

## Substitute W-9 Claims vendor information form

□ New Request □ Change Request Adjuster name/claim number		
Legal business name (as shown on your tax return)		
Doing business as (DBA)		
Check appropriate box for federal tax classification (required):		Business type
$\Box$ Individual/sole proprietor or single-member LLC $\Box$ C Corporation	☐ S Corporation ☐ Partnership	☐ Attorney ☐ Other
☐ Trust/estate ☐ Limited liability company ☐ Foreign vendor		☐ Medical ☐ Exempt
Legal business name mailing address	DBA mailing address (if different)	
City, state, and ZIP code	City, state, and ZIP code	
Contact name, phone number, and email	<u>I</u>	
IRS Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Legal business name" line to avoid backup withholding. For individuals, this is generally your Social Security number (SSN). For other entities, it is your Federal employer identification number (EIN), provided by the IRS.	Federal employer identification number  OR  Social Security number	
Certification		
Under penalties of perjury, I certify that:  1. The number shown on this form is my correct taxpayer identificati  2. I am not subject to backup withholding because: (a) I am exempt Internal Revenue Service (IRS) that I am subject to backup withholdi or (c) the IRS has notified me that I am no longer subject to backup 3. I am a U.S. citizen or other U.S. person; and 4. The FATCA Code(s) entered on this form (if any) indicating that I th Certification instructions. You must cross out item 2 above if you ha withholding because you have failed to report all interest and divider apply. For mortgage interest paid, acquisition or abandonment of secontributions to an individual retirement arrangement (IRA), and gen- not required to sign the certification, but you must provide your corre-	from backup withholding, or (b) I having as a result of a failure to report a withholding;  nat am exempt from FATCA reporting we been notified by the IRS that you and on your tax return. For real estaticured property, cancellation of debt, erally, payments other than interest a	e not been notified by the II interest or dividends, is correct.  are currently subject to backup e transactions, item 2 does not
Signature	Date	
Enroll to receive your payments electronically?		
Name on bank account		
Name of financial institution		
Routing/transit number	Bank account number	
Email where electronic payment notifications should be sent (	Will be mailed if none is provided.)	
I authorize PEMCO Mutual Insurance Company to initiate electronic credit entries to my account as indicated above in full or partial payment of my billings to PEMCO for goods or services.  If you choose to email, be advised it is unencrypted and could expose sensitive information.		
Signature	Date	

**If submitting electronically:** By typing my name above, I adopt the printed name as my signature. My printed name shall have the same legal effect as if I had affixed my signature to this form in handwriting.

**Return completed form to:** PEMCO Mutual Insurance Company, Attn: Payee Codes, via: email payee.codes@pemco.com, fax: 206-676-7160, or USPS to 1300 Dexter Avenue N, Seattle, WA 98109-3571. Message line: 206-628-4595

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