

Risk Sharing Pool, FARM & UAF Application User ID & Branch Code Request Form

Instructions:

For all requests:

- The Company Information section must be completed.
- Project Manager, must sign and send request forms back to: MSO - 8100 - [868] 8 [4]

For user id request:

- The User Information section must be completed in full.
- Company and Access type section must be completed on page 2.
- The user and a witness must sign the security agreement on page 3.

For company new branch requests:

- Add New Branch section must be completed page 2.

PLEASE PRINT CLEARLY

Company Information:

Company Name: _____
 FA Project Manager: _____
 Phone: _____ Fax: _____
 FA Project Manager Email Address: _____

User Information:

User Name: _____ Title: _____
 Office Address _____
 Phone: _____ Fax: _____
 Email Address: _____

Please select one of the following options:

- New User ID
- More Access for Existing User ID # _____
- Cancel User ID # _____
- Add New Branch for Reporting Company

Specify Reporting Company Number(s) and access type for the new user

Please enter the 3 digit reporting company number and select appropriate use access to either RSP, FARM or UAF application functionality or a combination of required access for multiple applications. Note that the user will automatically get access to all applicable provinces associated with the requested reporting company and all its existing branches.

Reporting Company Number	Risk Sharing Pool			Residual Market (FARM) Participation Reports	Uninsured Automobile Fund (UAF) Reports
	Data Submission & Correction	Data Submission Reports	Operational / Financial Reports		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add NEW branches for RSP Reporting Companies:

When requesting a new RSP branch code for a company please insert a two characters Alpha/Numeric branch code. Special characters are not allowed in the branch code.

Reporting Company Number	New Branch Codes											
	(New branch codes will be added to all jurisdictions for the company specified!)											

FA Project Manager Signature

Signature: _____ Date: _____

<p>For Internal Use (FA / IBC)</p> <p>Facility Association Authorization: Signature: _____ Date: _____</p> <p>IBC User Administrator: Signature: _____ Date: _____</p> <p>The following ID has been assigned / changed: ID: _____</p>
--

INFORMATION and SYSTEM SECURITY AGREEMENT

FOR INDIVIDUAL USER ACCESS:

In consideration of Facility Association allowing my authorized access to its computer facilities, I understand and agree, that:

1. I will not disclose to any person my User ID(s) as assigned by Facility Association or my password(s);
2. I will use only ID(s) or password(s) assigned to me;
3. I will not pre-program any password(s) for automatic entry into any part of the computer facilities of Facility Association;
4. I will use the computer facilities of Facility Association and any software or other information relating to or contained in those facilities for the sole purpose of fulfilling my job duties;
5. I will treat as confidential any information of Facility Association and not disclose such information to any other party unless specifically authorized by Facility Association;
6. I will not, through the use of the computer facilities of Facility Association, infringe or violate the patent, copyright, license or proprietary right of any third party;
7. I will immediately advise Facility Association of any misuse of the computer and communication resources, the software or information relating to or contained in Facility Association facilities of which I become aware;
8. I will take all reasonable steps to prevent any pirated software, computer viruses and destructive programs from entering into any of the computer and communication resources of Facility Association;
9. I will not access, alter, destroy or copy any software or information relating to or stored in the computer facilities of the Facility Association unless specifically authorized by Facility Association;
10. I will take all reasonable steps to ensure the accuracy and completeness of the information I provide to Facility Association;
11. I will not collect, use or disclose personal information held by Facility Association unless specifically authorized by Facility Association.

I have read and I understand the security policies stated above and will comply with them. I understand that the failure to comply with the security policies may result in action by Facility Association.

IN WITNESS WHEREOF the undersigned has executed this Agreement on the ___ day of _____, 20__.

NAME: _____

COMPANY: _____

SIGNATURE: _____

DATE: _____

I have witnessed the signature of _____

NAME: _____

COMPANY: _____

SIGNATURE: _____

DATE: _____

INFORMATION and SYSTEM SECURITY AGREEMENT
FOR FILE TRANSFER PROTOCOL (FTP) and WEB SERVICES

In consideration of Facility Association allowing authorized access by my organization to its computer facilities, I understand and agree, that:

1. I will not disclose to any unauthorized persons the User ID(s) or password(s) assigned by Facility Association;
2. I will use only ID(s) or password(s) assigned to my organization;
3. I will use the computer facilities of Facility Association and any software or other information relating to or contained in those facilities for the sole purpose of fulfilling my job duties, or covenants set out in separate agreement(s) related to the computer application(s) which I am authorized to use;
4. I will treat as confidential any information of Facility Association and not disclose such information to any other party unless specifically authorized by Facility Association, or if such information is publicly available;
5. I will not, to the best of my knowledge, through the use of the computer facilities of Facility Association, infringe or violate the patent, copyright, license or proprietary right of any third party;
6. I will immediately advise Facility Association of any misuse of the computer and communication resources, the software or information relating to or contained in Facility Association facilities of which I become aware;
7. I will take all reasonable steps to prevent any pirated software, computer viruses and destructive programs from entering into any of the computer and communication resources of Facility Association;
8. I will take all reasonable steps to ensure the accuracy and completeness of the information I provide to Facility Association, pertaining to the application(s) I am authorized to use;

I have read and I understand the security policies stated above and will comply with them. I understand that the failure to comply with the security policies may result in action by Facility Association.

IN WITNESS WHEREOF the undersigned has executed this Agreement on the ___ day of _____, 20__.

NAME: _____ **COMPANY:** _____

SIGNATURE: _____ **DATE:** _____

I have witnessed the signature of _____

NAME: _____ **COMPANY:** _____

SIGNATURE: _____ **DATE:** _____