to me. If such a check will be required, I understand that I will be provided with additional notices and information about that process and my rights.

WAIVER OF LIMITATIONS PERIOD (WHERE ALLOWED BY APPLICABLE LAW). In exchange for the Company considering my application for employment, and where permitted by law, I agree that I must file any and all claims and/or lawsuits arising out of or pertaining in any way to my application for employment, employment or termination of employment within six (6) months of the event giving rise to the claim and/or lawsuit. I understand that applicable statutes of limitations may be longer than six (6) months. However, I agree to be bound by this shorter, six (6) month period of limitations and accordingly WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

I HAVE CAREFULLY READ THE FOREGOING APPLICANT STATEMENT. I UNDERSTAND EACH PARAGRAPH OF THE APPLICANT STATEMENT. I AGREE TO EACH PROVISION SET FORTH IN THE APPLICANT STATEMENT.

_________________________  _______________________
Date                                          Applicant Signature
ACRISURE

VOLUNTARY SELF-IDENTIFICATION FORM

Acrisure's policy prohibits discrimination against any individual on the basis of race, gender, color, religion, national origin, ancestry, age, marital or family status, pregnancy, sexual orientation or gender identity, genetic information, serious medical condition, physical or mental disability, covered veteran status or any other status protected by federal, state or local law. Acrisure's policy of Equal Employment Opportunity (EEO) for all of its employees and applicants includes the commitment to full compliance with Title VII of the Civil Rights Act of 1964 and other applicable EEO laws and regulations, including reporting requirements. Acrisure is firmly committed to the concept and practice of equal employment. If you believe you have been discriminated against, please notify Human Resources immediately.

The information provided will be kept confidential and used only in accordance with federal, state or local regulation. Providing self-id details is voluntary and refusal to provide information will not subject you to any adverse treatment. If and when reported, data will not identify any specific individual.

Sex:  Male _____  Female _____

Race/Ethnicity:

☐ American Indian or Alaskan Native – A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam.

☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ Black or African American (Not Hispanic or Latino) – A person having origins in any of the Black racial groups of Africa.

☐ White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

☐ Hispanic or Latino – A person of Mexican, Puerto Rican, Cuban, Central, or South American, or other Spanish culture or origin, regardless of race.

☐ Two or More Races (Not Hispanic or Latino) – all persons who identify with more than one of the above five races.

Vrs. 11-28-17
CONSENT TO CHEMICAL AND/OR ALCOHOL SCREENING TEST 
AND RELEASE OF LIABILITY

I hereby agree, upon a request made under Acrisure’s drug/alcohol testing policy, to submit to a 
drug or alcohol test and furnish a sample of my urine and/or breath for analysis. I understand and 
agree that if I at any time refuse to submit to a drug or alcohol test under Acrisure’s policy, or if I 
otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination or 
other discipline as applicable. I further authorize and give full permission to have Acrisure send the 
specimen or specimens so collected to a laboratory for a screening test for the presence of any 
prohibited substances under the policy, and for the laboratory or other testing facility to release any 
and all documentation relating to such test to Acrisure.

I understand that only duly-authorized officers, employees, and agents of the Company will have 
access to information furnished or obtained in connection with the test; that they will maintain and 
protect the confidentiality of such information as reasonably possible; and that they will share such 
information only to the extent necessary to make employment or Company-related decisions and 
to respond to inquiries or notices as may be required by applicable law.

I will hold harmless Acrisure and any testing laboratory Acrisure might use, meaning that I will not sue 
or hold responsible such parties for any alleged harm to me that might result from such testing, 
including loss of employment or any other kind of adverse job or other action that might arise as a 
result of the drug or alcohol test, even if an Acrisure or laboratory representative makes an error in 
the administration or analysis of the test or the reporting of the results. I will further hold harmless 
Acrisure and any testing laboratory Acrisure might use from any alleged harm to me that might 
result from the release or use of information or documentation relating to the drug or alcohol test, as 
long as the release or use of the information is within the scope of the policy and the provisions of 
the immediately preceding paragraph.

