

The following services are available to support Chubb’s Commercial Lines agents & brokers. To enroll in services for Personal Risk Services, click [here](#).

If you need assistance with this Enrollment Request Form for Commercial eBusiness Services (the “Enrollment Agreement”), please contact our eBusiness Help Desk at 1-877-747-5266, option #2 or email ebusinesshelp@chubb.com.

Enrollment Options

Please choose from the following services:

Policy Document Delivery via IVANS eDocs

- Policyholder Copy ([See Important Notice Paperfree Policyholder Agreement below](#))
- Include Producer Copy. If not selected, Producer Copies will only be available electronically via the Chubb Agent Portal.

Policy Data Downloads

- Small Commercial – BOP & Umbrella
- Small Commercial – Workers’ Compensation

Additional Solutions

- Direct Bill Commission Download
- Claims Download
- Claims Activities & Notes (Vertafore only)

Agency must immediately notify the Company in writing to terminate this Enrollment Agreement or to receive policy data, documents, forms and endorsements (the “Policy(ies)”) by any other method of delivery (such as email or paper mail). Such notice should be sent to our eBusiness Help Desk at ebusinesshelp@chubb.com and must include the policyholder’s name and affected policy numbers. You may also email our eBusiness Help Desk to notify us of any print inconsistencies or other matters related to delivery of policy documents.

Agency also understands that it must immediately notify the Company in writing in the event its contact information changes, any error is detected or its status as Broker of Record for any Policy ceases. Agency’s duties and obligations under this Enrollment Agreement are an extension of its duties and obligations under its Agency Agreement with the Company, and any violation of the terms and conditions of this Enrollment Agreement will be a violation of the terms and conditions of such Agency Agreement.

Agency understands that to access and conduct transactions relating to its policyholder’s coverage via the IVANS mailbox, Agency must have access to a computer which is capable of supporting Internet access and a compatible browser application. Agency agrees to the use of electronic signatures and electronic records for current and future transactions conducted through the IVANS mailbox effective on the date this Enrollment Agreement is submitted to Company.

Agency Name & Contact Information

Agency Name: _____

Agency Address: _____

City: _____ State: _____ Zip Code: _____

Office Contact Name: _____ Phone Number: _____

Technical Contact Name: _____ Phone Number: _____

Producer Code(s): _____

Agency Management System Information

Please provide your agency’s IVANS “Y” account information
(If you do not have a ‘Y’ account, please contact your agency management system vendor).

IVANS “Y” Account Number: _____ Batch ID: _____
Machine Address: _____

1. Select your Agency Management System:

Vertafore Systems:

- Sagitta
- AMS 360
- AFW (4-digit participant code: _____)
- Other: _____

Applied Systems:

- EPIC
- TAM (Version #____)
- Other: _____

Other Vendor Systems:

- _____

Important Notice Paperfree Policyholder Copy

The Agency named above hereby elects to receive electronic delivery of Policies for the Agency to deliver to policyholders or their representative. The Policies will be delivered to the Agent’s IVANS mailbox. Upon submission of this Enrollment Agreement, Agency and the policyholder will no longer receive paper copies of the Policyholder’s copy by regular mail from the Company.

If Agency intends to deliver Policies electronically to policyholders, Agency represents and warrants that it will deliver all such Policies in accordance with all applicable laws, including but not limited to any applicable laws relating to electronic transactions and communications, electronic policy delivery and policyholder consent thereto. Agency understands that it has the option to print and retain paper copies of any electronic records generated and to obtain paper copies of any electronic records generated via this IVANS mailbox site concerning its client’s coverage(s).

Signature

By checking the “I Agree” box, you acknowledge that you, on behalf of the Agency named above, agree to the electronic delivery of policy data, documents, forms and endorsements to Agency in accordance with this Enrollment Agreement, and to be legally bound, with respect to this Enrollment Agreement, as if you had signed this agreement with a handwritten signature. This Enrollment Agreement supersedes and replaces all prior Enrollment Agreements. You may print or retain a copy of this agreement for your records.

I Agree
Effective Date: _____

Name: _____
Title: _____

* In some cases, there may be documents that we cannot deliver electronically due to legal and/or technological constraints. These documents will be delivered to you via the United State Postal Service (USPS) to your postal address on file.