



175 TownPark Drive, Suite 400, Kennesaw, GA 30144

Username Policy and Usage Agreement

(Please return via Email to helpdesk@avsllc.com)

Username Policy:

In order to ensure data security, _____ (“Client”), upon receiving usernames and the ability to access its individual website provided to Client by AVS Underwriting, LLC (AVS), does hereby agree to adhere to the following methods of operation:

1. Username and passwords will not be revealed by the Client or by the Authorized User to any other persons or entities.
2. No Authorized User 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 Client’s and/or the Authorized User’s username and password.

Please list the first and last name of those people who are authorized website users (the “Authorized Users”) and list an email address to receive email notifications. All Authorized Users must have a valid email address. If Client would like for an email address to be CC on all notifications from AVS please make note of this. Any email account that Client designates will continue to receive notifications unless the Help Desk is notified by Client of a change.

Authorized Users
(PRINT FIRST NAME LAST NAME)

Email Address

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

EACH AUTHORIZED USER HEREBY AGREES TO BE BOUND BY THE TERMS AND CONDITIONS ABOVE.

Which of the following best describes the Client’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)



175 TownPark Drive, Suite 400, Kennesaw, GA 30144

Please provide an answer to all applicable questions:

- If Client is a viatical/life settlement broker or provider, please provide your license number and the resident or primary state of licensure. _____
- If Client is an insurance agent or producer, please provide your license number and the resident state of licensure. _____
- If Client is 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 Client has no license, please provide the resident, domiciliary or primary state in which your Corporation, LLC, or other business entity registration filings are made. _____

Please provide billing contact name and email address:

Usage Agreement:

I have read and I agree to the terms and conditions as stated above. I hereby authorize AVS to inquire and receive any and all incorporation, registration, and/or license information whether through the state or federal licensing agency, or a representative entity such as NIPR, NAIC, NASAA or a like entity that may be considered the licensing authority in the area of expertise of the Client and/or the Authorized Users.

Client: _____
 By: _____
 Print Name: _____
 Date: _____

Client Address:

Tel: _____
 Fax: _____
 Email: _____

THE EMAIL ADDRESSES AND WEBSITE USERS 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, AS YOU MAY BE AUTHORIZING ACCESS TO YOUR ENTIRE INDIVIDUAL WEBSITE AREA. AVS IS NOT RESPONSIBLE FOR ANY UNAUTHORIZED USE OF YOUR WEBSITE AREA 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