This Authorization has been explained to me in a language that I understand, and I have been told 
that if I have any questions about a test or the policy, they will be answered.

I UNDERSTAND THAT ACRISURE MAY REQUIRE A DRUG AND/OR ALCOHOL SCREEN TEST UNDER THE 
POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB OR JOB-RELATED ACCIDENT OR INJURY UNDER 
CIRCUMSTANCES THAT SUGGEST A REASONABLE POSSIBILITY THAT DRUGS OR ALCOHOL PLAYED A 
ROLE IN THE ACCIDENT OR INJURY EVENT, WHETHER OR NOT I AM INJURED OR AM CONSIDERED THE 
SOLE CAUSE, OR ONE OF SEVERAL CAUSES, OF THE ACCIDENT OR INJURY.

This Authorization remains in effect unless and until I revoke it in writing. I understand that if I revoke this 
Authorization, I will be subject to adverse employment or other action including but not limited to 
immediate termination, as appropriate.

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<tr>
<th>Signature</th>
<th>Date</th>
<th>Witness to Signature</th>
<th>Date</th>
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<td>REFUSED:</td>
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<th>Signature</th>
<th>Date</th>
<th>Witness to Signature</th>
<th>Date</th>
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Reasons for refusal:

________________________________________________________________________

________________________________________________________________________
Disclosure and Authorization to Obtain Background Reports

Disclosure

In connection with your employment, promotions, and/or other job change, Acrisure ("the Company") may use a third party provider to obtain CONSUMER REPORTS AND/OR INVESTIGATIVE CONSUMER REPORTS on you. Such reports may contain information obtained from various public record sources which maintain records concerning your past activities relating to your driving record, credit history, criminal records, previous employment, educational background and professional licensing, if any. Such reports may also contain information obtained from various private sources, including through personal interviews.

You are being asked to authorize a consumer report and/or investigative consumer report because you are applying for employment in a job/employed in a job which involves access to confidential information.

The Company will use the following business to prepare or assemble the report(s) for the Company:

ScreeningONE, Inc.
1860 N. Avenida Republica De Cuba
Tampa, FL 33605
888-327-6511
www.screeningone.com

You may obtain a copy of the consumer report or investigative consumer report procured by the Company by checking the box provided below.

a Check this box if you would like to receive a copy of your investigative consumer report if one is obtained on you by the Company. Please indicate how you would like to receive the report and provide the information below:

Email – Give email address (sent secured) 

Mail to home address – Give address

You also have the right to make a written request to the Company within 30 calendar days of your receipt of this notice regarding whether a consumer report has been run on you and the nature and scope of any investigation consumer report on you.

A summary of your rights under the federal Fair Credit Reporting Act (FCRA) is being provided to you with this disclosure.
Authorization

I acknowledge that I have received and read the Fair Credit Reporting Act Background Check Disclosure, A Summary of Your Rights Under the Fair Credit Reporting Act and this authorization. I certify that I understand the documents I have received.

I hereby authorize Acrisure or its authorized agents, for employment purposes, to obtain or prepare consumer reports and/or investigative consumer reports at any time after it receives this authorization, including any time that I may be employed by Acrisure.

I hereby authorize law enforcement agencies, public and private schools, federal, state and local agencies and courts, credit bureaus, information bureaus, current and former employers, financial institutions, licensing agencies, governmental agencies, the military, and other individuals and entities to provide any and all information that is requested by Screening ONE, Inc., other consumer reporting agencies or Acrisure.

I certify that the information provided on this form is true and correct. I understand that any information that I provide in an employment application or that I otherwise disclose during my employment may be used to obtain consumer reports and investigative consumer reports.

