

SmartOffice

Carrier Data Download Request Form

Please complete this form for each carrier from which you wish to receive data downloads. Send the completed form to the carrier using the contact information provided at www.ebixcrm.com/pending and send a copy to SmartOffice at dxosupport@ebix.com.

Carrier Name: _____

Attention: _____

Please indicate the types of information you would like to receive from the carrier specified above. Select all that apply. (Note that not all carriers support all data types listed).

Pending Case Commission Policy Lapses Inforce

Provide a recent sample policy number expected to appear on feed(s): _____

Please list all appropriate GA Contract Identifiers below.

Note: If you are an agent requesting the Inforce feed, provide the names of all offices with which you are appointed and from which you expect to view business.

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.

I authorize you to deliver download information associated with the applications I have submitted to your company for underwriting under any of the contract identifiers listed above that have been assigned to my agency. Please deliver this information to Ebix, Inc., for subsequent delivery to my SmartOffice agency management solution.

Approved by: _____

Agency Principal's Authorization: _____ Date: _____

Agency/Agent: _____

City/State: _____ ZIP: _____

Contact Name: _____ Phone: _____

E-mail: _____

Last four digits of TIN/SSN: _____ DataXchange Mailbox Number (REQUIRED): _____