



User Access Request Form

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FINANCIAL INFORMATION COLLECTION SYSTEM

Instructions

Please **PRINT** clearly.

- The Company and User Information must be completed in full.
- The user and a witness must sign the security agreement.
- **Return the completed form by email to FI@IBC.CA**

Company Information

Company Name: _____

Address: _____

Date of Request: _____

User Information

User Full Name: Mr. Ms. _____

Title: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email Address: _____

User Access (Please select ONE of the following options)

New User ID Existing User ID _____

Cancel User ID _____ Reason: _____

Contact Role

Check ✓ the application access to be added to the new/existing Portal user (please check off only one):	
<input type="checkbox"/> FI Coordinator	Responsible for coordinating the FI collection. This individual must be able to answer questions regarding the information in the template and correspond with GISA's Service Provider, Insurance Bureau of Canada, regarding any discrepancies. Only one FI Coordinator can be assigned per reporting company. User has access to view/submit.
<input type="checkbox"/> FI Authorizing Contact	Responsible for authorizing the contents of the file being submitted and for verifying the completeness and accuracy of the FI collection. Only one FI Authorizing Contact can be assigned per reporting company. User has access to view/submit.
<input type="checkbox"/> FI View Access	Access to view the contents of the files submitted for the FI Collection. User has access to view only.

OSFI ID(s): _____

Reporting Company Number(s): _____

Name of Company FI Coordinator: _____

FI Coordinator Signature**: _____

Date: _____

****By authorizing this access, I agree to immediately notify GISA's Service Provider, Insurance Bureau of Canada, in writing when an employee no longer requires access to the application or information relating to or contained in all GISA facilities.**

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:** _____