__________________________  ________________________________
Employee/Applicant Signature Date

__________________________  ________________________________
Last Name               First Name                  Middle Name

__________________________
Address

__________________________
City                      State                      Zip Code

__________________________
Driver's License Number

__________________________
Date of Birth (Month/Day/Year)

__________________________
Social Security Number

__________________________
Primary Telephone

__________________________
State of Issue and Date of issue

**Credit checks are only run for specific finance related positions**
A SUMMARY OF YOUR RIGHTS
UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street, N.W., Washington, D.C. 20006.

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment — or to take another adverse action against you — must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need — usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not
give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

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<tr>
<th>TYPE OF BUSINESS:</th>
<th>PLEASE CONTACT:</th>
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<tr>
<td>1. a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau.</td>
<td>a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006 b. Federal Trade Commission: Consumer Response Center — FCRA Washington, DC 20580 (877) 382-4357</td>
</tr>
<tr>
<td>2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25 A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions</td>
<td>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9059 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64105 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</td>
</tr>
<tr>
<td>3. Air carriers</td>
<td>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Department of Transportation 408 Seventh Street SW Washington, DC 20590</td>
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<tr>
<td>4. Creditors Subject to Surface Transportation Board</td>
<td>Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423</td>
</tr>
<tr>
<td>5. Creditors Subject to Packers and Stockyards Act</td>
<td>Nearest Packers and Stockyards Administration area supervisor</td>
</tr>
<tr>
<td>6. Small Business Investment Companies</td>
<td>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416</td>
</tr>
<tr>
<td>7. Brokers and Dealers</td>
<td>Securities and Exchange Commission 100 F Street NE Washington, DC 20549</td>
</tr>
<tr>
<td>TYPE OF BUSINESS:</td>
<td>PLEASE CONTACT:</td>
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<td>---------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
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<tr>
<td>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit</td>
<td>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</td>
</tr>
<tr>
<td>Banks, and Production Credit Associations</td>
<td></td>
</tr>
<tr>
<td>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</td>
<td>FTC Regional Office for region in which the creditor operates or Federal Trade</td>
</tr>
<tr>
<td></td>
<td>Commission: Consumer Response Center – FCRA Washington, DC 20580</td>
</tr>
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<td>(877) 392-4357</td>
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DIRECT DEPOSIT AUTHORIZATION FORM

Name: ________________________________________________

Last 4 Digits of Social Security #: ________________________

Agency Partner Name: __________________________________

☐ NEW    ☐ CHANGE    ☐ CANCELLATION

<table>
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<tr>
<th>Checking or Savings</th>
<th>Routing Number (must be 9 digits) (Cannot begin with a 9)</th>
<th>Bank Name</th>
<th>Account Number</th>
<th>Deposit Amount or percentage</th>
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**** Please include a copy of your voided check or a printout of your routing and account numbers from your financial institution. We cannot accept deposit tickets in place of a voided check. ****

I authorize Acrisure or any of its entities to make deposits into my account(s) as listed above. In the event of an error in my deposit, I authorize Acrisure or any of its entities to make any necessary corrections to my account(s) listed. In the event that I close or make other changes to my account(s) and do not inform Acrisure of such changes prior to Acrisure making deposits into my account, I agree to cover any fees incurred by my bank as a result of this change. This agreement will remain in effect until Acrisure receives written notice of cancellation, or until I submit a new direct deposit form. This form includes all accounts and deposit amounts or percentages that I am electing for my payroll deposit.

Employee Signature: ___________________________ Date ____________________

---

[Image of a sample check with routing and account numbers]
SALARY REDUCTION AGREEMENT

Employee Name: ____________________________________ Last 4 Digits of SSN: XXX-XX-_____________

I wish to participate in certain benefits offered by Acrisure under the Acrisure, LLC Flexible Benefit Plan. I agree that my salary will be reduced on a pre-tax basis for all eligible benefits by the amounts required for the benefit(s) I have elected under the Plan except as set forth below:

I understand and agree that:

- On a separate benefit enrollment form(s), I have enrolled for certain insurance coverage(s) and understand that my salary will be reduced by the required employee contribution for the benefits I have elected.

