



# Hospital Bundle

User Guide & Vendor Packet



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## **GETTING STARTED WITH SNOO**



### **WHAT IS SNOO?**

SNOO is a responsive bassinet that soothes infant fussing with womb-like, gentle rocking and white noise. Created by pediatrician, Dr. Harvey Karp, SNOO is used in 150+top U.S. hospitals to enhance care for infants ages 0-6 months and support nurses and clinical care teams.



### **SNOO HOSPITAL BUNDLE**

The SNOO Hospital Bundle has everything clinical care teams need to get started with SNOO, including:









- 1 SNOO Bassinet (with 1 Power Cord)
- 1 SNOO Mobility Cart
- 1 Sealed, Wipeable Mattress
- 1 Reusable Mesh Cover
- 10 Disposable Mesh Covers
- 10 Disposable Mattress Covers
- 1 Set of SNOO Sacks (S, M, L)
- 4 Additional SNOO Sacks (S)
- 5 Fitted Mattress Sheets

Scan for our customer support page at happiestbabyhealth.zendesk.com.



## **SNOO Smart Sleeper**

## Hospital Quick Start Guide

### What do I need to get started?

- SNOO bassinet + mobility cart (recommended)
- Covers for SNOO mesh + mattress (reusable and/or disposable)
- SNOO Sleep Sack + fitted mattress sheet

### How do I use the SNOO Sleep Sack swaddles?

- 1. Unzip the sack and spread open the inner bands. Lay the baby down on top of unzipped SNOO sack. *Note: Initially place baby's shoulders 2-3" higher than the top of the sack.*
- 2. Straighten arms and snuggly connect inner bands around baby. Bottom edge of the bands should come to the wrists. Note: Arms may be released by unsnapping arm slits at the top of the sack.
- 3. Velcro diaper flap to inner band. Pull the fabric at the top of sack up and over each shoulder. Then zip completely.

### How do I place the baby in SNOO?

- Before use, place a white reusable cover and/or blue disposable cover to completely cover the bassinet mesh. If using the disposable covers, place the sealed mattress inside a blue mattress cover. Over the covered mattress, place a clean SNOO mattress sheet.
- 2. Lay the swaddled baby inside the SNOO on the back.
- 3. Slide the loop at the end of each swaddle wing over the safety clip on each side of the platform.

### How do I turn SNOO on and off?

- Once plugged in, press the button on the front of SNOO. When
  the light stops blinking (after ~30 seconds), press button again.
  The light will turn blue and SNOO will start. (Note: If light keeps
  blinking, make sure loops are properly slipped onto the safety
  clips).
- When the baby fusses, SNOO will wait a few seconds before responding. If the crying continues, the bed will move through 4 levels of increasing sound and motion until the baby calms. SNOO automatically times out after ~3 minutes of continuous crying.
- To increase the SNOO's motion and sound, push the activity button for several seconds. To stop SNOO, push the activity button once. To reduce the level of activity, simply wait and SNOO will reduce its level – step by step – over the next 5-10 minutes.

### How do I clean SNOO between infants?

Cleaning instructions: Use CaviWipes or a hydrogen peroxide-based disinfectant to clean the SNOO, mobility cart, reusable cover, and sealed mattress if visibly soiled. Disinfect SNOO and its accessories between patients, and every 7 days, if in continuous use. The surfaces should remain visibly wet for 1 minute at room temperature.

**Soft goods laundering**: Launder SNOO Sleep Sack and fitted mattress sheet in accordance with the hospital's linen protocols. SNOO Sacks must be cleaned between patients or when visibly soiled.













Note: If the baby cries for longer than 1 min, you can assume she needs a feeding,, or other help. You do not need to wait for SNOO to stop itself.





