

If you're viewing this application in your internet browser, please note that in order to submit this application to Western National, you must first download it to your computer. You can then complete the fields and click "Submit". Completed forms can also be saved and sent to <u>download@wnins.com</u>.

	ENCY MANAGEMENT SYSTEMS ease provide the information below.*							
System:		Product:			Ve	Version:		
DO	WNLOAD REQUIREMENTS INFOR	MATION						
1.	Are you currently using IVANS?*	Yes No (If yes, go to number 2. If no, go to number 3)				er 3)		
2.	Complete the following information IVANS Account (y Account) Name: Please note: A separate application need				(i.e. Y)	
	IVANS Mailbox Number/ID:							
3.	Request download commissions fo	r Direct Bill?	Yes	No				
4.	Request download policy information	on for your Perso	nal Line	s book of	business?	Yes	No	
5.	Request download policy informati If yes, please indicate lines of busin	-	1ercial L	ines book	of business?	Yes	No	
	Workers' Compensation	Commercial Au	to/Gara <u>o</u>	je	BOP			
	Commercial Umbrella	CPP (Including (Crime, G	eneral Lia	ability, Property	, and Inlar	nd Marine)	

AGENCY AUTHORIZATION FOR DOWNLOAD SERVICES

An authorized representative from your agency must sign this download services application. Unsigned download services applications will be returned for signature, and implementation will not be scheduled until the signed form is received.

Signature:*

(E-Signature is Acceptable)

Name:*

Western National Agency Code:*

Agency Name:*

* Before submitting your application, please make sure these fields are complete (if applicable).

Date:*