- If the amount of my required contribution changes during the plan year, I authorize a corresponding change in the amount deducted from my salary without signing a new agreement.

- I understand that my actual take-home pay may be higher or lower depending on the coverage I select.

- I understand that my pre-tax contributions reduce my compensation for Social Security tax purposes; therefore, my Social Security benefits could be decreased.

- My elections will be irrevocable for the plan year except for modifications due to a qualified Change in Status (as defined under the Internal Revenue Code).

- In the event I experience a Change in Status, I may modify my elections so long as the modification is made within 30 days after the event and the modification is consistent with the Change in Status event.

- Execution of this Salary Reduction Agreement does not begin coverage under the component benefit plans or policies. New coverage will not become effective until the first day of the plan year; or, in the event of a new hire, until the date I am eligible for the benefit(s).

- Prior to the anniversary date each year, I will be offered the opportunity to add, drop or change coverage for the following plan year. If I do not complete and return a new Enrollment Form, my existing benefits and coverages will stay in place with the exception of FSA and HAS accounts which require annual elections.

- I understand that regardless of my election, Group Term Life ("GTL") insurance benefits over $50,000 are a taxable benefit.

Signature: __________________________________________ Date: ___________________
Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2018 if both of the following apply.
- For 2017 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2018 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you’re exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren’t exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you’re having withheld compares to your projected total tax for 2018. If you use the calculator, you don’t need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you’re married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you’re a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Employee’s Withholding Allowance Certificate

> Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Your first name and middle initial

2 Last name

3 □ Single [ ] Married [ ] Married, but withhold at higher Single rate.

NOTE: If married filing separately, check "Married, but withhold at higher Single rate."

City or town, state, and ZIP code

4 □ If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card.

5 □ Total number of allowances you’re claiming (from the applicable worksheet on the following pages)

6 Additional amount, if any, you want withheld from each paycheck

7 □ I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption.

• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and

• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

8 □ If you meet both conditions, write "Exempt" here.

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee’s signature

This form is not valid unless you sign it.)

Date

Employer’s name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)

First date of employment

Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 10220Q

Form W-4 (2018)
your wages and other income, including income earned by a spouse, during the year.

Line G. Other credits. You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you’re able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You’re not required to complete this worksheet or reduce your withholding if you don’t wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don’t need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you don’t complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you’re entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn $60,000 per year and your spouse earns $20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“0”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn’t previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/programs/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer’s name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. Enter the employee’s name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee’s first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer’s service for at least 60 days, enter the rehire date.

Box 10. Enter the employer’s employer identification number (EIN).
# Personal Allowances Worksheet (Keep for your records.)

| A | Enter "1" for yourself | A |
| B | Enter "1" if you will file as married filing jointly | B |
| C | Enter "1" if you will file as head of household |
|   | * You're single, or married filing separately, and have only one job; or |
| D | Enter "1" if: |
|   | * You're married filing jointly, have only one job, and your spouse doesn't work; or |
|   | * Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less. |
| E | Child tax credit. See Pub. 972, Child Tax Credit, for more information. |
|   | * If your total income will be less than $69,801 ($101,401 if married filing jointly), enter "4" for each eligible child. |
|   | * If your total income will be from $69,801 to $175,550 ($101,401 to $339,000 if married filing jointly), enter "2" for each eligible child. |
|   | * If your total income will be from $175,551 to $200,000 ($339,001 to $400,000 if married filing jointly), enter "1" for each eligible child. |
|   | * If your total income will be higher than $200,000 ($400,000 if married filing jointly), enter "-0-" |
| F | Credit for other dependents. |
|   | * If your total income will be less than $69,801 ($101,401 if married filing jointly), enter "1" for each eligible dependent. |
|   | * If your total income will be from $69,801 to $175,550 ($101,401 to $339,000 if married filing jointly), enter "2" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). |
|   | * If your total income will be higher than $175,550 ($339,000 if married filing jointly), enter "-0-" |
| G | Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. |
| H | Add lines A through G and enter the total here. |

For accuracy, complete all worksheets that apply.

