

\*\*Each individual requesting access must complete a separate form. An individuals access will be limited to the clients they represent. Ex. (Agent, CSR, Claims Personnel). Please complete this form in its entirety and return it to Kate Shanahan at the address below for access to the On-line Reporting System. Once your account has been created, you will receive an e-mail with login information. Be sure to sign, date, check box for the fund(s), and list individual clients that are represented by the individual requesting access. Please also include a complete list of clients your company represents within listed funds.

### **Registrant Information**

Full Name of person needing access*:	_____
Job Position and Title:	_____
E-mail Address:	_____
Primary Daytime Phone Number:	_____
Fax Number:	_____
Full Legal Name of Agency:	_____
Type of Entity (LLC, Corporation, Partnership, etc.):	_____
Address (no PO Box):	_____
	_____
City, State, Zip:	_____
*Authorized Representative must be the owner, principal, or authorized partner.	
Authorized Representative:	_____
Job Position and Title:	_____
E-mail Address:	_____
Primary Daytime Phone Number:	_____
Fax Number:	_____

Authorized Representative: \_\_\_\_\_  
Signature Date

Return form to Kate Shanahan at:  
Meadowbrook Insurance Group  
7900 Xerxes Ave. So., #300  
Bloomington, MN 55431-1118  
Fax: 952-516-5256  
E-mail: kate.shanahan@meadowbrook.com

Be sure to check the box(s) of the fund(s) and list individual clients that the individual requesting access represents. Please attach a complete client list the company represents.

Trifac Workers' Compensation Fund \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Builders & Contractors Workers' Compensation Fund \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Collectively Bargained Contractors Workers' Compensation Fund \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Greater Minnesota Self-Insurance Fund \_\_\_\_\_  
\_\_\_\_\_

Care Providers Workers' Compensation Fund \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Care Select Group Self-Insurance Fund \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Forest Products Commercial Self-Insurance Group \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_

Print Name

Date

For Meadowbrook Use Only Due Date: \_\_\_\_\_ Person Requesting: Kate Shanahan 952-886-6202  
Effective Date: \_\_\_\_\_

20091210-ORAPP