



Application for Download Services

Policy Download for Personal and Commercial Lines | Commission Download for Direct Bill (Personal and Commercial)

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 agencyadmin@wnins.com.

CONTACT INFORMATION

Please provide the name and contact information for an individual within your agency that we or IVANS may contact for scheduling, implementation, and support of the download service to your agency management system in the two following categories.

Policy Download:*

Name: Email: Phone:

Commission Download:*

Name: Email: Phone:

AGENCY MANAGEMENT SYSTEMS

Please provide the information below.*

System: Product: Version:

DOWNLOAD REQUIREMENTS INFORMATION

1. Are you currently using IVANS?* Yes No (If yes, go to number 2. If no, go to number 3)

2. Complete the following information about your IVANS account:*

IVANS Account (y Account) Name: (i.e. Y_____)

Please note: A separate application needs to be submitted for each Y Account.

IVANS Mailbox Number/ID:

3. Request download commissions for Direct Bill? Yes No

4. Request download policy information for your Personal Lines book of business? Yes No

5. Request download policy information for your Commercial Lines book of business? Yes No

If yes, please indicate lines of business:

Workers' Compensation Commercial Auto/Garage BOP

Commercial Umbrella CPP (Including Crime, General Liability, Property, and Inland 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:* Date:*

(E-Signature is Acceptable)

Name:* Western National Agency Code:*

Agency Name:*

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