Note: Use this worksheet only if you plan to itemize or claim adjustments to income and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the Deductions, Adjustments, and Additional Income Worksheet below.

### Deductions, Adjustments, and Additional Income Worksheet

1. Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details | $ |
2. Enter: |
   | $24,000 if you're married filing jointly or qualifying widow(er) |
   | $18,000 if you're head of household |
   | $12,000 if you're single or married filing separately | 1 |
3. Subtract line 2 from line 1. If zero or less, enter "-0-" |
4. Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) | 3 |
5. Add lines 3 and 4 and enter the total |
6. Enter an estimate of your 2018 nonwage income (such as dividends or interest) | 5 |
7. Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses | 6 |
8. Divide the amount on line 7 by $4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction | 7 |
9. Enter the number from the Personal Allowances Worksheet, line H above |
10. Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1, page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1. | 10 |
Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet only if the instructions under line H from the Personal Allowances Worksheet direct you here.

1 Enter the number from the Personal Allowances Worksheet, line H, page 3 (or, if you used the Deductions, Adjustments, and Additional Income Worksheet on page 3, the number from line 10 of that worksheet) .................................................. 1

2 Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you're married filing jointly and wages from the highest paying job are $75,000 or less and the combined wages for you and your spouse are $107,000 or less, don't enter more than "3" ................................................................. 2

3 If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet ......................... 3

Note: If line 1 is less than line 2, enter "-0" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet ................................................. 4

5 Enter the number from line 1 of this worksheet ................................................ 5

6 Subtract line 5 from line 4 ................................................................................. 6

7 Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here ................................................................. 7

8 Multiply line 7 by line 8 and enter the result here. This is the additional annual withholding needed ......................................................... 8

9 Divide line 8 by the number of pay periods remaining in 2018. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck ......................................................... 9

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from LOWEST paying job are—</td>
<td>Enter on line 2 above</td>
</tr>
<tr>
<td>$0 - $5,000</td>
<td>0</td>
</tr>
<tr>
<td>5,001 - 9,500</td>
<td>1</td>
</tr>
<tr>
<td>9,501 - 18,000</td>
<td>2</td>
</tr>
<tr>
<td>18,001 - 26,500</td>
<td>3</td>
</tr>
<tr>
<td>26,501 - 37,000</td>
<td>4</td>
</tr>
<tr>
<td>37,001 - 43,500</td>
<td>5</td>
</tr>
<tr>
<td>43,501 - 55,000</td>
<td>6</td>
</tr>
<tr>
<td>55,001 - 60,000</td>
<td>7</td>
</tr>
<tr>
<td>60,001 - 70,000</td>
<td>8</td>
</tr>
<tr>
<td>70,001 - 75,000</td>
<td>9</td>
</tr>
<tr>
<td>75,001 - 85,000</td>
<td>10</td>
</tr>
<tr>
<td>85,001 - 95,000</td>
<td>11</td>
</tr>
<tr>
<td>95,001 - 130,000</td>
<td>12</td>
</tr>
<tr>
<td>130,001 - 150,000</td>
<td>13</td>
</tr>
<tr>
<td>150,001 - 160,000</td>
<td>14</td>
</tr>
<tr>
<td>160,001 - 170,000</td>
<td>15</td>
</tr>
<tr>
<td>170,001 - 190,000</td>
<td>16</td>
</tr>
<tr>
<td>190,001 - 200,000</td>
<td>17</td>
</tr>
<tr>
<td>200,001 and over</td>
<td>18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from HIGHEST paying job are—</td>
<td>Enter on line 7 above</td>
</tr>
<tr>
<td>$0 - $24,375</td>
<td>0</td>
</tr>
<tr>
<td>24,376 - 62,725</td>
<td>1</td>
</tr>
<tr>
<td>62,726 - 170,325</td>
<td>2</td>
</tr>
<tr>
<td>170,326 - 320,325</td>
<td>3</td>
</tr>
<tr>
<td>320,326 - 405,325</td>
<td>4</td>
</tr>
<tr>
<td>405,326 - 605,325</td>
<td>5</td>
</tr>
<tr>
<td>605,326 and over</td>
<td>6</td>
</tr>
<tr>
<td>$0 - $7,000</td>
<td>0</td>
</tr>
<tr>
<td>7,001 - 36,175</td>
<td>1</td>
</tr>
<tr>
<td>36,176 - 79,875</td>
<td>2</td>
</tr>
<tr>
<td>79,876 - 154,975</td>
<td>3</td>
</tr>
<tr>
<td>154,976 - 497,475</td>
<td>4</td>
</tr>
<tr>
<td>497,476 and over</td>
<td>5</td>
</tr>
</tbody>
</table>

