



REQUEST FOR AGENCY WEB ADMINISTRATOR SET-UP

Agency Number: _____

Agency Name: _____

Agency Administrator: _____
Last Name First Name

Agency Administrator Email: _____

Agency Administrator Phone: _____

I hereby request the individual named above be set up as the web administrator for our agency. This individual will be given rights by AMERISAFE to set up users and individual user rights for my agency, as well as the ability to reset their passwords. User rights will include accessing commission reports and agency reports.

Signature of Agency Principal: _____ **Date:** _____

Please return the Admin Set-Up form by scanning and emailing to aiic-mktg@amerisafe.com or by fax at 800.450.1091.