

Must be completed for agencies with an agency management system.

Date:
Agency #:
Business Name:
Address:
City, State, Zip:
Business Phone:
Business Fax:
Business Email:
IVANS Account Number:
User ID:
AMS Vendor Name:
Version:
Machine Address if Using AFW or Nexsure:
Requested Download Start Date:
Direct Bill Commission Download: Yes No
Additional Notes:

Return the completed form to **AL3AgencyManagementSystem@NGIC.com**

You will receive a faxed confirmation once setup is complete.
Contact Technical Support at 888-222-4911, Option 3 with any questions.