

GMAC Insurance

BWC/AL3 Agency Information Setup

Please fill out form only if you have an Agency Management System

Required data in **Bold**

Agency _____ Date _____

Number/code: _____

Name: _____

Address: _____

City: _____ **State:** _____

Zip code: _____

Phone: () _____ **Fax:** () _____

Contact person: _____

IVANS

Account: _____

User ID: _____

Agency management system vendor

Name: _____

Version: _____

Using since: _____

Machine address if using Afw _____

Miscellaneous

Requested ACORD download start date: ____/____/____

Additional notes: _____

GMAC Only:

Entered by: _____

Date Entered: _____

Registered: _____

Revised 1/16/2003

Please fax back to 1.800.553.5052