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(0)(2) and 6109 and their regulations require you to provide this Information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this Information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal non-tax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have questions for making this form simpler, we would be happy to hear from you. See the Instructions for your income tax return.
Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

START HERE: Read Instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee's E-mail Address</th>
<th>Employee's Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States
☐ 2. A noncitizen national of the United States (See instructions)
☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number)
□ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number:
   OR

2. Form I-94 Admission Number:
   OR

3. Foreign Passport Number:

   Country of Issuance:

Signature of Employee: ___________________________
Today's Date (mm/dd/yyyy): ____________________

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator.
☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator: ___________________________
Today's Date (mm/dd/yyyy): ____________________

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A or a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title</td>
<td>Document Title</td>
<td>Document Title</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Title</td>
<td>Additional Information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issuing Authority</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Number</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Document Title</td>
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<td></td>
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<tr>
<td>Issuing Authority</td>
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<td>Document Number</td>
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<td></td>
</tr>
<tr>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 

(See instructions for exemptions)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name of Employer or Authorized Representative</td>
<td>First Name of Employer or Authorized Representative</td>
<td>Employer's Business or Organization Name</td>
</tr>
<tr>
<td>Acrisure, LLC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer's Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
<tr>
<td>5684 Prairie Creek Dr SE</td>
<td>Caledonia</td>
<td>MI</td>
</tr>
</tbody>
</table>

### Section 3. Reverification and Rehires

(To be completed and signed by employer or authorized representative)

A: New Name (if applicable) | B: Date of Rehire (if applicable)
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>First Name (Given Name)</td>
</tr>
</tbody>
</table>

C: If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any)(mm/dd/yyyy)</th>
</tr>
</thead>
</table>

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Name of Employer or Authorized Representative</th>
</tr>
</thead>
</table>
LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization</td>
<td>Documents that Establish Identity</td>
<td>Documents that Establish Employment Authorization</td>
</tr>
</tbody>
</table>

1. U.S. Passport or U.S. Passport Card
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa
4. Employment Authorization Document that contains a photograph (Form I-766)
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:
   a. Foreign passport; and
   b. Form I-94 or Form I-94A that has the following:
      (1) The same name as the passport; and
      (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI

1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependent's ID card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above:
10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record
1. A Social Security Account Number card, unless the card includes one of the following restrictions:
   (1) NOT VALID FOR EMPLOYMENT
   (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
   (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Native American tribal document
5. U.S. Citizen ID Card (Form I-197)
6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.
Insurance Licensing Questionnaire

A. Licensee Information

1. Full legal name:
2. Social Security Number (xxx-xx-xxxx):
3. Date of birth (mm/dd/yyyy):
4. Home Address:

<table>
<thead>
<tr>
<th>Number</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

