

**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 form, please contact our eBusiness Help Desk at 1-877-747-5266, option #2 or email ebusinesshelp@chubb.com.

Please choose from the following services:

Commercial Lines - All

- PaperFree (Producer Copy) using IVANS eDocs
 - Select one option:
 - Notification only
 - Notification with PDF
- PaperFree (Policyholder Copy) using IVANS eDocs
 - Note: Producer Copy Enrollment Required
 - [See Important Notice Paperfree Policyholder Copy](#)

Policy Downloads

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

Additional Solutions

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

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 (Required)

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:

- | | | |
|--|---|--|
| <p>Vertafore Systems:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sagitta <input type="checkbox"/> AMS 360 <input type="checkbox"/> AFW (4-digit participant code: _____) <input type="checkbox"/> Other: _____ | <p>Applied Systems:</p> <ul style="list-style-type: none"> <input type="checkbox"/> EPIC <input type="checkbox"/> TAM (Version #____) <input type="checkbox"/> Other: _____ | <p>Other Vendor Systems:</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____ |
|--|---|--|

Policy Delivery Agreement

Important Notice Paperfree Policyholder Copy: This PaperFree Enrollment for the Policyholder’s Copy is limited to certain lines of coverage (the “Policies”).

The Agency named above hereby elects to receive electronic delivery of Policies for the Agency to deliver to the Policyholder or its representative. 1 Upon submission of this form, Agency will no longer receive paper copies of the Policyholder’s copy by regular mail, except as indicated below. Nothing in this Enrollment Agreement amends or alters the rights and obligations of the Agency or Company as set forth in the Agency Agreement with the Company. Agency’s duties and obligations under this Enrollment Agreement are an extension of its duties and obligations under its Agency Agreement, 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.

If Agency intends to deliver Policies electronically to the Policyholder, Agency must first obtain the written consent of the Policyholder for electronic delivery, which consent must conform to the requirements of all applicable laws and regulations pertaining to such delivery. At a minimum, such consent must specify the method by which the Policyholder may withdraw consent and receive a paper copy of future Policies via the U.S. mail, and instructions for changing email address for delivery. The consent must also specify the format in which the Policies will be delivered, the hardware and software required to view and retain the Policies, that there is no fee for electing electronic or paper delivery, and acknowledgement from the Policyholder that by accepting electronic delivery, the Policies will be deemed to have been delivered so long as they are sent to such email address or via such method of electronic delivery.

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 Broker Management Mailbox site concerning its client’s coverage(s).

Agency must immediately notify the Company in writing of any print inconsistencies with the electronic records so that paper copies of such records can be delivered to its Policyholder, or if the Policyholder wants to withdraw consent to PaperFree delivery. Such notice must include the Policyholder’s name and affected Policy numbers. Upon occurrence of any of the foregoing, Agency will use its own printing facilities or request Company to print and mail a copy of the Policies for Agency to deliver to the Policyholder. Agency must maintain records evidencing each Policyholder’s consent to electronic delivery of Policies, which records must be available for inspection by Company upon reasonable notice.

Agency also understands that it must immediately notify the Company in writing in the event its contact information or Policyholder’s information changes, any error is detected or its status as Broker of Record for any Policyholder ceases.

Agency understands that to access and conduct transactions relating to its Policyholder’s coverage via this Broker Management Mailbox site, 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 Broker Management Mailbox effective on the date this form is submitted to Company.

By checking the “I Agree” box, you acknowledge that you agree to the electronic delivery of the policyholder’s policy to agency on behalf of the policyholder in accordance with the “important notice paperfree policyholder copy” above, and to be legally bound, with respect to this agreement, as if you had signed this agreement with a hand written signature. You may print or retain a copy of this agreement for your records.

I agree

Effective Date: _____

Name: _____ Title: _____

¹ 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.