Level 3

Level 4

Action Stopped

Engage Safety Clips

Ready Mode

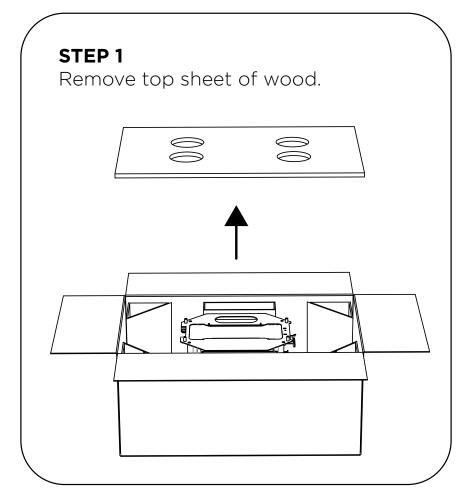
### **Questions? Contact Us!**

health@happiestbaby.com

855-949-4411

www.happiestbaby.com



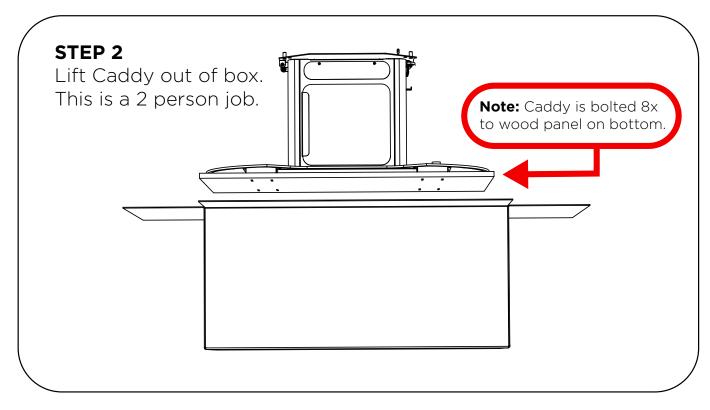


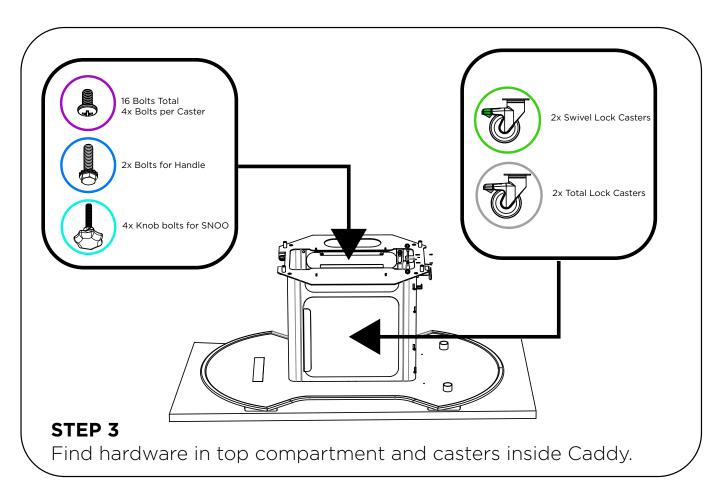


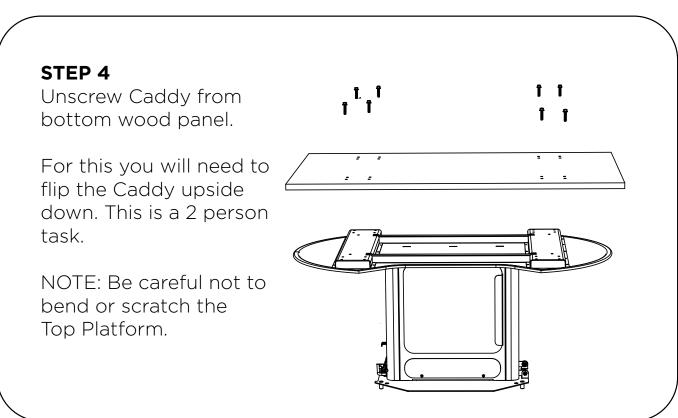
## **Mobility Cart** Assembly Guide

For any questions about assembly, please call Happiest Baby Health at:

1855 949 4411







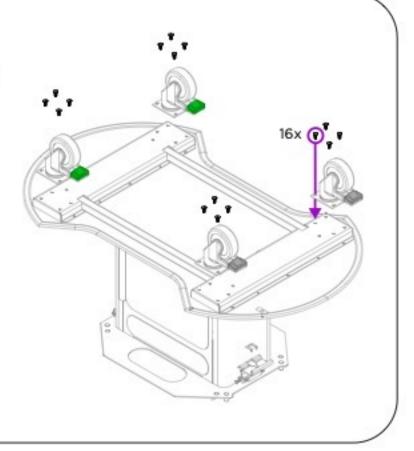
Attach casters using the 16 short bolts. 4 bolts per caster.

The 2 casters with green pedals (Swivel Lock) attach to the front side under the logo.



The other 2 casters with gray pedals (Total Lock) attach to the rear under the Push Handle.

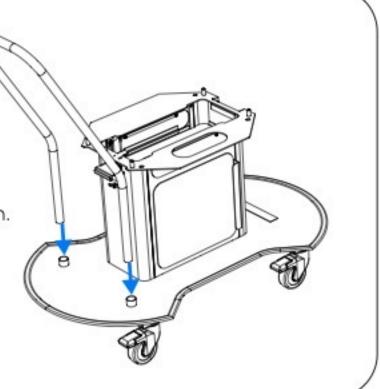




### STEP 6

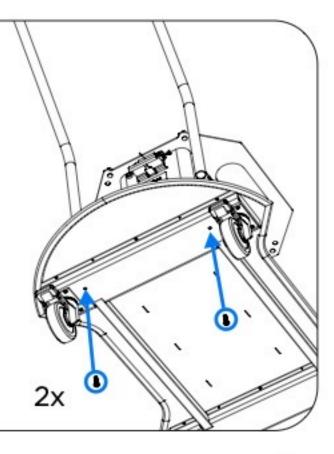
Flip Caddy rightside up.

Insert handle into the 2 holes located in the rear of the Caddy base as shown.



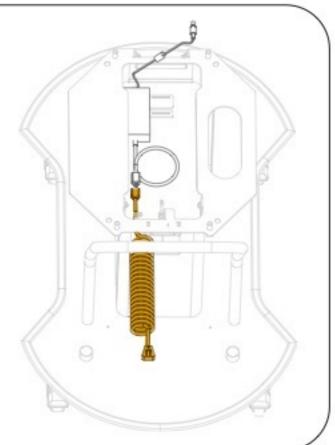
Fasten the handle in place using the 2 long screws from bottom of base as shown.

