



Agency Authorization Portal Request Form

Agency Name: _____ Date: _____

Name of person completing the form: _____

Email: _____ Phone: _____

Complete information for Agency Principal(s), Producers and CSRs below. You must designate one person as Agency Administrator.

Name	Phone #	Email Address	Role (Principal, Producer or CSR)	Administrator Mark One

Confirmation of User Names and Agency Principal Acknowledgement of Terms of Use:

1. I grant permission to the individuals listed on the Agent Authorization Request Form for which Web Claims permissions are requested to view, add, or change information pertaining to insureds who are part of my book of business with OneTrust Programs.
2. I understand that the User IDs listed are to be used only by the individuals to whom they are assigned. Passwords are never to be shared and the person to whom the User ID belongs understands that if a password is shared he/she is accountable for the wrongful use of that User ID.
3. The use of these applications or information is to facilitate doing business with OneTrust Programs. I agree to keep confidential all such information pertaining to these insureds and will not disclose or sell such information to third parties. It is my responsibility to be aware of and to comply with, any applicable privacy regulations, including Gramm-Leach-Bliley, which became effective July 1, 2000.
4. OneTrust Programs may revoke access to these or any other applications at its own discretion at any time without incurring any liability.
5. OneTrust Programs will not be liable for direct, indirect, consequential and special damages arising out of this Agreement.

Agency Principal/Owner

Date