

ENCOVA EDGE SYSTEM ADMINISTRATORS FORM FOR VENDORS

Return completed form to:
Encova Insurance
P.O. Box 3151
Charleston, WV 25332-3151
Or fax to: 877-898-6980

TO BE COMPLETED BY COMPANY REPRESENTATIVE AUTHORIZED TO DESIGNATE SYSTEM ADMINISTRATOR(S)

SECTION 1	Vendor legal name	Trade or DBA name
	Authorized vendor representative name	FEIN
	Phone number	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 company or is no longer authorized by my company to act as a system administrator. I further understand that the system administrator(s) will have access to all information Encova makes available to my company through Encova Edge.	
	Signature of authorized vendor representative	Date

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

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