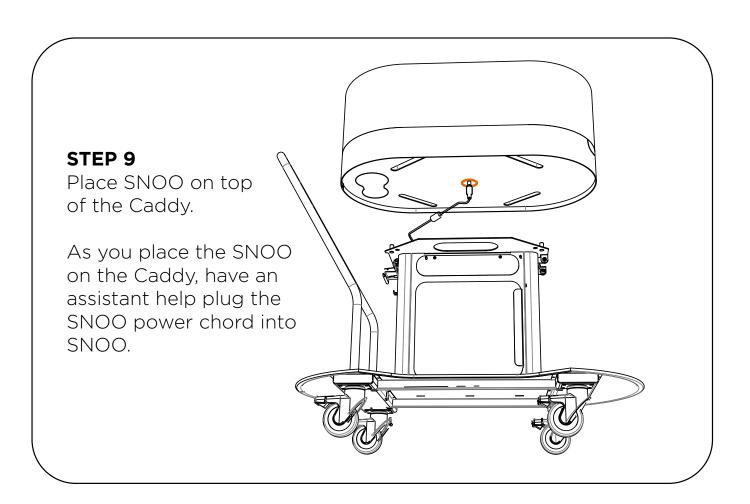




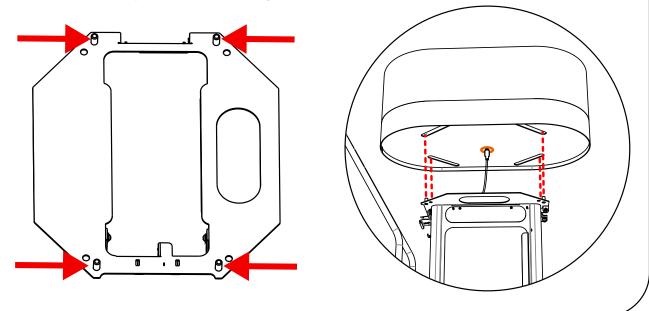
## STEP 8

Plug SNOO power supply into orange Caddy extension chord, and store it in the top compartment.

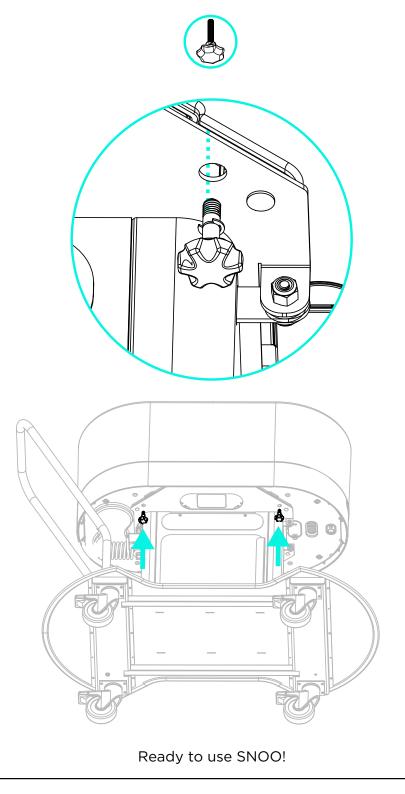




Make sure that the SNOO is sitting properly on the 4 index studs located on top of the Caddy.



Then use the 4 Knob bolts to fasten SNOO to Caddy as shown.



## **SNOO MOBILITY CART**



SNOO's Mobility Cart offers easy maneuverability, dynamic braking, ample storage, and optional head elevation.





Scan for a video on how to assemble the SNOO Mobility Cart.

### **SPECIFICATIONS**

- Made with 100% CRS sheet metal (exclusive of trim) for durability.
- Coiled extension cord expands from 3 feet to 10 feet.
- Dimensions of assembled mobility cart (with SNOO attached): 47.5" L x 26" W x 38" H

### **FEATURES**

- Silent roll, medical-grade wheels featuring total-lock back wheels and swivel-lock front wheels for optimal mobility.
- Ability to elevate head 1.5 inches (2 degrees), when desired (as per CPSC guidelines).
- Three storage shelves accessible from either side of cart.
- Magnetized doors for safe and secure storage.
- Cut-away base for easy infant access.

### **HOW TO CLEAN**

If soiled, clean with CaviWipes or a hydrogen peroxide-based disinfectant.

For additional support, call 1 855 949 4411 or email us at health@happiestbaby.com.

## **Infection Control Covers DISPOSABLE MESH & MATTRESS COVERS**



### **SPECIFICATIONS**

- Medical grade, breathable fabric
- 100% Latex-free Polypropylene
- Fabric meets AAMI PB70 Level 3 Testina
- 10 covers per pack





Bassinet Cover Label





Safety Clips



Mattress with Cotton Sheet

### **USAGE INSTRUCTIONS**

- For single patient use. DO NOT share covers between babies.
- Dispose of and replace cover if damaged, cut, or torn. Cover may be used for baby's length of stay if material is clean and intact.
- Whenever SNOO is used, swaddle the baby in the SNOO Sleep Sack and attach the sack wings to the safety clips in the bassinet.

