



DataXchange CARRIER DOWNLOAD REQUEST FORM

Please complete this form and send it to **each** carrier from which you wish to receive Pending downloads. For your convenience, carrier contact information can be found on our website at: <http://www.ez-data.com/solutions/modules/dataexchangeSignup.htm>

Part I - Agency Request to Carrier for Download

To Carrier: _____ Contact: _____
I authorize you to deliver status information associated with the applications that I have submitted to your company for underwriting under any of the contract identifiers that have been assigned to my agency. Please deliver this information to the E-Z Data, Inc. DataXchange service platform for subsequent delivery to me.

(Agency Principal's Authorization Signature) (Date)
Agency: _____
City: _____ State: _____ Zip: _____
Contact: _____ Phone: _____
E-mail Address: _____ Tax Id(s): _____

Part II - Carrier Authorization to E-Z Data, Inc.

To: E-Z Data, Inc. Contact: Todd Cohen
Fax: (434) 522-4037 E-mail Address: Todd.Cohen@ez-data.com
Please perform the setup and configuration required to enable us to provide status information to the above referenced customer utilizing the DataXchange service platform. Please configure the agency's system to receive status on business associated with the following general agency contract Id(s):

(Agency Contract Ids)
Please advise us which DataXchange mailbox Id to put in our routing table for these agency IDs.

(Carrier Authorization Signature) (Date)
Please send confirmation to:
Fax: _____ E-mail Address: _____

Part III - E-Z Data, Inc. Confirmation to Carrier

To: _____ Contact: _____
DataXchange mailbox _____ is now available for use by the above referenced agency. You may initiate their download at any time.

(E-Z Data, Inc. Customer Support) (Date)