



NETWORKED INSURANCE AGENTS AUTHORIZATION TO USE NLINK SUITE WEBSITE REQUEST & CHANGE FORM

Use this form to establish permissions for your agency personnel. For example, you may want your accountant to access your commission statement, your producers to access Commercial Lines quoting and your CSRs to submit endorsements. Permissions subject to Networked approval.

DATE: _____ **AGENCY:** _____ **ADDRESS:** _____

PLEASE CHECK ONE: Networked Affiliate Integrated Insurance Agency Former Affiliate wPolicies Other
If your agency has more than one location, use one form for each address.

PERMISSIONS

Add Delete Change	First Name	Last Name	Title	Email	Commission Statement 1 person only	Submit Endorse- ments	CL Quote	PL Quote
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

An agency that has been granted use of the NLink Suite website (the "Site") is subject to the following terms of use. By signing this page, the agency designated below ("you" or "your") agrees to be bound by these terms and conditions.

1. You may grant User IDs to those of your employees who are authorized to use the Site. You will promptly notify us in writing of any changes (additions or deletions) to the list of authorized users and will immediately eliminate access to the Site by any individual who is no longer entitled to such access.
2. User ID's are only to be used to access and use the Site for legitimate business reasons. User IDs are never to be shared and you and your authorized employees are responsible for maintaining the confidentiality of the User IDs. You and your authorized employees are liable for any harm that may result from failure to maintain that confidentiality, any improper use of the User IDs or the Site, or any breach of these terms and conditions. You will promptly report to your Networked representative at 530-274-6913 only any unauthorized use of the User IDs or any other breach of security regarding the User IDs or the Site.
3. You and your employees must treat all customer information on the Site as strictly confidential and not use or disclose that information except for legitimate business purposes in compliance with all applicable privacy requirements. You and your employees will also not use or disclose any of our confidential information except on our behalf for legitimate business purposes.
4. We reserve the right to terminate or suspend access to the Site or any related sites by any person or persons at any time, with or without cause.
5. We make no warranties with respect to the operation of or the information contained on the Site. We will not be liable for any damages, whether direct, indirect, consequential, special or otherwise arising out of your use of the Site.

AGENCY PRINCIPAL / OWNER: _____ **SIGNATURE:** _____ **DATE:** _____
(Print name)

OFFICE USE ONLY AGT _____ TERRITORY _____

FAX FORM TO: 530 274-2562