### **ASSEMBLY INSTRUCTIONS**

- Remove mattress pad from inside SNOO bassinet.
- With the disposable bassinet cover label facing out, align the cover label with the warning label at the back of SNOO.
- 3 Loosely drape the cover material inside the SNOO.
- Pull the cover down along the outer perimeter of the SNOO on one side and then the other.
- Inside the bassinet, you will find an elastic opening on each side near the safety clips. Stretch the openings around the safety clips on both sides.
- Slide the mattress into the disposable cover. Keep the label on the same side as the opening.
- Cover the mattress with a cotton fitted mattress sheet and place it on top of the bassinet cover.



Covers with Sheet

Purchase more covers on health.happiestbaby.com or email us at health@happiestbaby.com.



# Infection Control Covers REUSABLE MESH COVERS



### **SPECIFICATIONS**

- Waterproof and flexible fabric
- 75% Polyester; 25% Polyurethane
- 100% free of PFAS and PFOA
- CPSIA certified

### **USAGE INSTRUCTIONS**

- Covers MUST BE cleaned between patients to meet hospital infection control requirements.
- Clean the cover and sealed mattress if visibly soiled and every 7 days of use.
- · Replace if damaged, cut, or torn.
- Whenever SNOO is used, swaddle the baby in the SNOO Sleep Sack and attach the sack wings to the safety clips in the bassinet.

### **ASSEMBLY INSTRUCTIONS**

- 1 Remove mattress pad from inside SNOO bassinet.
- With the shiny side of the cover facing out, locate the warning label and align it with the warning label at the back of SNOO.
- 3 Loosely drape the cover inside the SNOO. The two elastic seams go around the top rim of SNOO.
- 4 Situate the elastic seams so that the seams sit on either side of the top mesh rim of the SNOO.
- 5 Pull the cover down along the outer perimeter of the SNOO on one side and then the other.
- Inside the bassinet, you will find an elastic opening on each side near the safety clips. Stretch the openings around the safety clips on both sides.
- 7 Cover the mattress with a cotton fitted mattress sheet and place it on top of the bassinet cover.







Elastic Seams

Safety Clips







Mattress with Cotton Sheet

NOTE: Covers are designed for a snug fit. Material is durable and can be stretched.

### **HOW TO CLEAN**

**OPTION 1:** Wet all exposed surfaces on the mesh and mattress covers with *CaviWipes* or *hydrogen peroxide-based disinfectant*. The surface should remain visibly wet for 1 minute at room temperature.

**OPTION 2:** Wash on hot setting between 160-165°F using liquid detergent; may be washed with zero-residue, oxygenated bleach containing no chlorine. Dry on medium heat (<130°F).

## **SNOO SLEEP SACK**



### **SPECIFICATIONS**

- For use with SNOO Smart Sleeper bassinet.
- 100% Organic cotton swaddle with special wings that attach to SNOO's safety clips to prevent infant rolling.
- Designed to keep sleeping babies supine as advised by the American Academy of Pediatrics.
- Inner arm wrap and between-the-legs flap with quiet velcro for escape-proof security.
- 2-Panels of breathable mesh to reduce overheating.
- Arm openings can be unsnapped to allow the baby's arms out of the sack, if desired.
- Double zipper enables user to zip from top or bottom.
- Flexible material supports full head, neck, & legs movement and hip abduction.

| SIZE GUIDE |          |  |  |  |  |  |
|------------|----------|--|--|--|--|--|
| X-Small*   | 5-8 lb   |  |  |  |  |  |
| Small      | 5-12 lb  |  |  |  |  |  |
| Medium     | 12-18 lb |  |  |  |  |  |
| Large      | 18-26 lb |  |  |  |  |  |

<sup>\*</sup>Available for purchase on health.happiestbaby.com

### **HOW TO CLEAN**

- Launder in accordance with standard hospital laundering practices and protocols; a temperature of at least 160°F (71°C) for a minimum of 25 minutes is recommended.
- SNOO Sacks MUST BE cleaned between patients and when visibly soiled.



### **INSTRUCTIONS**



Lay your baby down on top of unzipped SNOO sack.



Fold over left side of inner band.



Secure the velcro on right side of inner band.



Pull diaper flap up and secure over the band.



Done!

NOTE: When SNOO is in use, always swaddle the baby in the SNOO Sack and attach the wings to the safety clips.

# RATE SHEET & PURCHASE ORDER FORM





# **SNOO Smart Sleeper Hospital Program**

At Happiest Baby, we partner with hospitals and universities to advance dynamic new research on the clinical impact of enhanced sleep.

Our mission is to help parents raise healthy, happy children.

Questions? Contact health@happiestbaby.com to learn more.

# Please contact us for pricing information and preferred partner introductory rates.

## Hospital SNOO Package\*

The purchase of a Hospital SNOO Package includes:

- 1 Hospital Bassinet
- 1 SNOO Mobility Platform
- 1 Reusable Hospital Bassinet Mesh Cover
- 1 Reusable/Sealed Hospital Mattress
- 10 Disposable Mesh/Mattress Cover Sets
- 1 Set SNOO Sacks (S, M, L 1 of each)
- 4 Additional SNOO Sacks (size S)
- 5 Additional Fitted Mattress Sheets

### Individual Components\*

Hospital SNOO Bassinet

SNOO Mobility Platform

Reusable Hospital Bassinet Mesh Cover

Reusable Hospital Mattress Cover

SNOO Sack (available in XS, S, M, L)

All Mesh or Meshless SNOO Sacks available upon request

Sleepea Swaddle

Fitted Mattress Sheet

Disposable Mesh/Mattress Cover Sets

\*FREE SHIPPING is included on all hospital orders

| //20                 |  |
|----------------------|--|
| Happiest Baby, Inc.  |  |
| Los Angeles CA 90016 |  |

Quote #

health@happiestbaby.com

855-949-4411

Quote valid up to 90 days after submission



 $Recipient\ hereby\ agrees\ to\ keep\ confidential\ all\ quotes\ and\ pricing\ terms\ contained\ herein\ and\ will\ not\ disclose\ such\ information\ to\ any\ third\ parties\ without\ disclose\ such\ information\ to\ any\ third\ parties\ third\ parties\ third\ parties\ pa$ Happiest Baby's prior written consent.

