



Office Use Only:
SIR _____
Contract # _____
Set up Date _____

## INDEPENDENT AGENCY DOWNLOAD SURVEY

Agency Name: \_\_\_\_\_ Agency Code: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 AAA Territory Sales Manager: \_\_\_\_\_

### AGENCY MANAGEMENT SYSTEM

Please indicate the agency management system **vendor**, **product** and **version** your agency uses.  
**Note: We are certified with the below systems and do not download to or support any other systems.**

<u>Vendor</u>	<u>Product</u>	<u>Version</u>
Agency Advantage		

### CURRENT INTERFACE ACTIVITY

If you are downloading with other carriers, please indicate the following information:

IVANS MAILBOX ID (Y account): \_\_\_\_\_ (required)  
 IVANS USER ID: \_\_\_\_\_ (required)  
 MACHINE ADDRESS: \_\_\_\_\_ (preferred)

We are currently receiving download from the following carriers:

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### DIRECT BILL COMMISSION STATEMENT DOWNLOAD

Would you like your agency to receive Direct Bill Commission Statements?  Yes or  No  
**Note, Use of Direct Bill Commission download varies by management system and may require the purchase of additional software. All questions regarding this should be directed to your management system.**

### INITIAL DOWNLOAD

Would you like your agency to receive an Initial Download?  Yes or  No  
**Note, by answering yes, you agree to receive all inforce Auto, Home & Umbrella policies when download setup is completed. ACG is unable to resend Boat & Motorcycle policies.**

### SUBMISSION

Please complete the attached form and e-mail to **KSHammond@aaamichigan.com** or fax to (313) 436-8887, Attn: Karen Hammond.