



2141 Enterprise Drive
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Insurance Agent Access Form

To request system access to your agency's insureds accounts, please complete the form below:

Agency Name	
City/State	
AFCO Agency # (optional)	
Login ID (6 to 50 characters)	
User Name Name of the individual for which a login is being requested	
Email Address	
Telephone Number: (including extension if applicable)	
<p><u>Important:</u> Please allow 1 to 2 business days to complete your request. One of our premium finance professionals will contact you to establish your credentials.</p>	
<p><u>Note:</u> AFCO uses the @afco.com domain to notify users of changes to their account information and/or password requests. If their Internet Service Provider (ISP) blocks unfamiliar emails (SPAM), they may need to allow emails from the @afco.com domain.</p>	