

ICC PORTAL ACCESS REQUEST FORM

New User

Update Information

Deactivate User

GENERAL INFORMATION

TYPE OF ENTITY

Municipal

Producer*

Governmental Agency

Non-Profit Organization

* Please send supporting document listing assigned entities along with the access form.

USER INFORMATION

Name _____ Initial _____ Last Names _____

Position: _____

Postal Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____ Phone: _____

Entity Name: _____

ENTITY AUTHORITY INFORMATION

Name of President, Director, or Mayor

Title

E-mail: _____

Phone: _____

I understand the information provided is correct. I authorized this person to have access to the ICC Application and manage all information related to the ICC process for our entity. We understand all information provided and received during this process is confidential.

Signature of President, Director, or Mayor

Date