 $Please\ complete\ the\ applicable\ fields\ in\ grey\ and\ return\ this\ form\ via\ email\ to\ hospitals@happiestbaby.com$ 

### **HOSPITAL INFORMATION**

| HAPPIEST BABY SNOO PRODUCTS                               |  |   |    |  |  |  |
|---|--|---|----|--|--|--|
| Preferred Partner Introductory Rates - Limited Time Only! |  |   |    |  |  |  |
|   | Please indicate the desired quantity in the grey cells below                   |   |    |  |  |  |
| QUANTITY DESCRIPTION UNIT PRICE                           |  |   |    |  |  |  |
|   | HOSPITAL SNOO PACKAGE  | • |    |  |  |  |
|   | The Hospital SNOO Package includes:  |   |    |  |  |  |
|   | - 1 SNOO Bassinet  |   |    |  |  |  |
|   | - 1 SNOO Mobility Platform   |   |    |  |  |  |
|   | - 1 Reusable Hospital Bassinet Mesh Cover                                      |   |    |  |  |  |
| 0   | - 1 Reusable Hospital Mattress Cover   |   |    |  |  |  |
| ŭ   | - 10 Disposable Mesh/Mattress Cover Sets                                       |   |    |  |  |  |
|   | - 1 Set SNOO Sacks (S, M, L - 1 of each)                                       |   |    |  |  |  |
|   | - 4 Additional SNOO Sacks (size S)   |   |    |  |  |  |
|   | - 5 Fitted Mattress Sheets   |   |    |  |  |  |
|   | INDIVIDUAL COMPONENTS  |   | I. |  |  |  |
| 0   | NOO Bassinet (includes 1 Set SNOO Sacks and Fitted Mattress Sheet)             |   |    |  |  |  |
| 0   |  |   |    |  |  |  |
| 0   | leusable Hospital Bassinet Mesh Cover  |   |    |  |  |  |
| 0   | Reusable Hospital Sealed Mattress  |   |    |  |  |  |
| _   | Disposable Mesh/Mattress Covers Set (Includes 10 Disposable Mesh Covers and 10 |   |    |  |  |  |
| 0   | Disposable Mattress Covers)  |   |    |  |  |  |
| 0   | SNOO Sack - Size XS  |   |    |  |  |  |
| 0   | SNOO Sack - Size S   |   |    |  |  |  |
| 0   | SNOO Sack - Size M   |   |    |  |  |  |
| 0   | SNOO Sack - Size L   |   |    |  |  |  |
| 0   | All Mesh SNOO Sack - Size XS   |   |    |  |  |  |
| 0   | All Mesh SNOO Sack - Size S  |   |    |  |  |  |
| 0 Meshless SNOO Sack - Size XS                            |  |   |    |  |  |  |
| 0   | 0 Meshless SNOO Sack - Size S  |   |    |  |  |  |
| 0   | Meshless SNOO Sack - Size M  |   |    |  |  |  |
| 0   | Meshless SNOO Sack - Size L  |   |    |  |  |  |
| 0   | Sleepea Swaddle  |   |    |  |  |  |
| 0   | Fitted Mattress Sheet  |   |    |  |  |  |
| 0   | Extra Power Cord   |   |    |  |  |  |
| Additional Comments (optional)                            |  | • |    |  |  |  |
| -   |  |   |    |  |  |  |

### CATALOG TOTAL PRICE (Excl. Tax)

NEGOTIATED DISCOUNT QUOTE SUBTOTAL (Excl. Tax) TAX RATE SALES TAX FEDEX GROUND SHIPPING

TOTAL (Inc. Tax)

FREE

| For Fitted Mattress Sheet, SNOO Sack, and Sleepea Orders: Please list any color preferences (if applicable).                              |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| Mattress Fitted Sheet (Color Options: Ivory, Black Galaxy, Ivory Galaxy, Midnight Galaxy, Graphite Galaxy, Rose Galaxy, Teal Galaxy)      |   |  |  |  |  |  |
| Comments:   | Comments:   |  |  |  |  |  |
| SNOO Sack (Color Options: Graphite  | SNOO Sack (Color Options: Graphite Stars, Ivory, Graphite Planets, Midnight Planets, Ivory Planets, Ivory Planets with Black Wings, Teal Planets, Rose Planets) |  |  |  |  |  |
| Comments:   |   |  |  |  |  |  |
| Sleepea Swaddle (Color Options: Graphite, Graphite Planets, Ivory Planets, Midnight Planets, Rose, Rose Planets, Sky, Teal, Teal Planets) |   |  |  |  |  |  |
| Comments:   |   |  |  |  |  |  |

