



Case Managers Policy and Usage Agreement

Email Back to helpdesk@avslc.com

Case Managers Policy:

In order to ensure data security, we need to know who will be submitting your company’s cases to us. Those clients receiving usernames and accessing your individual website provided to you by AVS Underwriting, LLC (AVS) will adhere to the following methods of operation:

1. Username and passwords will not be revealed by the client to any other entities.
2. No one will use any username and password other than the one issued to him/her.

Violation of this policy will result in immediate termination of the person’s username.

Please list the first and last name of those people who are authorized to submit cases for your company and an email account for contacting that person. Any email account that you designate will continue to be a contact unless the Help Desk is notified by you.

Case Managers
(FIRST NAME LAST NAME)

Email Address

Which of the following best describes the case manager’s field of expertise? (Circle all that apply)

Financial Advisor, Financial Institution, Financing Entity, Individual, Insurance or Reinsurance Company, Insurance Producer, Law Firm/Attorney, Life Settlement Broker, Life Settlement Provider, Servicing Entity, Other (please describe)

Please provide an answer to all applicable questions:

- If you are a viatical/life settlement broker or provider, please provide your license number and the resident or primary state of licensure.
- If you are an insurance agent or producer, please provide your license number and the resident state of licensure.
- If you are not any of the above, please provide your license number and the resident, domiciliary or primary state of any regulatory license and indicate what type of license you or your entity hold.
- If you have no license, please provide the resident, domiciliary or primary state in which your Corporation, LLC, or LP registration filings are made.

Please list billing contact:

Contact Name: _____

Email: _____



Case Managers Usage Agreement:

I have read and I agree to the AVS Case Managers Policy and Usage Agreement as stated above. By signing below, I am accepting responsibility on behalf of the company and for any additional names on the Case Managers Policy and Usage Agreement listed on the previous page.

Name (please print)

Signature

Date of Signature

Company Name

Company Street Address City State Zip Code

Company Telephone Number

Company Fax Number

THE CASE MANAGERS THAT YOU AUTHORIZE TO RECEIVE ACCESS TO YOUR CLIENT INFORMATION AND ACCOUNTS ARE YOUR RESPONSIBILITY TO ADD, DELETE, MONITOR AND FURTHER UPDATE. THEREFORE, PLEASE CONSIDER CAREFULLY THE INDIVIDUALS YOU ALLOW ACCESS. AVS IS NOT RESPONSIBLE FOR ANY UNAUTHORIZED USE OR UNAUTHORIZED RECEIPT OF THE DOCUMENTS PROVIDED TO YOU BY AVS BECAUSE OF THE EMAIL ACCESS THAT YOU HAVE AUTHORIZED.

Help Desk Telephone 678-388-2126 and email: helpdesk@avslc.com