

# AGENCY SECURITY ADMINISTRATOR FORM

## ASSIGNED RISK PRODUCER COMMUNICATIONS ACCESS AGREEMENT

The  (hereafter "Agency") hereby agrees to  
(Agency Name)

the following terms and conditions of gaining and maintaining access to Commonwealth Automobile Reinsurers' (CAR's) secure Massachusetts Automobile Insurance Plan System (MAIP System) on its Website:

1. The Agency will designate an Agency Security Administrator who will perform the following functions:
  - request access for Agency employees
  - reset passwords
  - provide information relative to security audits
  - address security breaches
  - act as a communications liaison between the Agency and CAR relative to all matters of security for access to CAR
2. CAR will assign User IDs for all access to CAR to each individual designated by the Agency Security Administrator.
3. The User ID will be specific to the designated individual and may not be shared. Any change in that individual's status with the agency must be reported to CAR within 5 business days.
4. CAR will disable User IDs that have been inactive for more than 60 consecutive days.
5. User IDs will not be disclosed to any party other than the Agency Security Administrator, the individual User and CAR, unless specifically required by law.
6. The Agency certifies that it will maintain compliance with 201 CMR 17.00, Standards for the Protection of Personal Information of Residents of the Commonwealth.
7. Any questions or problems with regard to security or operational issues arising out of this agreement must be communicated by the Agency Security Administrator to a member of CAR's Data Operations Department.
8. The Agency agrees that CAR, in its sole discretion, shall have the right to cancel the agency's User ID(s) for failure to comply with any of the above provisions, for misuse of any application, or for attempting to access restricted areas.

### Agency Security Administrator

<input type="text"/>	<input type="text"/>	
First Name	Last Name	Additional Agency Locations (city only required)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address		<input type="text"/>
<input type="text"/>		<input type="text"/>
Telephone No		<input type="text"/>
<input type="text"/>		<input type="text"/>
Street		<input type="text"/>
<input type="text"/>		<input type="text"/>
City		

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Please return form to:

Commonwealth Automobile Reinsurers  
Data Operations Department  
101 Arch Street, Suite 400  
Boston, MA 02110