### FOR INTERNAL USE ONLY

| PO Number:                    |  |
|-------------------------------|--|
| Hospital Ground Order Number: |  |
| Caddy Freight Order Number:   |  |



### **Address and Remittance Instructions**

### **Payment Address:**

Happiest Baby, Inc

Attn: Accounts Receivable

3115 S. La Cienega Blvd Los

Angeles, CA 90016

### Payment by Wire/ACH:

Account Name: Happiest Baby, Inc Bank

Name: Silicon Valley Bank

Bank Address: 3003 Tasman Drive, Santa Clara, CA 95054, USA Account #:

3301400199

Bank Routing No: 121140399

Swift Code: SVBKUS6S

**Accounting Department** 

Accounts Receivable: AR@happiestbaby.com; health@happiestbaby.com

Phone: 310.476.4440 ext 1010

Fax: 310.440.4401

# Form (Rev. October 2018) Department of the Treasury Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

|   | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.   |                     |            |         |                        |        |            |          |     |
|---|---|---------------------|------------|---------|------------------------|--------|------------|----------|-----|
|   | Happiest Baby, INC.   |                     |            |         |                        |        |            |          |     |
|   | 2 Business name/disregarded entity name, if different from above  |                     |            |         |                        |        |            |          |     |
| ю   |   |                     |            |         |                        |        |            |          |     |
|   | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check following seven boxes.  | k only <b>one</b> o |            |         | emptions<br>n entities |        |            |          |     |
| ed (  |   | □ <b>-</b> .,       |            |         | ctions or              |        |            | ,        |     |
| Print or type.<br>Specific Instructions on page | ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership single-member LLC   | Trust/es            |            | Fxem    | pt payee               | code   | (if any)   |          |     |
| Print or type<br>c Instruction                  | Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnersh  | in) ▶               |            | LXCIII  | pt payee               | couc   | (II dily)_ |          | —   |
| or t  | Note: Check the appropriate box in the line above for the tax classification of the single-member owner.  | er. Do not          |            | Exem    | ption fror             | n FA   | ГСА гер    | orting   |     |
| rint<br>Inst                                    | LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the own another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single- |                     |            | code    | (if any)               |        |            |          |     |
| Hic⊓  | is disregarded from the owner should check the appropriate box for the tax classification of its owner.   |                     | -0         |         |                        |        |            |          |     |
| ec<br>Sec                                       | Other (see instructions) ▶  |                     |            |         | to accounts            |        |            | e the U. | S.) |
|   |   | Requester's         | name an    | id add  | dress (opt             | tional | )          |          |     |
| See   | 3115 La Cienega Blvd  |                     |            |         |                        |        |            |          |     |
|   | 6 City, state, and ZIP code   |                     |            |         |                        |        |            |          |     |
|   | Los Angeles, CA 90016   |                     |            |         |                        |        |            |          |     |
|   | 7 List account number(s) here (optional)  |                     |            |         |                        |        |            |          |     |
|   |   |                     |            |         |                        |        |            |          |     |
| Pa  | Taxpayer Identification Number (TIN)  |                     |            |         |                        |        |            |          |     |
|   | your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid  | ~ <u> </u>          | cial secu  | ırity r | umber                  |        |            |          |     |
|   | up withholding. For individuals, this is generally your social security number (SSN). However, for  | а                   |            |         |                        |        |            |          |     |
|   | ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other<br>es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>   | ,                   |            | -       |                        | _      |            |          |     |
| TIN, I  |   | or                  | · · ·      | _       | •                      |        |            | •        | _   |
|   | If the account is in more than one name, see the instructions for line 1. Also see What Name an   | d Em                | ployer i   | denti   | ication n              | umb    | er         |          |     |
| Numl  | per To Give the Requester for guidelines on whose number to enter.  |                     | _          |         | 7 0                    | _      |            |          |     |
|   |   | 3                   |            | 1       | 7   9                  |        | 8   3      | 2        |     |
| Par   | t II Certification  |                     |            |         | •                      |        |            |          |     |
| Unde  | r penalties of perjury, I certify that:   |                     |            |         |                        |        |            |          |     |
| 1. Th   | e number shown on this form is my correct taxpayer identification number (or I am waiting for a   | number to           | be issu    | ied to  | o me); a               | nd     |            |          |     |
| 2. I aı   | m not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I  | have not b          | oeen no    | tifiec  | by the                 | Inter  | nal Rev    | enue     | ,   |
|   | rvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or longer subject to backup withholding; and  | dividends,          | , or (c) t | ne IF   | S has n                | otitie | ed me t    | nat I    | am  |
| 0   | Tongor out jook to buokup withholding, and  |                     |            |         |                        |        |            |          |     |

- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

|              |                            |        |        |    | • | • | •      |            |  |
|--------------|----------------------------|--------|--------|----|---|---|--------|------------|--|
| Sign<br>Here | Signature of U.S. person ▶ | Nicole | Blount | -  |   |   | Date ► | 01/14/2021 |  |
|              |                            | •      |        | =" |   |   |        |            |  |

### **General Instructions**

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

**Future developments**. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

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

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

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

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

- 1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
  - 2. The treaty article addressing the income.
- 3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- 4. The type and amount of income that qualifies for the exemption from tax.
- 5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

### **Backup Withholding**

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

### Payments you receive will be subject to backup withholding if:

- 1. You do not furnish your TIN to the requester,
- 2. You do not certify your TIN when required (see the instructions for Part II for details),
  - 3. The IRS tells the requester that you furnished an incorrect TIN,
- 4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
- 5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see Special rules for partnerships, earlier.

