

STREETCONNECT SYSTEM ADMINISTRATORS FORM

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|-----------|---------------------------------------|-------------------|
| SECTION I | Agency legal name | Trade or DBA name |
| | Authorized agency representative name | |
| | Telephone | Email address |

| | | |
|------------|---|------|
| SECTION II | I agree to notify Encova Insurance immediately in the event an individual appointed to act as system administrator terminates employment with my agency or is no longer authorized by my agency to act as a system administrator. I further understand that the system administrator(s) will have access to all information Encova makes available to their agencies through StreetConnect, including commission statements and other financial and performance reports. | |
| | Signature of authorized agency representative | Date |

| | | |
|-------------|---|--|
| SECTION III | Name of system administrator | |
| | Location access <input type="checkbox"/> Full <input type="checkbox"/> Limited | If limited, please provide location(s). |
| | Telephone | Fax |
| | Email address | |
| | Will the system administrator be an appointed agent with Encova? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please provide Social Security number and date of birth. |
| | Name of system administrator | |
| | Location access <input type="checkbox"/> Full <input type="checkbox"/> Limited | If limited, please provide location(s). |
| | Telephone | Fax |
| | Email address | |
| | Will the system administrator be an appointed agent with Encova? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please provide Social Security number and date of birth. |

For more than two system administrators, please attach additional copies of this page.