



Agency Web Access Authorization Form

For authorization to access your agency business and policy information through the secure portion of the Idaho State Insurance Fund's website, complete and submit this form.

SIF Agency No.: _____ Agency Name: _____

I CERTIFY that I am a principal owner of the Agency noted below and am authorized to request the State Insurance Fund issue username, temporary password, and selected access permissions to the following person(s) named below.

I CERTIFY that I and the user(s) designate will have access to confidential information and that the unauthorized review, use, disclosure, or distribution of confidential information could subject these users to possible civil and criminal penalties.

I understand that the designated Agency Administrator will have the ability to add and delete other users at our agency and it is the Agency's responsibility to maintain said authorities. The State Insurance Fund is not responsible for unauthorized access granted by the Agency Administrator in my Agency.

Signature of agency principal Date

Printed name and title Phone

The following information is required to grant access. Use additional pages if necessary.

User's Full Name: _____ Choose desired access(s):
Email Address: _____ Agency Administrator
Phone: _____ Commission Statements

User's Full Name: _____ Choose desired access(s):
Email Address: _____ Agency Administrator
Phone: _____ Commission Statements

Submit by one of these methods:

- Upload saved file to our website at: www.idahosif.org/document/upload
- Email as an attachment to: webfax@idahosif.org
- Mail to: State Insurance Fund, PO Box 83720, Boise, ID 83720-0044

NOTE: When we create a new user account, a temporary password will be sent to the email address provided. Upon processing, users will have desired access after log in.