### What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

### **Updating Your Information**

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

### **Penalties**

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

### **Specific Instructions**

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

- b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.
- c. Partnership, LLC that is not a single-member LLC, C corporation, or S corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.
- d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.
- e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

| IF the entity/person on line 1 is a(n)   | THEN check the box for   |
|--|--|
| Corporation  | Corporation  |
| Individual     Sole proprietorship, or     Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.   | Individual/sole proprietor or single-<br>member LLC  |
| LLC treated as a partnership for U.S. federal tax purposes,     LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or     LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes. | Limited liability company and enter<br>the appropriate tax classification.<br>(P= Partnership; C= C corporation;<br>or S= S corporation) |
| Partnership  | Partnership  |
| Trust/estate   | Trust/estate   |

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2-The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5-A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8-A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10-A common trust fund operated by a bank under section 584(a)
- 11-A financial institution
- 12-A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

| IF the payment is for  | THEN the payment is exempt for  |
|--|---|
| Interest and dividend payments   | All exempt payees except for 7  |
| Broker transactions  | Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012. |
| Barter exchange transactions and patronage dividends                                   | Exempt payees 1 through 4   |
| Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup> | Generally, exempt payees 1 through 5 <sup>2</sup>   |
| Payments made in settlement of payment card or third party network transactions        | Exempt payees 1 through 4   |

See Form 1099-MISC, Miscellaneous Income, and its instructions.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G-A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I-A common trust fund as defined in section 584(a)

J-A bank as defined in section 581

K-A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

#### Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

#### Line 6

Enter your city, state, and ZIP code.

### Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester,* later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

### Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

<sup>&</sup>lt;sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

- 1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
- **3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
- **4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- 5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

### What Name and Number To Give the Requester

| For this type of account:  | Give name and SSN of:   |
|--|---|
| 1. Individual  | The individual  |
| Two or more individuals (joint<br>account) other than an account<br>maintained by an FFI                                 | The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup> |
| 3. Two or more U.S. persons (joint account maintained by an FFI)   | Each holder of the account  |
| Custodial account of a minor     (Uniform Gift to Minors Act)  | The minor <sup>2</sup>  |
| 5. a. The usual revocable savings trust (grantor is also trustee)  | The grantor-trustee <sup>1</sup>  |
| b. So-called trust account that is not a legal or valid trust under state law  | The actual owner <sup>1</sup>   |
| Sole proprietorship or disregarded entity owned by an individual   | The owner <sup>3</sup>  |
| 7. Grantor trust filing under Optional<br>Form 1099 Filing Method 1 (see<br>Regulations section 1.671-4(b)(2)(i)<br>(A)) | The grantor*  |
| For this type of account:  | Give name and EIN of:   |
| Disregarded entity not owned by an individual  | The owner   |
| 9. A valid trust, estate, or pension trust   | Legal entity <sup>4</sup>   |
| 10. Corporation or LLC electing corporate status on Form 8832 or Form 2553   | The corporation   |
| Association, club, religious,<br>charitable, educational, or other tax-<br>exempt organization                           | The organization  |
| 12. Partnership or multi-member LLC  | The partnership   |
| 13. A broker or registered nominee   | The broker or nominee   |

| For this type of account:   | Give name and EIN of: |  |  |  |
|---|-----------------------|--|--|--|
| 14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity     |  |  |  |
| 15. Grantor trust filing under the Form<br>1041 Filing Method or the Optional<br>Form 1099 Filing Method 2 (see<br>Regulations section 1.671-4(b)(2)(i)(B))                                 | The trust             |  |  |  |

- <sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.
- <sup>2</sup> Circle the minor's name and furnish the minor's SSN.
- <sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.
- <sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

\*Note: The grantor also must provide a Form W-9 to trustee of trust.

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

### **Secure Your Tax Records From Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN.
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to <code>phishing@irs.gov</code>. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at <code>spam@uce.gov</code> or report them at <code>www.ftc.gov/complaint</code>. You can contact the FTC at <code>www.ftc.gov/idtheft</code> or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see <code>www.ldentityTheft.gov</code> and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

### **Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

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**SMORLEY** 

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/30/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

