

# DOWNLOAD ACTIVATION CHECKLIST

To request download activation, please complete this form and email it to [download@foremost.com](mailto:download@foremost.com) or [download@farmersinsurance.com](mailto:download@farmersinsurance.com).

## AGENCY INFORMATION

Agency Name:

Contact Name:

Agency Code:

Contact Phone:

Contact Email:

## DOWNLOAD PREFERENCES

Please indicate which options below you want included with download activation.

Personal Lines

Claims *(some restrictions may apply)*

Direct Bill Commission Statements

Initial Load *(This generates a SYNC transaction for all active policies. Select if you currently have Foremost Signature<sup>SM</sup> policies and would like them downloaded.)*

## IVANS<sup>®</sup> INFORMATION

IVANS Y Account Number:

IVANS User ID:

IVANS Participant Code:

## AGENCY MANAGEMENT SYSTEM

Vendor:

Version Number:

## AGENT COMMENTS