



# User Access Request Form

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## GISA PORTAL APPLICATIONS Submission Management / Early Warning System

### Instructions

Please **PRINT** clearly.

- The Company Information and User Information must be completed in full.
- The ASP or CLSP Statistical Submission Co-ordinator must sign where indicated.
- The user and a witness must sign the security agreement.
- **Return the completed form by fax to Data Quality at (416) 644-3138**

### Company Information

Company Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Date of Request: \_\_\_\_\_

### User Information

User Full Name:  Mr.  Ms. \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please select ONE of the following options

- New User ID
- Existing User ID \_\_\_\_\_
- Cancel User ID \_\_\_\_\_ Reason: \_\_\_\_\_

Access / Roles

Check ✓ the <b>application access</b> to be added to the new/existing Portal user:	
<input type="checkbox"/> Submission Analysis	Provides access to the main submission management functionality.
<input type="checkbox"/> Test Analysis	Provides access to the test submission functionality.
<input type="checkbox"/> Error Analysis	Provides access to the detailed and summarized error analysis reports.
<input type="checkbox"/> ASP Error Correction <input type="checkbox"/> CLSP Error Correction	Provides access to error correction for the authorized plan(s).
<input type="checkbox"/> ASP Early Warning System <input type="checkbox"/> CLSP Early Warning System	Provides access to the Issue Management application functions and Early Warning System Management and Status reports for the authorized plan(s).
Check ✓ the <b>coordinator roles</b> to be added to the new/existing Portal user:	
Note: Coordinator roles can be assigned to <b>only one user per company/plan</b> . When selected, IBC will remove the previously assigned user.	
<input type="checkbox"/> ASP Statistical Submission Coordinator <input type="checkbox"/> CLSP Statistical Submission Coordinator	This coordinator role identifies the main contact for your data submissions for the selected plan(s). This user will have access to Productivity Reports and will receive Out of Tolerance email notifications.
<input type="checkbox"/> ASP Error Correction Coordinator <input type="checkbox"/> CLSP Error Correction Coordinator	This coordinator role identifies the main contact for your error data for the selected plan(s). This user will also have access to Productivity Reports.
<input type="checkbox"/> ASP EWS Issue Coordinator <input type="checkbox"/> CLSP EWS Issue Coordinator	This coordinator role identifies the Early Warning System coordinator for the selected plan(s). This user will receive Level1 Issue Escalations and the Weekly Issue List emails.
<input type="checkbox"/> ASP EWS Issue Manager <input type="checkbox"/> CLSP EWS Issue Manager	This coordinator role identifies the Early Warning System MANAGER contact for the selected plan(s). This user will receive Level2 Issue Escalations.
<input type="checkbox"/> ASP EWS Issue Director <input type="checkbox"/> CLSP EWS Issue Director	This coordinator role identifies the Early Warning System DIRECTOR contact for the selected plan(s). This user will receive Level3 Issue Escalations.

Reporting Company Numbers: \_\_\_\_\_

Name of ASP or CLSP Statistical Submission Co-ordinator: \_\_\_\_\_

Co-ordinator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

**INFORMATION and SYSTEM SECURITY AGREEMENT FOR PORTAL APPLICATIONS:**

In consideration of Insurance Bureau of Canada, as the service provider to General Insurance Statistical Agency (GISA) on statistical services, allowing my authorized access to its computer facilities, I understand and agree, that:

1. I will not disclose to any person my User ID(s) as assigned by Insurance Bureau of Canada or my password(s);
2. I will use only ID(s) or password(s) assigned to me;
3. I will not pre-program any password(s) for automatic entry into any part of the computer facilities of Insurance Bureau of Canada;
4. I will use the computer facilities of Insurance Bureau of Canada and any software or other information relating to or contained in those facilities for the sole purpose of fulfilling my job duties, or covenants set out in separate agreement(s) related to the computer application(s) which I am authorized to use;
5. I will treat as confidential any information of Insurance Bureau of Canada and not disclose such information to any other party unless specifically authorized by Insurance Bureau of Canada, or if such information is publicly available;
6. I will not, to the best of my knowledge, through the use of the computer facilities of Insurance Bureau of Canada, infringe or violate the patent, copyright, license or proprietary right of any third party;
7. I will immediately advise Insurance Bureau of Canada of any misuse of the computer and communication resources, the software or information relating to or contained in Insurance Bureau of Canada facilities of which I become aware;
8. I will take all reasonable steps to prevent any pirated software, computer viruses and destructive programs from entering into any of the computer and communication resources of Insurance Bureau of Canada;
9. I will not access, alter, destroy or copy any software or information relating to or stored in the computer facilities of the Insurance Bureau of Canada unless specifically authorized by Insurance Bureau of Canada;
10. I will take all reasonable steps to ensure the accuracy and completeness of the information I provide to Insurance Bureau of Canada, pertaining to the application(s) I am authorized to use;
11. I will not collect, use or disclose personal information held by or obtained from Insurance Bureau of Canada unless specifically authorized by Insurance Bureau of Canada.

I have read and I understand the security policies stated above and will comply with them. I understand that the failure to comply with the security policies may result in action by Insurance Bureau of Canada.

**IN WITNESS WHEREOF the undersigned has executed this Agreement on the \_\_\_\_ day of \_\_\_\_, 20\_\_.**

**NAME:** \_\_\_\_\_ **COMPANY:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I have witnessed the signature of \_\_\_\_\_

**NAME:** \_\_\_\_\_ **COMPANY:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_