

# ENCOVA EDGE SYSTEM ADMINISTRATORS FORM

SECTION 1	Agency legal name	Trade or DBA name
	Authorized agency representative name	
	Telephone	Email address

SECTION 2	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 Encova Edge, including commission statements and other financial and performance reports.	
	Signature of authorized agency representative	Date

SECTION 3	Name of system administrator	
	Location access <input type="checkbox"/> Full <input type="checkbox"/> Limited	If limited, please provide location(s).
	Phone number	Fax number
	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).
	Phone number	Fax number
	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.