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 download@wnins.com.

AG	ENCY MANAGEMENT SYSTEMS						
Ple	ease provide the information below.*						
System:		Product:		Vei	Version:		
DO	WNLOAD REQUIREMENTS INFORM	MATION					
1.	Are you currently using IVANS?*	Yes No	(If yes, go to nu	mber 2. If no, go	to number	3)	
2.	Complete the following information	about your IVAN	IS account:*				
	IVANS Account (y Account) Name: Please note: A separate application needs	to be submitted for	each Y Account.	(i.e. Y		)	
	IVANS Mailbox Number/ID:						
3.	Request download commissions for	Direct Bill?	Yes No				
4.	Request download policy information	ormation 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 Au	to/Garage	ВОР			
	Commercial Umbrella	CPP (Including	Crime, General Li	ability, Property,	and Inland	Marine)	
An	ENCY AUTHORIZATION FOR DOWN authorized representative from your a blications will be returned for signature	igency must sign	this download se				
Signature:*			Date:*				
	(E-Signature is Acceptable)						
Name:*			Western National Agency Code:*				
Ag	ency Name:*						

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