



Web Site User Registration

Entity: _____ Phone: _____

REGISTRANT

Name: _____

Title: _____

Email: _____

Property/Casualty Claims

- File claims online
- OR-**
- Full access (file claims online, look-up submitted claims and run claims reports)

Workers' Compensation Claims

- File claims online
- OR-**
- Full access (file claims online, look-up submitted claims and run claims reports)

Risk Management (Loss Control)

- Register for seminars, access safety resources and check-out training materials

Coverage (Underwriting)

- Request Certificates of Insurance and Application Amendment Requests
- Complete the online renewal application
- Complete the WC online audit application

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*Name: _____ Title: _____ Date: _____

*By completing and submitting this form, you affirm that you have approval from the entity's Primary Contact to register for CIRSA website access; the member agrees that no person shall be permitted to view or obtain the information accessed through passworded portions of the CIRSA website other than the CIRSA contact and/or other representatives of the member specifically authorized by the member to view or obtain such information; and that the use, safeguarding, and control of access to the passworded portions of the CIRSA website, including the use, safeguarding, and control of its own password, is the member's responsibility.

Please submit completed form to membership@cirsa.org or or fax to 303.757.8950