



All Industry Test User ID Request Form

DATA TRANSMISSION

Instructions

Please **PRINT** clearly.

- The Company Information and User Information must be completed in full.
- The ASP Statistical Submission Co-ordinator must sign where indicated.
- The user and a witness must sign the security agreement.

Company Information

Company Name: _____

Branch Address: _____

Date of Request: _____

User Information

User Full Name: Mr. Ms. _____

Title: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email Address: _____

Data Submission Method

Check the **data submission methods** required:

For submission of Plans 8/9 (ASP)
statistical submissions

File Transfer via Web Browser

Reporting Company Numbers: _____

Name of ASP 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:** _____