

USA Dealer Enrollment Form

We do not sell, trade or rent your personal information to any third party. The information is collected primarily to ensure that we are able to fulfill your requirements.

Date of Enrollment: Default (Date enrollment is received by AIG or postmarked via US mail.)

Items in **bold** are required.

Dealer Information

Company Name: _____

Company Owner: _____
(Company Contact) (First) (Last)

Address: _____

City: _____ State: _____ Zip Code: _____ Country: ☒ USA

Phone: _____ Fax: _____ E-mail: _____

Distributor Information

Primary Wholesale Distributor Name: _____ Dealer ID: _____

Company Contacts

Accounts Payable Contact: _____ Phone Number: _____

Service Manager Contact: _____ Phone Number: _____

Coverage Area Zip Codes: _____

Service Department Information

Hours of Operation SUN: _____ MON: _____ TUES: _____ WED: _____ THUR: _____ FRI: _____ SAT: _____

Number of Sales Staff: _____ Number of Service Technicians: _____

Phone During Business Hours: _____ Phone After Business Hours: _____

Insurance Documents

Prior to becoming an authorized AIG servicer, servicer must provide AIG with a copy of its current Certificate of Insurance, which shows workers compensation and general liability insurance of no less than \$500,000.00 (USD). If you are a part of our dispatch service network, workers compensation and general liability insurance must be no less than \$1,500,000.00 (USD).

AIG's name and address must be shown as certificate holder. AIG, 650 Missouri Ave., Jeffersonville, IN 47130.

General Liability: ☐ I have included a copy of my general liability insurance of no less than \$500,000.00

Workman's Compensation (select one): ☐ I have included a copy of my workers' compensation insurance.

☐ My state does not require workers' compensation by law and I have _____ employees.

Federal & Licensing Documents

Please provide your Federal Tax Identification Number (FEIN). Due to potential privacy risks, compliance requirements, and security, we cannot accept social security numbers in lieu of an FEIN.

If you need to obtain a free FEIN, please visit www.irs.gov, or follow this link [Apply for an Employer Identification Number \(FEIN\) Online](#).

Federal Licensing: ☐ I have included a copy of my W-9 Form and my FEIN is _____

A service warranty license and agent appointment is required in the State of Florida in order to sell service warranties. This is required for all FL and any non-FL dealer/distributor selling to a FL customer. This number is subject to verification.

Florida 2-52 License (select one): ☐ I have included a copy of my Florida 2-52 license. My 2-52 License number is _____

☐ I do not sell to consumers in Florida and to the best of my knowledge this requirement does not apply to me.

Dealer Terms and Conditions

☐ I certify that the information contained in this section is true and complete to the best of my knowledge and that I have read the accompanying servicing installer terms and conditions that apply to this enrollment form.

Owner/Manager Signature: _____ Print Name: _____ Date: _____

Please fax this completed form and supporting documentation to AIG at 866-212-3750

Alternative Submission Options: Mail or email this completed form to AIG

Attention HVAC Enrollments • PO Box 928 • Jeffersonville, IN 47130 • (t) 866-538-8922 • (f) 866-212-3750 • HVACEnrollments@sndirect.com