Employee Access Add/Delete Form

SERVICE LLOYDS INSURANCE COMPANY

Agency Information

Agency Name: _____
Physical Address: _____
City, State and Zip: _____
Phone Number: _____
Fax Number: _____

Service Lloyds is committed to continually enhance on-line capabilities for our agency partners. Currently, the eClient site is available for on-line rating, direct email inquiries to underwriting staff, customer billing retrieval, policy and claims retrieval, as well as reports regarding agency production. ***Please note that any employee you authorize will have access to all eClient features***.

Please indicate below the employees you authorize to have access (add) or employees you are removing from having access (delete) to agency and policyholder data held by Service Lloyds Insurance Company. Please note it is the responsibility of your assigned "Agency IT Administrator" to keep the access current for your firm.

First Name	Last Name	Job Title / Role	Phone Number	Ext	Fax Number	Email Address	Add/ Delete

AUTHORIZED MANAGER/SUPERVISOR:

I approve the employees listed within this document to access agency and policyholder information through Service Lloyds Insurance Company's eClient System.

_____ _____

Signature Date

Please return the completed form to:

Workers' Compensation
Service Lloyds Insurance Company
Email: pmeredith@servicelloyds.com
Phone: (512) 637-3753
Fax: (512) 485-2625