

If you're viewing this application in your internet browser, please note that in order to submit this application to Umialik, 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>.

AGENCY MANAGEMENT SYSTEMS

Please provide the information below.*

System:		Product:				Version:		
DO	WNLOAD REQUIREMENTS INFOR	MATION						
1.	Are you currently using IVANS?*	Yes I	No (If ye	s, go to nu	mber 2. lf no	, go to num	ber 3)	
2.	Complete the following information about your IVANS account:*							
	IVANS Account (y Account) Name: Please note: A separate application needs	to be submitted	l for each Y .	Account.	(i.e. Y_)	
	IVANS Mailbox Number/ID:							
3.	Request download commissions fo	r Direct Bill?	Yes	No				
4.	Request download policy informati	on for your Pe	ersonal Lir	es book of	business?	Yes	No	
Request download policy information for your Commercial Lines book of business?YesNoIf yes, please indicate lines of business:							No	
	Workers' Compensation	Commercial	Auto/Gara	age	BOP			
	Commercial Umbrella	CPP (Includi	ing Crime,	General Li	ability, Prope	erty, and Inl	and Marine	<u>ز</u>

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:*

Umialik Agency Code:*

Date:*

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