| tl  | SUBROGATION IS WAIVED, subject<br>his certificate does not confer rights to   | the                               | certi         | ficate holder in lieu of su  | ch end  | lorsement(s)                             | •                                      | require an endorsemen                     | l. AS     | latement on |
|---|---|-----------------------------------|---------------|--|---|--|--|---|-----------|-------------|
| PRODUCER License # 0757776  |   |                                   |               | CONTACT Sheila Morley  |   |  |  |   |           |             |
| HUB International Insurance Services Inc.<br>2300 Clayton Road, Suite 300 |   |                                   |               | PHONE  |   |  |  |   |           |             |
|   | ncord, CA 94520   |                                   |               |  | E-MAIL<br>ADDRE   | <sub>ss:</sub> sheila.m                  | orley@hub                              | international.com                         |           |             |
|   |   |                                   |               |  |   | INS                                      | URER(S) AFFOR                          | RDING COVERAGE                            |           | NAIC#       |
|   |   |                                   |               |  | INSURER A: Evanston Insurance Company                     |  |  |   |           | 35378       |
| INSURED   |   |                                   |               |  | INSURER B : Great American Excess & Surplus               |  |  |   |           | 37532       |
| Happiest Baby, Inc.<br>3115 S. La Cienega Blvd.<br>Los Angeles, CA 90016  |   |                                   |               |  | INSURER C: Travelers Property Casualty Company of America |  |  |   |           | 25674       |
|   |   |                                   |               |  | INSURE  | INSURER D:                               |  |   |           |             |
|   |   |                                   |               |  | INSURER E :   |  |  |   |           |             |
|   |   |                                   |               |  | INSURER F:  |  |  |   |           |             |
| CO  | VERAGES CER   | TIFIC                             | CATE          | NUMBER:  |   |  |  | REVISION NUMBER:                          |           |             |
| II<br>C   | HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE         | EQUI<br>PER <sup>-</sup><br>POLIC | REME<br>TAIN, | ENT, TERM OR CONDITION<br>THE INSURANCE AFFORD<br>LIMITS SHOWN MAY HAVE  | N OF A  | NY CONTRAC<br>THE POLICI<br>REDUCED BY I | CT OR OTHER<br>ES DESCRIB              | DOCUMENT WITH RESPE                       | CT TO     | WHICH THIS  |
| Α   | X COMMERCIAL GENERAL LIABILITY  | IIIOD                             |               |  |   | (111111/20/11111/                        | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | EACH OCCURRENCE                           | \$        | 2,000,000   |
|   | X CLAIMS-MADE OCCUR   |                                   |               | MKLV5PPD006946   |   | 8/12/2022                                | 8/12/2023                              | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$        | 100,000     |
|   |   |                                   |               |  |   |  |  | MED EXP (Any one person)                  | \$        | 5,000       |
|   |   |                                   |               |  |   |  |  | PERSONAL & ADV INJURY                     | \$        | 2,000,000   |
|   | GEN'L AGGREGATE LIMIT APPLIES PER:  |                                   |               |  |   |  |  | GENERAL AGGREGATE                         | \$        | 2,000,000   |
|   | X POLICY PROJECT LOC OTHER:   |                                   |               |  |   |  |  | PRODUCTS - COMP/OP AGG                    | \$        | 2,000,000   |
| Α   | AUTOMOBILE LIABILITY  |                                   |               |  |   |  |  | COMBINED SINGLE LIMIT (Ea accident)       | \$        | 1,000,000   |
|   | ANY AUTO  |                                   |               | MKLV5PPD006946   |   | 8/12/2022                                | 8/12/2023                              | BODILY INJURY (Per person)                | \$        |             |
|   | OWNED SCHEDULED AUTOS ONLY  |                                   |               |  |   | 0,12,2022                                | 0.12.2020                              | BODILY INJURY (Per accident)              | \$        |             |
|   | X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY   |                                   |               |  |   |  |  | PROPERTY DAMAGE<br>(Per accident)         | \$        |             |
|   | AUTOS ONLY AUTOS ONLY   |                                   |               |  |   |  |  | (Fer accident)                            | \$        |             |
| В   | UMBRELLA LIAB OCCUR   | +                                 |               | XS E872931   |   | 8/12/2022                                | 8/12/2023                              | EACH OCCURRENCE                           | \$        | 8,000,000   |
|   | X EXCESS LIAB X CLAIMS-MADE   |                                   |               |  |   |  |  | AGGREGATE                                 | \$        | 8,000,000   |
|   | DED X RETENTION \$ 0  | )                                 |               |  |   |  |  | AGGREGATE                                 | s         |             |
| С   | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY  |                                   |               |  |   |  |  | X PER OTH-                                | Ψ         |             |
|   | AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below |                                   | UB6J944080    | UB6J944080   |   | 11/17/2021                               | 11/17/2022                             | E.L. EACH ACCIDENT                        | \$        | 1,000,000   |
|   |   |                                   |               |  | E.L. DISEASE - EA EMPLOYEE                                |  |  | ·   | 1,000,000 |             |
|   |   |                                   |               |  |   |  |  | E.L. DISEASE - POLICY LIMIT               | s.        | 1,000,000   |
|   | BESONIII TIGN OF OF ENVIROND BOICH  |                                   |               |  |   |  |  | E.E. BIOLAGE TOLIGITEINIT                 |           |             |
|   |   |                                   |               |  |   |  |  |   |           |             |
|   |   |                                   |               |  |   |  |  |   |           |             |
| DES<br>Pro  | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL<br>of of Coverage   | LES (A                            | ACORD         | ) 101, Additional Remarks Schedu   | le, may b   | e attached if mon                        | e space is requir                      | ed)                                       |           |             |
| CE  | RTIFICATE HOLDER  |                                   |               |  | CANO  | ELLATION                                 |  |   |           |             |
| Proof of Coverage   |   |                                   |               | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |   |  |  |   |           |             |
|   |   |                                   |               |  | AUTHO   | RIZED REPRESE                            | NTATIVE                                |   |           |             |