



## Access to Travelers' Agent HQ for Policies Assigned Through the Massachusetts Automobile Insurance Plan (MAIP)

This form should be completed by agents that seek authorization to access The Premier Insurance Company of Massachusetts d/b/a Travelers of Massachusetts' online agency information repository. Access is granted herein only to obtain information relating to automobile insurance policies assigned through the MAIP. This access may supplement access previously granted for other lines of business.

**Please complete and fax to: 508-751-4590 Attn: Worcester – Technology and Information Services**

Agency Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ Fax #: _____
Agency Contact Name: _____

- Please provide your MAIP producer code for Travelers of Massachusetts: \_\_\_\_\_
- Does the agency have any other existing relationship with Travelers?
  - Personal Lines (any state other than Massachusetts):      Y      N
  - Commercial Lines:      Y      N
  - FPII:      Y      N
  - Small Business:      Y      N

Please provide a list of all employees that need to be registered on Agent HQ  
(Print or type full name):

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

As we add more capability to our Agent HQ System some of the functions and features may not apply to all users in your agency. We will have a **Self Administration** function that will permit you to vary the level of access granted to different individuals so you can easily customize the site for each user. It will also provide you with an added level of security so you can add and delete access for any individual should you hire someone new or should someone leave.

**Personal Lines Agency Administrator Information**

**Current Travelers Agent HQ User ID (if applicable):** \_\_\_\_\_

**Please select an Agency Administrator:** \_\_\_\_\_

**Agency Administrator Phone Number:** \_\_\_\_\_

**Agency Administrator E-mail Address:** \_\_\_\_\_

**Agency Administrator ID (qualifier):** \_\_\_\_\_

**Does your agency currently have Self Administration for Commercial Lines?**      Y      N

If Yes, indicate the Commercial Lines Self Admin ID: \_\_\_\_\_

If Yes, would you like your Commercial Lines Administrator also be the PL administrator?      Y      N

For agencies with multiple locations, will the PL Agency Administrator identified above also be the self administrator for all locations?      Y      N

If No, please list the producer codes, locations and corresponding Administrator below:

Producer Code	Location (town)	Name of PL Admin (if different from above)
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1. _____	_____	_____
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- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

A special ID for your agency's trusted administrator will be mailed directly to them. It should take 2-3 weeks from the receipt of your FAX. We will then provide your administrator with instruction on how to set up passwords and vary levels of authority for others in your agency.

It is important that you return this information as soon as possible. Please FAX the information within the next week.

We look forward to receiving your FAX and providing an even better Agent HQ as we move forward. Thank you for your business!

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In order to provide you with information relating to your policies that have been assigned to Travelers of Massachusetts through the Massachusetts Automobile Insurance Plan (MAIP), we are authorizing you to access the Travelers of Massachusetts' portal of Travelers' Agent HQ system. By signing below, you agree to use this system for approved business purposes only. Use for any other purpose is prohibited. All transactional records, reports, e-mail, software, and any other data generated by or residing upon this system are the property of Travelers of Massachusetts and may be used by Travelers of Massachusetts for any purpose not prohibited by law. Authorized and unauthorized activities may be monitored.

You agree to use the Agent HQ system in accordance with these terms, and to indemnify and hold harmless Travelers of Massachusetts for any losses, costs, and damages (including reasonable attorneys' fees), resulting from your unauthorized use of the Agent HQ system. Notwithstanding that Travelers of Massachusetts is providing you with electronic access to the Agent HQ system, you further acknowledge and agree that we are independent parties and that this arrangement, and nothing contained herein, shall be construed as constituting a partnership, joint venture or an agency agreement or appointment between you and Travelers of Massachusetts.

Authorized Agency Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_