



Agency Web Access Authorization Form

For authorization to access your agency business and policy information through the secure portion of SIF's website, please complete and submit this form.

SIF Agency No: _____ Agency Name: _____

The following information is required to grant access. (Use additional pages if necessary)

Note: When we create a new user account, a temporary password will be sent to the email address provided.

User's Full Name: _____

Email Address: _____

Phone: _____ User Type: Account Manager Agent

Portal Role : Super Administrator Administrator User

Additional Access: Commissions

User's Full Name: _____

Email Address: _____

Phone: _____ User Type: Account Manager Agent

Portal Role: Super Administrator Administrator User

Additional Access: Commissions

I CERTIFY that I am a principal owner of the Agency noted above and am authorized to request that SIF issue a username, temporary password, and selected access permissions to the following person(s) named above.

I CERTIFY that I and the user(s) designated will have access to confidential information and that the unauthorized review, use, disclosure, or distribution of confidential information could subject these users to possible civil and criminal penalties.

I understand that the designated Agency Administrator will have the ability to add and delete other users at our agency and it is the Agency's responsibility to maintain said authorities. SIF is not responsible for unauthorized access granted by the Agency Administrator in my Agency.

Signature of agency principal

Date

Printed name and title

Phone

Submit by one of these methods:

- Upload saved file to our website at: www.idahosif.org/document/upload
- Email as an attachment to: webfax@idahosif.org