5. Home Phone Number:
6. Home E-mail:

B. General Information

1. Gender: [ ] Male [ ] Female
2. Are you a United States Citizen? [ ] Yes [ ] No
   a. If No, of which country are you a citizen?
   (If, no and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.)
3. List any other assumed, fictitious, alias, maiden, or trade names which you have used in the past:
   1.
   2.
   3.
4. Did you or your spouse ever serve in the U.S. Military? [ ] Yes [ ] No
5. Applicants mailing address (if different from home address):

<table>
<thead>
<tr>
<th>Number</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

C. Business Entity Information

1. Business entity name (exactly as it appears on the license/state license):
2. Business address:

<table>
<thead>
<tr>
<th>Number</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

3. Business phone number:
4. Business fax number:
5. Business E-mail:
D. Employment History

Instructions: Account for all time for the past five (5) years. Give all employment experience starting with your current employer working back five (5) years. Include full and part-time work, self-employment, military service, unemployment and full-time education. There cannot be any unaccounted time in this five (5) year period.

<table>
<thead>
<tr>
<th>Applicant Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

E. Individual Background Information

Instructions: Answer all questions. Leave no blanks. Attach any and all applicable documentation.

1. Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor?
   □ Yes □ No
   a. If yes to question 1 above, have you previously reported this action? □ Yes □ No
   b. If yes to question 1A above, please prove the date of NIPR upload:

2. Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony?
   □ Yes □ No
   a. If yes to question 2 above, have you previously reported this action? □ Yes □ No
   b. If yes to question 2A above, please prove the date of NIPR upload:

3. Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense?
   □ Yes □ No
   a. If yes to question 3 above, have you previously reported this action? □ Yes □ No
   b. If yes to question 3A above, please prove the date of NIPR upload:
**Important Note:** If you have answered yes to question 1 through three 3B in Section H “Individual Background Information” above, you must attach the following documents to this application.

- A written statement explaining the circumstances of each incident.
- A copy of the charging document(s).
- A copy of the official document(s), which demonstrates the resolution of the charges or any final judgment.

4. Have you ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration?
   
   □ Yes □ No

   a. If yes to question 4 above, have you previously reported this action? □ Yes □ No

   b. If yes to question 4A above, please prove the date of NIPR upload:

   **Important Note:** If you have answered yes to question four (4) in Section H “Individual Background Information” above, you must attach the following documents to this application.

   - A written statement explaining the circumstances of each incident.
   - A copy of the charging document(s).
   - A copy of the official document(s), which demonstrates the resolution of the charges or any final judgment.

5. Have any demand been made or judgment rendered against the business entity or any owner, partner, officer or director, or member or manager of a limited liability company for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others.
   
   □ Yes □ No

   a. If yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

6. Has the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of repayment agreement?
   
   □ Yes □ No

   a. If yes, identify the jurisdiction(s):

7. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?
   
   □ Yes □ No

   a. If yes, you must attach the following to this application.

   - A written statement summarizing the details of each incident.
   - A copy of the Petition, Complaint, or other document(s) that commenced the lawsuit arbitration or mediation proceedings
   - A copy of the official document which demonstrates the resolution of the charges or any final judgment.
8. Has the business entity or any owner, partner, officer or director, or member or manager of a limited liability company ever had an insurance agency contract or any other business relationship with an insurance company terminate for any alleged misconduct?
   □ Yes □ No
   
   a. If yes, you must attach the following to this application.
      
      • A written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license.
      • A copy of all relevant documents.

9. Do you have a child support obligation in arrearage, which has not been previously reported?
   □ Yes □ No

   If you have answered yes to question 9, please answer the following:
   
   a. Are you currently subject to and in compliance with any repayment agreement?
      □ Yes □ No
   b. Are you the subject of a child support related subpoena/warrant?
      □ Yes □ No

F. Licensee Acknowledgement

Licensee acknowledges that the insurance licensing services provided require access to personal information of licensee that may be protected under the Fair Credit Reporting Act (FCRA). Licensee consents to CSC's use of this information as necessary to fulfill the requested services and confirms that CSC has permission of the licensee to utilize such data and information.

Name:
Signature:
Date: