



MIPS Registration Form

In order to have access to your MAIF policy information via MAIF's Internet Producer Information System (eMAIF.COM), you must first complete the following form, have it signed by your agency's Principal/Owner (person authorized to represent the Agency), and return it to MAIF. Once we receive this signed acknowledgment, we will activate your account and advise you via the E-mail address you have provided below. Your account number will be your Producer Number. MAIF is **happy to welcome you as a partner into this new system** and look forward to your future feedback as we continue to enhance its offerings.

Please complete and sign the form below and mail it to:

Maryland Automobile Insurance Fund
1750 Forest Drive
Annapolis, Md. 21401
Attention: Producer Relations

or

Fax to Producer Relations @ 410-269-7017.

Please make my MAIF policy information available to my agency via the internet. I understand and agree to the following:

- 1.) My Account Password is issued for security purposes to authenticate electronic transfers through eMAIF, and I am responsible for safeguarding my Account Password. I understand that in disclosing my Account Password to anyone, I am providing that person with the authority to perform all transactions relating to my account, until I revoke that authority by changing my Account Password. I also understand that, any staff changes in the agency require that I change my password.
- 2.) MAIF cannot guarantee uninterrupted access to my account and may remove account access anytime it is in MAIF's best interest to do so.
- 3.) MAIF does not charge for this service, and is not responsible for any (hardware, software, network or technical support) charges required to connect and/or use this service.
- 4.) MAIF will not be responsible for any computer equipment or software which is not installed on MAIF owned property.

5.) MAIF will not accept policy transactions via E-mail.

6.) MAIF Help Desk staff will only be available to support the MAIF Internet Producer Information System. They can be reached at extension 8232.

7.) I am the person with the authority to request electronic access to MAIF policy information for this MAIF Producer Number.

Authorized signature: _____

Name (type or print): _____

Title: _____

Date: _____

Producer Number: _____

Agency Name: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

E-mail address: _____

****Reminder... . if you change your Email address... please let us know by sending notice via the Internet. Thank you*******

MAIF PRODUCER

DOCUMENT RETENTION AGREEMENT FOR ELECTRONIC POLICIES

Name of Producer/Agency _____

Address _____

Producer Code _____

By my signature, I certify that I am the (owner/corporate officer) of the business entity authorized by the Maryland Automobile Insurance Fund to write insurance policies on behalf of Maryland insurance clientele. I hereby agree to write these policies in accordance with all instructions given to me by MAIF as contained in producer manuals, bulletins, as well as verbal instructions given to me by MAIF in training classes that I have been required to attend. Also, I agree to request additional training by MAIF in its procedures immediately, if the need arises during the conduct of my MAIF business, and to send any new personnel hired by me to MAIF for training in producing MAIF business.

I agree to submit payment for the policy along with all required policy documents to MAIF immediately, to insure receipt by MAIF within seven (7) calendar days from the date of the policy binding.

I also agree to maintain a permanent written record (file) containing all MAIF documents signed by applicants and Producer for MAIF electronic policies, rewrites, or endorsements, including, but not limited to:

- 1) MAIF application forms.
- 2) Eligibility statements.
- 3) PIP waivers.
- 4) Driving records/MAIF Driver Chargeability Reports.
- 5) Uninsured/Underinsured motorist waiver forms.
- 6) Vehicle proofs of ownership.
- 7) Disclosure statement of coverages purchased.
- 8) Premium finance company agreements.
- 9) Any other forms used in underwriting the policy but not specified.

This file will be maintained in one area in my business office and made available for inspection and copying by MAIF for a period of two (2) years and in my custody and control and available for inspection by MAIF for at least two (2) more years. These files will be accessible for inspection and copying for the full four year period by any representative of MAIF at any time during normal agency business hours. Failure to properly maintain or allow access and inspection of these files will result in my no longer being able to use the e-policy system.

MAIF Producer

Date

MAIF Representative

Date

Fax to: 410-269-7017

OR

Mail to: M.A.I.F.

Attn: Producer Relations

1750 Forest Drive

Annapolis, MD 21401

Attn: Producer Relations

*Allow Two (2) weeks processing time for this agreement.