

Agency Administrator Application Form

Agency Name: _____ Producer Number: _____

Agency Address: _____ Chubb Branch: _____

The following individual(s) should be designated as Agency Administrators for the @Chubb platform (Chubb's secure Internet facility for agents).

Agency Administrator(s):

Name	e-mail Address	Position in Agency	New	Replace

Agency Administrators will be authorized to add and delete individual users from the agency for @Chubb applications.

Requested By (Please Print) _____

Signature _____

Date _____

<p>Please return this form to Marketing or Branch Assistant Chubb Group of Insurance Companies</p>
