



St. Johns Agency Download Request Form

Please provide St. Johns Insurance Company Inc. with the following information:

1. Agency Name - _____
2. St. Johns Agency Code - _____
3. Y-Account - _____
4. User ID - _____
5. Mailing Address - _____
6. Street Address - _____
7. Phone # - _____
8. Fax # - _____
9. Agency Management System _____
10. Platform and version # _____

Note, if your agency has never been registered by another company, please inform us immediately.